

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 03A014	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/15/2021
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NAME OF PROVIDER OR SUPPLIER ARBOR TERRACE MOUNT LAUREL	STREET ADDRESS, CITY, STATE, ZIP CODE 785 CENTERTON ROAD MOUNT LAUREL, NJ 08054
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A 000	<p>Initial Comments</p> <p>Initial Comments: Census: 81</p> <p>Sample Size: 5</p> <p>TYPE OF SURVEY: Standard Survey of 89 residential units</p> <p>The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs.</p> <p>The facility must submit a plan of correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations</p>	A 000		
A 963	<p>8:36-11.5(f) Pharmaceutical Services</p> <p>(f) Medications shall be accurately administered and documented by properly authorized individuals, in accordance with prescribed orders.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and facility policy review, the facility failed to document the</p>	A 963		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 963	<p>Continued From page 1</p> <p>administration of 2 newly ordered medications on the medication administration record (MAR) for [REDACTED] and [REDACTED] for [REDACTED] for 1 of 5 residents, Resident #2 reviewed for accurate documentation of the administration of medications in accordance with prescriber's orders.</p> <p>Findings included:</p> <p>1. On 12/14/2021 the surveyor reviewed Resident #2's new order on [REDACTED] for [REDACTED] by [REDACTED] by mouth twice a day [REDACTED]. The surveyor reviewed the MAR for December 2021 which revealed that on 12/03/2021 at 5:00 PM and on 12/04/2021 at 9:00 AM this medication had not been documented as administered to the resident. A review of the progress notes on 12/03/2021 and 12/04/2021 failed to provide a justification as to why the medication was not administered to the resident and if there was any adverse consequences from not receiving the medications. A review of Resident #2's prescriber's orders dated 12/02/2021 revealed an order for [REDACTED] every [REDACTED] hours ([REDACTED]). A review of the MAR for [REDACTED] revealed that on [REDACTED] at 9:00 PM and on [REDACTED] at 9:00 AM, the medication was not documented as having been administered to the resident.. A review of the progress notes on 12/09/2021 through 12/10/2021 provided no justification as to why the medication was not administered in accordance with the prescriber's orders. There was no documentation as to whether the resident experienced any adverse consequences from not receiving the medications.</p> <p>On 12/15/2021 at 9:10 AM, the Wellness Director</p>	A 963		

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A 963	Continued From page 2 informed the surveyor that there was no information explaining why the resident did not receive the medications on 12/03/2021 at 5:00 PM, 12/04/2021 at 9:00 AM, 12/09/2021 at 9:00 PM, and 12/10/2021 at 9:00 AM in accordance with the prescriber's orders. The Wellness Director informed the surveyor that she reviewed the resident's medical record and had not found any documentation that the resident experienced any adverse consequences from not receiving the medications. A review of the facility policy titled, "Documentation on Electronic MAR/MOR," undated, read in part: "5. Select the Resident to pass meds to and proceed with scanning and checking the medication box on the computer. 6. The computer will record the date and time the medication is taken and will note any exceptions with the reason at the bottom of the electronic MAR/MOR. Each medication will be initialed with the user's initials."	A 963		
A1011	8:36-11.7(k) Pharmaceutical Services (k) Controlled dangerous substances shall be stored, and records shall be maintained, in accordance with the Controlled Dangerous Substances Acts, N.J.S.A. 24:21-1 et seq. and all other Federal and State laws and regulations concerning the procurement, storage, dispensation, administration, and disposition of same. This REQUIREMENT is not met as evidenced by:	A1011		

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A1011	<p>Continued From page 3</p> <p>Based on observation, interview, and facility policy review, the facility failed to maintain accountability of a controlled substances as the actual number of doses remaining in the resident's medication container did not reflect the number of doses documented on the declining inventory sheet in order to maintain accountability of controlled substances for 1 of 2 residents, Resident #1 observed during medication pass receiving a controlled medication.</p> <p>Findings included:</p> <p>1, On 12/14/2021 at 11:50 AM, the surveyor observed the Certified Medication Aide (CMA) #1 obtaining EX Order 26 § 4b1 1 tab for Resident #1 in accordance with the prescriber's order for EX Order 26 § 4b1 1 tab daily at EX Order 26 § 4b1. The declining inventory sheet identified that there were 4 tablets remaining in inventory however there were only 2 tablets remaining in the resident's medication container.</p> <p>On 12/14/2021 at 11:51 AM, CMA #1 reported to the surveyor that when she received the keys to the locked narcotic box, she had not performed the shift to shift narcotic count of the controlled medications with CMA #2. CMA #1 reported to the surveyor that she thought the medications had been given in the morning. CMA #2 failed to document these doses had been administered to the resident.</p> <p>On 12/14/2021 at 12:05 PM, Resident #1 reported to the surveyor that the resident had received EX Order 26 § 4b1, EX Order 26 § 4b1 tabs earlier that morning for EX Order.</p> <p>On 12/14/2021 at 2:15 PM, CMA #2 reported to the surveyor during interview that she had given</p>	A1011		

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A1011	<p>Continued From page 4</p> <p>the keys to the medication cart to CMA #1 and that the controlled medications had not been counted before she handed the keys to CMA #1. CMA #2 further acknowledged that she had administered Resident #1 EX Order 26 § 4b1 [redacted] tablets and forgot to document the Controlled Drug Administration Record and subtract the [redacted] tablets from inventory and initial that she had given the medication.</p> <p>On 12/14/2021 at 2:45 PM, the Wellness Director identified that CMAs #1 and #2 had been trained to not hand off the controlled drug keys until the controlled medications had been counted and accounted for. The Wellness Director further confirmed that CMA #2 should have documented that the EX Order 26 § 4b1 [redacted] had been administered to the resident and subtracted them from the inventory of EX Order 26 § 4b1 [redacted] for this resident.</p> <p>A review of the facility policy titled, "Controlled Substances," not dated, read in part: "1. All controlled substances must be securely stored and accurately tracked. 3. The Nurse/Med Tech will hold the keys during her shift. 4. At the end of each shift, the controlled substances will be counted by the outgoing and incoming Nurse/Med Tech, and the signature of each staff member is recorded on the Narcotic Container Count Sheet, indicating that the total count is correct. 7. The Nurse/Med Tech will check that the number indicated on the balance corresponds to the number of doses remaining in the Resident's medication container." The facility failed to implement their policy in order to maintain accurate accountability of their controlled substances.</p>	A1011		

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A1289	<p>8:36-18.2(d) Infection Prevention and Control Services</p> <p>(d) The facility shall document evidence of vaccination against pneumococcal disease for all residents who are 65 years of age or older, in accordance with the General Recommendations on Immunization of the Advisory Committee on Immunization Practices of the Centers for Disease Control, February 8, 2002, incorporated herein by reference, as amended and supplemented, unless such vaccination is medically contraindicated or the resident has refused offer of the vaccine in accordance with N.J.A.C. 8:36-4.1(a). The General Recommendations on Immunization of the Advisory Committee on Immunization Practices of the Centers for Disease Control, February 8, 2002, which are available on the Internet at http://www.cdc.gov/nip/publications/acip-list.htm. The facility shall provide or arrange for pneumococcal vaccination of residents who have not received this immunization, prior to or on admission unless the resident refuses offer of the vaccine.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and facility policy review, it was determined that the facility failed to provide documentation that 3 of 5 residents, Residents #1, #3, and #4 reviewed for vaccinations had proof of having received a EX Order 26 § 4b1 vaccine.</p> <p>Findings included:</p> <p>1. A review of Resident #1's medical record provided no documented evidence that the</p>	A1289		

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A1289	<p>Continued From page 6</p> <p>resident had received a EX Order 26 § 4b1 vaccine.</p> <p>2. A review of Resident #3's medical record provided no documented evidence that the resident had received a EX Order 26 § 4b1 vaccine.</p> <p>3. A review of Resident #4's medical record provided no documented evidence that the resident had received a EX Order 26 § 4b1 vaccine.</p> <p>On 12/15/2021 at 9:15 AM, the Wellness Director stated that she could not find any documentation that Residents #1, #3, and #4 had received EX Order 26 § 4b1 vaccinations.</p> <p>A review of the facility policy titled, EX Order 26 § 4b1 dated April 2015, read in part: "Residents 65 years or older will also be offered the EX Order 26 § 4b1 vaccination at admission and in accordance with the CDC guidelines for EX Order 26 § 4b1."</p>	A1289		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 03A014	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/28/2022
NAME OF FACILITY ARBOR TERRACE MOUNT LAUREL		STREET ADDRESS, CITY, STATE, ZIP CODE 785 CENTERTON ROAD MOUNT LAUREL, NJ 08054

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0963	Correction	ID Prefix A1011	Correction	ID Prefix A1289	Correction
Reg. # 8:36-11.5(f)	Completed	Reg. # 8:36-11.7(k)	Completed	Reg. # 8:36-18.2(d)	Completed
LSC	01/04/2022	LSC	01/04/2022	LSC	01/04/2022
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 12/15/2021		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		