

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/04/2021  
FORM APPROVED  
OMB NO. 0938-0391

|   |   |  |  |                            |  |
|---|---|--|--|----------------------------|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION       |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>315508</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____   |                            | (X3) DATE SURVEY<br>COMPLETED<br><br><b>01/29/2021</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>VICTORIA MANOR</b> |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3809 BAYSHORE ROAD<br/>NORTH CAPE MAY, NJ 08204</b>                          |                            |  |
| (X4) ID<br>PREFIX<br>TAG                                  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETION<br>DATE |  |
| F 000   | INITIAL COMMENTS<br><br>STANDARD SURVEY<br><br>CENSUS: 56<br><br>SAMPLE: 14+2 closed records<br><br>The facility is not in substantial compliance with<br>the requirements of 42 CFR Part 483, Subpart B,<br>for long term care facilities.   | F 000  |  |                            |  |
| F 755<br>SS=E   | Pharmacy Srvcs/Procedures/Pharmacist/Records<br>CFR(s): 483.45(a)(b)(1)-(3)<br><br>§483.45 Pharmacy Services<br>The facility must provide routine and emergency<br>drugs and biologicals to its residents, or obtain<br>them under an agreement described in<br>§483.70(g). The facility may permit unlicensed<br>personnel to administer drugs if State law<br>permits, but only under the general supervision of<br>a licensed nurse.<br><br>§483.45(a) Procedures. A facility must provide<br>pharmaceutical services (including procedures<br>that assure the accurate acquiring, receiving,<br>dispensing, and administering of all drugs and<br>biologicals) to meet the needs of each resident.<br><br>§483.45(b) Service Consultation. The facility<br>must employ or obtain the services of a licensed<br>pharmacist who-<br><br>§483.45(b)(1) Provides consultation on all<br>aspects of the provision of pharmacy services in<br>the facility.<br><br>§483.45(b)(2) Establishes a system of records of<br>receipt and disposition of all controlled drugs in | F 755  |  | 3/1/21                     |  |

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

TITLE

(X6) DATE

Electronically Signed

02/08/2021

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 755   | <p>Continued From page 1</p> <p>sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and review of other facility documentation, it was determined the facility failed to ensure a reconciliation of controlled substances in the Automated Medication Dispensing System (AMDS) was performed daily from 12/12/20 through 1/25/21. This deficient practice was evidenced by the following;</p> <p>On 1/25/21 at 10:46 AM, the surveyor reviewed the AMDS Controlled Substances Log (a book that contains declining count pages for each narcotic) with the Licensed Practical Nurse (LPN) on Unit B. There were 19 narcotics listed as being in the AMDS. Each declining count page was labeled with the medication and dosage at the top and contained multiple lines for date, time, count correct (had to check yes or no), a line for the coming on duty nurse's signature and a line for the going off duty nurse's signature. On the top line of all 19 pages was the date of 12/12/20 with "Book Transfer" written. When asked the LPN said the shift count sheets were in the back of the log. The surveyor looked at the back of the Controlled Substances Log and there were no signatures on any of the shift count pages to indicate that the daily count had been completed. The LPN was unable to say why there were no signatures.</p> <p>During an interview on 01/25/21 at 10:50 AM, the Center Nurse Executive (CNE) said the nurses</p> | F 755  | <p>1. No residents were affected by the deficient practice, as the narcotic count for the AMDS was confirmed on 1/25/2021.</p> <p>2. All residents have the potential to be affected by the deficient practice.</p> <p>3. On 1/25/2021 the nursing staff was in-serviced on the correct policy and procedure for the AMDS narcotic count and the proper completion of signatures in the Controlled Substances Log. The CNE or designee will verify that the count is completed daily between the 3-11 and 11-7 shifts and keep the receipt from the AMDS as proof. Audits will be conducted daily for 14 days; then weekly for two weeks; then monthly until 100% compliance is achieved for 3 consecutive months. If missing data is found, an immediate count will be conducted to verify narcotic totals.</p> <p>4. Audits will be reviewed monthly by the CNE or designee. Results will be reported monthly as part of the facility QAPI program until three consecutive months of 100% compliance is achieved and then quarterly to maintain proper pharmacy services.</p> |                            |  |

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| F 755   | <p>Continued From page 2</p> <p>are supposed to sign the back of the book when they do shift count. The DON also said they had recently put a new Controlled Substance Log in the room for the AMDS. The CNE accompanied the surveyor back to the AMDS at 10:52 am and reviewed the AMDS Controlled Substances Log and confirmed there were no signatures for shift count since the book was started. She went on to say that usually the 3-11 shift nurse and the 11-7 shift nurse do the count. The CNE also said her expectation is they do narcotic count every day, 3-11 shift nurse and 11-7 shift nurse. The CNE also said the door to the room with the AMDS, requires a key to enter and each staff nurse has own their passcode and/or uses their fingerprint to access the AMDS. The nurses are the only staff who have keys to this room. The CNE confirmed that she and the Infection Control Nurse did a count of all narcotics in the AMDS, and the count was correct.</p> <p>A review of a facility policy titled Controlled Drugs: Management of State of New Jersey with effective date of 8/1/05 and revision date of 11/01/19, revealed under Policy section "Ongoing Inventory ... A complete count of all schedule II-IV controlled drugs is required...performed by two (2) nurses. Under 7. Emergency Supply of Controlled Drugs: 7.3.3.4 Cycle counting of Schedule II drugs is performed daily.</p> <p>NJAC 8:39-29.7</p> | F 755  |  |                            |  |