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	11103L	A. BUILDING: _____ B. WING _____	C 09/23/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERWICK CARE & REHABILITATION CENTER	100 PLAINSBORO ROAD PLAINSBORO, NJ 08536

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S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00157598 Based on interviews, and review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff to resident ratios for the day shift and night shift as mandated by the State of New Jersey. This was evident in CNA staffing for 21 of 21-day shifts and 5 of 21 evening shifts reviewed. Findings include: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021: One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and One direct care staff member to every 14	S 560	Element #1 - All residents that reside in the facility were re-assessed by the Unit Managers and ADON on 9/23/2022 for the potential impact of the alleged deficient practice with staffing. No negative outcome was observed. - Talent Acquisition Manager was contacted immediately to refresh and/or place additional advertisements on the hiring websites. - Flyers reflecting referral bonuses were placed through the building to boost referral pool/source for the nursing department. Element #2 - All residents have the potential to be affected by the alleged deficient practice. Element #3 - Facility's Master schedule is in place and utilized. - Administrator, Director of Nursing, and Staffing Coordinator will meet daily, in the morning, to go over the daily schedule/staffing needs to have proactive action steps to provide coverage throughout the day if any call outs. - Facility has	10/31/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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S 560	Continued From page 1 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties. The "Nurse Staffing Report" completed by the facility for the weeks of 9/4/22 to 9/10/22, 9/11/22 to 9/17/22, and 9/18/22 to 9/24/22, the staffing to resident ratios that did not meet the minimum requirement of 1 CNA to 8 residents for the day shift, and total staff to 14 residents for the night shift as documented below: - 9/4/22 had 10 CNAs for 150 residents on the day shift, required 19 CNAs. - 9/5/22 had 9 CNAs for 149 residents on the day shift, required 19 CNAs. - 9/5/22 had 13 CNAs for 149 residents on the evening shift, required 15 CNAs. - 9/6/22 had 11 CNAs for 149 residents on the day shift, required 19 CNAs. - 9/7/22 had 13 CNAs for 149 residents on the day shift, required 19 CNAs. - 9/8/22 had 13 CNAs for 149 residents on the day shift, required 19 CNAs. - 9/8/22 had 14 CNAs for 149 residents on the evening shift, required 15 CNAs. - 9/9/22 had 11 CNAs for 149 residents on the day shift, required 19 CNAs. - 9/10/22 had 13 CNAs for 153 residents on the day shift, required 19 CNAs. - 9/10/22 had 14 CNAs for 153 residents on the evening shift, required 15 CNAs. - 9/11/22 had 10 CNAs for 153 residents on the day shift, required 19 CNAs. - 9/11/22 had 12 CNAs for 153 residents on the evening shift, required 15 CNAs. - 9/12/22 had 11 CNAs for 153 residents on the day shift, required 19 CNAs. - 9/13/22 had 13 CNAs for 152 residents on the day shift, required 19 CNAs.	S 560	24-hour-nursing-management-team-member-on-call rotation to take action steps if any call outs and/or to cover the floor if needed. - Facility will continue the bonus structure incentive to ensure coverage for call outs if any. - Facility will have an aggressive hiring campaign for full time, part time and per diem staff to have sufficient staffing in the building as per State requirements and/or enough coverage for any unforeseen call outs if any. - Facility will utilize ongoing waiver program to recruit TNA's as an additional help to the facility's certified nursing assistants. - Facility will identify/meet with representative(s) from Certified Nursing Assistant/LPN vocational schools to establish collaborative relationships and/or to offer clinical hours for the students with further job placement at the facility. - Administrator/Director of Nursing (DON)/designee and Human Resources Director will in-service all staff on the Attendance Policy and Procedures. - Recruitment advertisements and posters will be listed on a nationwide job-recruitment platform, social media accounts and in the facility's website to increase recruitment avenues. Element #4 - The Human Resources Director will report recruitment and retention trends,	

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S 560	Continued From page 2 - 9/13/22 had 13 CNAs for 152 residents on the evening shift, required 15 CNAs. - 9/14/22 had 11 CNAs for 152 residents on the day shift, required 19 CNAs. - 9/15/22 had 11 CNAs for 152 residents on the day shift, required 19 CNAs. - 9/16/22 had 12 CNAs for 151 residents on the day shift, required 19 CNAs. - 9/17/22 had 14 CNAs for 150 residents on the day shift, required 19 CNAs. - 9/18/22 had 12 CNAs for 150 residents on the day shift, required 19 CNAs. - 9/19/22 had 10 CNAs for 144 residents on the day shift, required 18 CNAs. - 9/20/22 had 14 CNAs for 143 residents on the day shift, required 18 CNAs. - 9/21/22 had 15 CNAs for 140 residents on the day shift, required 17 CNAs. - 9/22/22 had 14 CNAs for 138 residents on the day shift, required 17 CNAs. - 9/23/22 had 14 CNAs for 135 residents on the day shift, required 17 CNAs. - 9/24/22 had 12 CNAs for 135 residents on the day shift, required 17 CNAs. During the interview with LPN#1 and LPN #2 on 9/22/22 and 9/23/22 from 9:51 am to 3:13 pm. The LPNs stated that due to short staffing it affected their timely medication administration because they also helped the CNAs. During an interview with the Administrator and the Staffing Coordinator (SC) on 9/23/22 at 1:46 pm, they stated that the facility was aware of the staffing ratios and they were trying to meet the requirements. The SC stated that she is responsible to staff the units; however, excessive call-outs added to short staffing.	S 560	outcomes and recommendations to the Quality Assurance and Performance Improvement Committee meetings monthly x 3 months, then quarterly x 9 months.	

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S 560	Continued From page 3 NJAC 8:39-5.1(a)	S 560		

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F 000	INITIAL COMMENTS Complaint #: NJ00157598, NJ00157619 Census: 138 Sample Size: 5 The facility is in not compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.	F 000		
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of	F 755		10/31/22

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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	Continued From page 1 receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §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: C# NJ00157619 Based on interviews, review of medical records, and other pertinent facility documentation on 9/22/2022 and 9/23/2022, it was determined that the facility failed to ensure that the reconciled medication was transcribed onto the medication administration record (MAR) and follow the facility policies "Medication Reconciliation" "Admission Orders" and "Medication Shortage/Unavailable Medications." This deficient practice was identified for 1 of 5 Residents (Resident #4) reviewed for medication administration. This deficient practice is evidenced by the following: According to the Resident's Admission Record (AR), Resident #4 was admitted to the facility on [redacted] with diagnosis that included but was not limited to: [redacted]. The Minimum Data Set (MDS), an assessment tool dated [redacted] showed that Resident #4's cognitive status was [redacted] and required extensive assistance from staff for Activities of Daily Living (ADL) A review of the Medication Review Report (MRR), a Physician order summary showed an order for [redacted] Tablet [redacted] milligram (mg), [redacted] tablet by mouth two times a day for [redacted].	F 755	1. - Medication Administration Record (MAR) for the Resident #4 was reviewed and there were no additional medication errors found. - Education on Medication Administration Policy and Procedures for the Nursing Staff completed immediately by Nursing Management. - Daily review of Medication Administration Records before the end of each shift in place to ensure compliance. 2. - All residents in the facility have the potential to be affected. 3. - Unit Manager and/or designee will check the Medication Administration Records before the end of each shift daily to ensure that the Medications have been administered as per facility policy and procedures. - 11-7 Nursing Supervisor will complete chart audits and report findings to the Director of Nursing or Designee daily.	

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F 755	Continued From page 2 Review of the discharge medication reconciliation (DMR) from the hospital, showed [redacted] MG, Oral, 2 times a day, Next dose tonight [redacted] (to be given at the receiving facility). Review of the Medication Administration Record (MAR) for the month of [redacted] showed the medication [redacted] MG, give 1 tablet by mouth two times a day for [redacted] started on [redacted] (instead of [redacted]). There was no documented evidence that [redacted] was administered on [redacted] which was due the night of [redacted] according to the DMR. The surveyor interviewed Resident #4 on [redacted] at51 AM1AM who stated that he/she was admitted on [redacted] and the [redacted] was not given to him/her until the next day [redacted]). The Resident explained that he/she told the staff that he/she must take the medication the night of [redacted] however, the Resident did not receive the medication. The Resident further stated that it was not acceptable and the Resident was upset about the event. The Resident was unable to recall who was the staff he/she had a conversation with. The Pyxis or Cubex (emergency stock supply dispenser) inventory snapshot document provided by the Account Manager of the Specialty Rx. (the facility's pharmacy provider), showed that from [redacted] to [redacted], there were 7 tablets of the [redacted] MG available in the Cubex. The surveyor conducted a phone interview with the Registered Nurse (RN) Supervisor on 9/23/22 at 2:50 PM, he stated that the nursing supervisor	F 755	- Physician orders will be reviewed at the clinical meeting for all New Admissions and/or Readmissions - Assistant of Director of Nursing and/or designee will provide continued education on Medication administration as per the Policy and Procedures with current staff as well as newly hired staff. 4. - The audits will be monitored by the Director of Nursing/Designee as following: weekly x 4, bi-weekly x 4 weeks and then monthly. - Results of the audits will be presented to the monthly QAPI meetings for review and revised as deemed appropriate.	

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F 755	Continued From page 3	F 755		

enters the medication orders for newly admitted Residents into the Electronic Medical Record (EMR) and then transmits the orders to the pharmacy. He explained that hospitals would send a DMR document with the medication schedules. Once received, he would then obtain a verbal order from the Attending Primary Physician (APP) for the medications listed on the DMR document as ordered. The surveyor informed the RN Supervisor that he was the nurse who entered the medication order for Resident #4 on [redacted] and asked him why the Phenobarbital for Resident #4 was not transcribed to the EMR since it was due on the night of [redacted] as ordered on the DMR document. The surveyor also added that there was no written documentation explaining why the medication was not given on [redacted] and if there was any alternative order from the APP. The RN Supervisor could not answer the questions.

The surveyor conducted a phone interview with the Resident's APP on 9/22/22 at 2:45 PM, he explained that for newly admitted Residents, nurses would obtain verbal orders for the medications as written or ordered on the hospital reconciliation document. He explained that medications must be given to the Resident as scheduled and according to the instructions written on the DMR document. He expects the nurses to inform him when a medication would be delayed or is unavailable. The surveyor asked the APP if he was made aware that the [redacted] MG was not given to Resident #4 on [redacted] despite the instruction on the DMR document that the next dose due was on the night of [redacted] and the aforementioned medication was available in the Cubex or Pyxis dispenser. The APP stated that the nurse did not inform him that

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F 755	Continued From page 4	F 755		

[redacted] was available in the Pyxis or that it was not administered. He further stated that the Resident should have received the [redacted] if due and was available.

The surveyor interviewed the [redacted] Unit Manager [redacted] UM) on 9/23/22 at 12:26 PM, she stated that the evening nursing supervisor is responsible for entering the medication orders for newly admitted Residents into the EMR. She explained that the nursing supervisor would obtain a verbal order from the APP based on what is ordered on the DMR document. The SAR/UM acknowledged that the DMR document for Resident #4 indicated an order for [redacted] MG, Oral, 2 times a day, next dose tonight [redacted] She further acknowledged that the aforementioned medication was not transcribed into the EMR as ordered in the DMR. The SAR/UM agreed that the [redacted] MG was available in the Cubex on [redacted] and that it was not given to the Resident on [redacted] She stated that the medication should have been given to the Resident that night.

According to the facility policy titled "Medication Reconciliation" dated 01/2022, under "Admission Processes" indicated that...b. compare orders to hospital records, etc. Obtain clarification orders as needed. c. Transcribed orders in accordance with procedures for admission orders..."

According to the facility policy titled "Admission Orders" dated 11/2021, under "Policy" indicated that...A physician, physician assistant or clinical nurse practitioner must provide order for the Resident's immediate care and needs. Under "Policy Explanation and Compliance Guidelines"

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F 755	Continued From page 5 indicated that 2. The orders should allow facility staff to provide essential care to the Resident consistent with the Residents mental and physical status on admission..." According to the facility policy titled "Medication Shortage/Unavailable Medications" dated 01/01/2018, under "Policy" indicated that when medications are not received or unavailable ...the licensed nurse will urgently initiate action in cooperation with the attending physician and the pharmacy provider. Under "Procedure" indicated that C. If medication shortage is noted after normal hours: 1. A licensed nurse obtain s the ordered medication from the emergency stock supply. 2. If the ordered medication is unavailable in the emergency stock supply, the licensed nurse calls the pharmacy emergency answering service ...determine plan of action which may include a. Emergency/stat delivery b. Use of emergency (back-up) pharmacy. D. If not feasible ...the licensed nurse contacts the attending physician to obtain orders of direction which may include 1. Holding the doe 2. Use of alternative medication ...3. Change order (time of administration). F. When a missed dose in unavoidable: 2. Document explanation of missed dose in the Nurse's notes..." NJAC 8:39-29.2(d)	F 755		
F 760 SS=D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors.	F 760		10/31/22

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F 760	Continued From page 6 This REQUIREMENT is not met as evidenced by: COMPLAINT: # NJ00157598, NJ00157619 Based on observation, interviews, and record review, as well as review of pertinent facility documentation on 9/22/22 and 9/23/22, it was determined that the facility failed to administer medications timely according to the physician's order and facility's policy "Administering Medications" for 3 of 5 sampled residents (Resident #2, #3, and 4), reviewed for medication administration. This deficient practice is evidenced by the following: On 9/23/2022 at 10:30 am, during the tour on [redacted] Unit and [redacted] Unit, the surveyors observed a red color on the Electronic Medication Administration Record (EMAR) screen for Residents' #2, #3 and #4. Licensed Practical Nurse (LPN#1) explained that the red color on the screen meant that the Residents' medications were not administered within one hour of the prescribed time. 1. According to the "ADMISSION RECORD (AR)," Resident #2 was admitted to the facility on [redacted] with diagnoses that included but were not limited to: [redacted], and [redacted] The care plan (CP) dated from [redacted], showed that Resident #2 had [redacted] Interventions included but not limited to: Give [redacted] medication as ordered by the Physician. The CP dated [redacted] further showed that Resident #2 had [redacted] and [redacted]. Interventions included but not	F 760	1. - Doctor was notified on late medication intake immediately. - Residents # 2, 3, and 4 were assessed by the nursing immediately; no adverse symptoms identified. - Rest of the daily medications for the Residents # 2, 3, and 4 were provided based on facility medication administration schedule. - All nursing staff were provided with education on facility Medication Administration Policy and Procedures 2. - All residents in the facility have the potential to be affected. 3. - Unit Manager and/or designee will complete random audits of Medication Administration Records to identify late administration of medications if any. - 11-7 Nursing Supervisor will complete chart checks daily and submit findings to the Director of Nursing. 4. - The audits will be monitored by the Director of Nursing/Designee as following: weekly x 4, bi-weekly x 4 weeks and then monthly. - Results of the audits will be presented to the monthly QAPI meetings for review and revised as deemed appropriate.	

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F 760	Continued From page 7 limited to: Administer medications as ordered. The "Order Summary Report (OSR)" for Resident #2 dated [redacted] showed a physician's order for the following medications : On [redacted] Tablet [redacted] milligram (mg) to give 1 tablet by mouth every 12 hours for [redacted] and [redacted] Tablet [redacted] mg, give 1 tablet by mouth two times a day for [redacted] On [redacted] Tablet [redacted] milligram (mg) to give 1 tablet by mouth two times a day for [redacted]. On [redacted], [redacted] Tablet [redacted] mg, give three times a day for [redacted] and [redacted] Tablet [redacted] mg, give 1 tablet by mouth three times a day for [redacted] The "MEDICATION ADMINISTRATION RECORD (MAR)" dated from [redacted] through [redacted] showed the aforementioned medications were to be administered at 9:00 am. The form "Medication Admin Audit Report (MAAR)", dated [redacted] through [redacted] showed that the aforementioned medications were not administered within one hour of the prescribed time according to the facility's policy: On 9/4/22 administered at 11:09 am On 9/6/22 administered at 2:04 pm On 9/8/22 administered at 11:29 am On 9/10/22 administered at 12:00 pm On 9/17/22 administered at 1:00 pm On 9/18/22 administered at 11:08 am On 9/19/22 administered at 11:57 am On 9/20/22 administered at 10:35 am On 9/21/22 administered at 10:56 am On 9/22/22 administered at 10:41 am	F 760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315001	A. BUILDING _____ B. WING _____	C 09/23/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 760	Continued From page 8	F 760		

The "Progress Notes (PN)" from [redacted] to [redacted] showed that there was no documentation to indicate that the Physicians were notified that the aforementioned medications were administered late.

2. According to the AR, Resident #3 was admitted to the facility on [redacted], with diagnoses that included but were not limited to: [redacted]

The CP dated [redacted], showed that Resident #3 had Renal failure related to [redacted] Intervention included but was not limited to: Give medications as ordered by the Physician.

The OSR for Resident #2 showed a physician's order for the following medications :

On [redacted] Capsule [redacted] mg, give 1 capsule by mouth one time a day on [redacted] for [redacted]
On [redacted] Table [redacted] mg, give 2 tables by mouth with meals every [redacted], [redacted], and [redacted] for [redacted]
On [redacted] Tablet [redacted] mg, give 1 table by mouth two times a day for [redacted]

The MAR from [redacted] to [redacted] showed the aforementioned medications.

The MAAR from [redacted] to [redacted], showed that the aforementioned medications were not administered within one hour of the prescribed time according to the facility's policy. The aforementioned medications were administered as follow:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315001	A. BUILDING _____ B. WING _____	C 09/23/2022

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F 760	Continued From page 9	F 760		

[redacted] to given at 8:00 am
On 9/1/22 administered at 9:48 am
On 9/4/22 administered at 10:38 am
On 9/6/22 administered at 3:20 pm
On 9/10/22 administered at 2:02 pm
On 9/13/22 administered at 9:57 am
On 9/15/22 administered at 9:57 am
On 9/17/22 administered at 11:51 am
On 9/20/22 administered at 10:57 am
On 9/22/22 administered at 10:34 am

[redacted] to be given at 9:00 am
On 9/2/22 administered at 12:09 pm
On 9/4/22 administered at 10:37 am
On 9/6/22 administered at 3:21 pm
On 9/7/22 administered at 12:09 pm
On 9/10/22 administered at 2:02 pm
On 9/12/22 administered at 11:04 am
On 9/14/22 administered at 12:07 pm
On 9/17/22 administered at 11:55 am
On 9/20/22 administered at 11:03 am
On 9/21/22 administered at 12:10 pm
On 9/22/22 administered at 10:35 am

The PN from [redacted] through [redacted] showed that there was no documentation to indicate that the Physicians were notified that the aforementioned medications were administered late.

3. According to the AR, Resident #4 was admitted to the facility on [redacted], with diagnoses that included but were not limited to: [redacted] and [redacted]

The OSR for Resident #4 showed a physician's order for the following medications :

On [redacted], [redacted] Tablet [redacted] mg, give 1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315001	A. BUILDING _____ B. WING _____	C 09/23/2022

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F 760	Continued From page 10	F 760		

tablet by mouth one time a day for [redacted] give with breakfast
On [redacted] Capsule [redacted] mg, give 1 capsule by mouth one time a day for [redacted]
On [redacted] Tablet [redacted] mg, give 1 tablet by mouth one time a day for [redacted] management
On [redacted] Tablet [redacted] mg, give 1 tablet by mouth one time a day for [redacted]
On [redacted] Tablet [redacted] mg, give 1 tablet by mouth one time a day for [redacted]

The MAR from [redacted] through [redacted] showed the aforementioned medications.

The MAAR from [redacted] to [redacted], showed that the aforementioned medications were not administered within one hour of the prescribed time according to the facility's policy. The aforementioned medications were administered as follow:

[redacted] to be given at 7:30 am
On 9/1/22 administered at 10:53 am
On 9/3/22 administered at 10:37 am
On 9/4/22 administered at 9:44 am
On 9/7/22 administered at 10:19 am
On 9/8/22 administered at 11:38 am
On 9/10/22 administered at 11:10 am
On 9/11/22 administered at 10:31 am
On 9/12/22 administered at 10:31 am
On 9/13/22 administered at 10:40 am
On 9/15/22 administered at 10:01 am
On 9/16/22 administered at 9:43 am
On 9/17/22 administered at 12:49 pm
On 9/18/22 administered at 9:56 am
On 9/20/22 administered at 10:09 am
On 9/21/22 administered at 10:09 am

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315001	A. BUILDING _____ B. WING _____	C 09/23/2022

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F 760	Continued From page 11 On 9/22/22 administered at 11:05 am [redacted], and [redacted] to be given at 8:00 am On 9/1/22 administered at 10:53 am On 9/2/22 administered at 10:40 am On 9/3/22 administered at 10:37 am On 9/4/22 administered at 9:44 am On 9/6/22 administered at 11:54 am On 9/7/22 administered at 11:34 am On 9/8/22 administered at 11:40 am On 9/10/22 administered at 11:11 am On 9/11/22 administered at 10:31 am On 9/12/22 administered at 10:31 am On 9/13/22 administered at 10:41 am On 9/15/22 administered at 10:02 am On 9/16/22 administered at 9:44 am On 9/17/22 administered at 12:49 pm On 9/18/22 administered at 9:56 am On 9/20/22 administered at 9:46 am On 9/21/22 administered at 10:09 am On 9/22/22 administered at 11:05 am The PN from [redacted] through [redacted] showed that there was no documentation to indicate that the Physicians were notified that the aforementioned medications were administered late. The Medical Records for the aforementioned Residents did not indicate ill effects or hospitalizations as a result of the late medication administration during the aforementioned dates and time. During the interview with LPN#1 and LPN #2 on 9/22/22 and 9/23/22 from 9:51 am to 3:13 pm. The LPNs stated that medications for the aforementioned Residents were administered late.	F 760		

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F 760	Continued From page 12 During an interview with the Unit Manager (UM) on 9/22/22 at 10:55 am, The UM stated that there was no emergency situation involving any residents assigned to LPN#1. She could not explain why medications were given late or outside the medication time frame of administration. The form "Medication Administration Times", undated, showed "Once a day 9 am, BID 9 am and 5 pm, TID 9 am, 1 pm & 5 pm..." The form "Resident Color Codes" indicated that " ...Red - Overdue/Late, Orders turn red 1 hour after scheduled time..." A review of the facility policy titled, "MEDICATION ADMINISTRATION", dated 11/2020, showed: " ...Medications are administered...as ordered by the physician and in accordance with professional standards of practice...Administer within 60 minutes prior to or after scheduled time unless otherwise ordered by physician..." NJAC 8:39-29.2(d)	F 760		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
11103L Y1	A. Building B. Wing Y2	11/2/2022 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
MERWICK CARE & REHABILITATION CENTER	100 PLAINSBORO ROAD PLAINSBORO, NJ 08536

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 S0560	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	10/31/2022	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	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
9/23/2022	☐ YES ☐ NO