

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 18A105	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/15/2020
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NAME OF PROVIDER OR SUPPLIER CARE ONE AT SOMERSET VALLEY ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1621 ROUTE 22 WEST BOUND BROOK, NJ 08805
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Standard and Complaint</p> <p>COMPLAINT #: NJ00092835, NJ00097932, NJ00096447</p> <p>CENSUS: 72</p> <p>SAMPLE SIZE: 19</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. 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 record review it was determined that the facility failed to</p>	A 963		

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

TITLE

(X6) DATE

03/17/20

New Jersey Department of Health

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A 963	<p>Continued From page 1</p> <p>ensure that facility authorized staff members accurately documented and administered medications in a timely manner in accordance with the prescribers' orders and facility medication policy for 10 of 15 residents reviewed for medication administration, Resident #'s 1, 2, 3, 4, 5, 6, 7, 8, 9, and 10. This deficient practice was evidenced by the following:</p> <p>On 1/14/20 at 10:45 a.m. on the memory unit on the second floor, the surveyor observed that the January 2020 Medication Administration Record (MAR) binder was on top of the medication cart when the Licensed Practical Nurse (LPN) arrived at the medication cart. The surveyor interviewed the LPN and asked if she completed and finished with the medication administration for the morning. The LPN stated that she just finished the medication administration and the next scheduled medication administration was at 12:30 p.m. The surveyor asked the LPN if the MAR binder was available for the surveyor to review since the LPN stated that she completed her medication administration and did not need the MARs until 12:30 p.m., the LPN stated, "Yes."</p> <p>During the review of the MAR at 11:00 a.m. on 1/14/20, the surveyor observed that there were medications that were not signed as administered and blanks were left on the MARs. The surveyor also observed that there were medications that were circled as not administered on the MARs, however, there was no documentation available as to why the medications were not administered for the following residents:</p> <p>1. Resident #1: Two medications, including EX Order 26 § 4b1 [redacted] scheduled for 9:00 a.m. administration on [redacted] were not signed as administered on the MAR.</p>	A 963		

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A 963	<p>Continued From page 2</p> <p>2. Resident #2: Four medications that were scheduled to be administered at 9:00 a.m. on [redacted], which included [redacted]. [redacted] were not signed as administered on the MAR.</p> <p>In addition, [redacted] was to be applied twice a day on the residents [redacted], however, the surveyor did not observe documented that the [redacted] was applied as per the prescriber's order on [redacted] at [redacted] [redacted] blanks were left on the MAR.</p> <p>3. Resident #3: Three medications were not signed as administered on [redacted], at 9:00 p.m. [redacted] at 6:00 p.m. [redacted] at 5:00 p.m. [redacted]</p> <p>Surveyor also observed that a [redacted] was circled as not given at 9:00 a.m. and 1:00 p.m. on [redacted], [redacted], [redacted], and at 5:00 p.m. on [redacted], [redacted], [redacted]. There was no documented reason as to why the resident did not receive the [redacted].</p> <p>Resident #4: Nine medications, including [redacted] [redacted] were not signed as administered at</p>	A 963		
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A 963	<p>Continued From page 3</p> <p>9:00 a.m. on [redacted].</p> <p>Resident #5: One medication, [redacted] was not signed as administered on [redacted] at 9:00 p.m. Nine medications were circled as not administered on [redacted] which included [redacted] and [redacted] at 5:00 p.m., [redacted] at 6:00 p.m., [redacted] at 8:00 p.m. and the following medications at 9:00 p.m.: NJ Ex Order 26.4b1</p> <p>[redacted]. The surveyor observed that there was no documentation of the reason why the medications were not administered.</p> <p>Resident #6: One medication, [redacted] ointment was to be applied to [redacted] daily at 10:00 a.m. and 7:00 p.m., however, the surveyor did not observe documented that the ointment was applied as per the prescriber's order on [redacted] and [redacted] at 7:00 p.m. The surveyor observed that there were blanks left on the MAR. Four medications due for 9:00 a.m. administration on [redacted] were not signed as administered which included EX Order 26 § 4b1</p> <p>Resident #7: An eye medication, [redacted], was not signed as administered at 5:00 p.m. on [redacted] and [redacted] was not signed as administered at 9:00 a.m. and 1:00 p.m. on [redacted]. [redacted] was to be applied to the resident's [redacted] three times daily, however, the surveyor did not observe documentation that the [redacted] was applied as per the prescriber's order on</p>	A 963		

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A 963	<p>Continued From page 4</p> <p>NJ Ex Order 26.2 at 9:00 a.m. and 1:00 p.m., and on NJ Ex Order 26.2, NJ Ex Order 26.2, NJ Ex Order 26.2 at 5:00 p.m. The surveyor observed that there were blanks left on the MAR.</p> <p>Resident #8: Two medications were not signed as administered for the 5:00 p.m. dose on NJ Ex Order 26.2 which included EX Order 26 § 4b1</p> <p>Resident #9: Four medications due for 9:00 p.m. administration were not signed as administered on NJ Ex Order 26.2, which included EX Order 26 § 4b1</p> <p>NJ Ex Order 26.2 Also, on NJ Ex Order 26.2 two medications were not signed as administered at 5:00 p.m. which included EX Order 26 § 4b1</p> <p>Resident #10: Three medications due to be administered at 9:00 p.m. were not signed as administered including on NJ Ex Order 26.2, EX Order 26 § 4b1, NJ Ex Order 26.2 EX Order 26 § 4b1. The surveyor observed that there were blanks left on the MAR.</p> <p>On 1/14/20 at 11:50 a.m., the LPN, with the Director Of Nursing (DON) came to the private dining room and requested to have the MAR binder back as the LPN needed to prepare for the next scheduled medication administration. The surveyor showed both the LPN and the DON the blanks on the MARs, as well as some medications that were circled as not administered and with no documented rational as to why the medications were not administered. The DON stated that the MARs should not have been left blank and should have been signed as administered at the time of administration. She also stated that medications may have been</p>	A 963		
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A 963	<p>Continued From page 5</p> <p>administered but that the staff forgot to sign.</p> <p>At 1:30 p.m. on 1/14/20, during the surveyor's interview with the Executive Director (ED), the ED stated that medications should have been signed as administered on the MARs upon administration and medications that were circled not administered should have had documentation of the reasons why the medications were not administered.</p> <p>Since medications were not signed as administered and documentation was not complete on the MARs, the surveyor could not confirm that residents' medications were accurately administered in accordance with prescriber's orders.</p>	A 963		
A 999	<p>8:36-11.7(e) Pharmaceutical Services</p> <p>(e) Discontinued or expired medications shall be destroyed within 30 days in the facility, or, if unopened and properly labeled, returned to the pharmacy for credit, if allowable, and in conformance with N.J.A.C. 13:39 and other State and Federal laws, codes, and regulations.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview it was determined that the facility failed to remove and destroy expired medications from the active medication storage area for 1 of 15 residents reviewed for medication administration, Resident #15. This deficient practice was evidenced by the following:</p> <p>On 1/14/20 at 11:20 a.m., in the presence of the</p>	A 999		

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A 999	<p>Continued From page 6</p> <p>Licensed Practice Nurse (LPN) and the Registered Nurse (RN), the surveyor observed medication that was stored in the [redacted] box and dispensed in a Bingo card (a medication delivery system designed to deliver unit of use doses of a medication in a compartment or bubble). The surveyor observed 25 tablets of NJ Ex Order 26.4b1 that had expired [redacted] and was stored with the active inventory of controlled medications.</p> <p>At that time the surveyor reviewed the Medication Administration Record (MAR) and observed that Resident #15 received expired [redacted] on [redacted], [redacted] and [redacted].</p> <p>During interview the RN stated that the medication was supposed to be removed and destroyed. The surveyor observed the LPN separate the Bingo card from the active inventory and stated that the medication would be destroyed for the resident.</p> <p>The facility failed to remove and destroy expired medication from the active inventory of medications and as a result, administered expired medication to Resident #15.</p>	A 999		
A1009	<p>8:36-11.7(j) Pharmaceutical Services</p> <p>(j) Needles and syringes shall be stored, used, and disposed of in accordance with N.J.S.A. 26:24-5.10 et seq. N.J.A.C. 8:43E-7, 7:26-3A, 29 CFR 1910.1930, and a record shall be maintained of the purchase, storage, and disposal of needles and syringes.</p> <p>This REQUIREMENT is not met as evidenced</p>	A1009		

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A1009	<p>Continued From page 7</p> <p>by:</p> <p>Based on observation on 1/14/2020 it was determined that the facility failed to ensure that syringes with needles and sharps were properly disposed of into a one way drop down tray bio-hazard sharps container and not accessible to residents. This deficient practice was evidenced by the following:</p> <p>During the tour of the building at 10:10 a.m. the surveyor inspected the 2nd floor [redacted] unit dining room area and observed one medication cart stored in the open area between the dining room and living room. Further inspection revealed that the medication cart had a locking bio-hazard sharps container cabinet attached to the right side of the medication cart. The surveyor observed that the sharps container had no inner one way drop down tray, which left an opening at the top that measured 8-3/4 inches by 1-7/8 inches. The surveyor observed inside this container one syringe with a needle and nine lancets that were accessible to residents that have [redacted]. The surveyor observed that there was no staff present and there were three (3) residents with [redacted] seated at tables in the area.</p> <p>At 10:13 a.m., a Nurse approached the medication cart and the surveyor asked the Nurse if the sharps container could be replaced with another sharps container with a one-way drop down tray while the surveyor waited near medication cart. At 10:22 a.m., maintenance staff replaced the sharps container with one that had the one way drop down tray.</p> <p>Resident safety hazard.</p>	A1009		

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A1053 A1053	Continued From page 8 8:36-15.3(a) Resident Records (a) Records and information regarding the individual resident shall be considered confidential and the resident shall have the opportunity to examine such records, in accordance with facility or program policies. This REQUIREMENT is not met as evidenced by: Based on observation and interview it was determined that the facility failed to ensure that the Medication Administration Records (MARs) and the General Service Plans (GSPs) were kept confidential and secured at all times. This deficient practice was evidenced by the following: On 1/14/2019 at 10:20 a.m., the surveyor observed, on top of the medication cart located on the second floor, a black binder which contained the residents' MARs and was unattended by staff. The MARs had the residents' information which included medications, diagnoses and vital signs. On the same floor, on top of a counter, the surveyor observed a red binder that included the GSPs which included the name of each resident and the assistance each resident needed for activities of daily living. During an interview with the Director of Nursing (DON) she stated that the MARs should be locked up when not in use and the GSPs binder should not be left on top of the counter unattended by staff.	A1053 A1053		

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A1217 A1217	Continued From page 9 8:36-17.3(b)(4) Housekeeping-Sanitation-Safety-Maintenance (b) The following safety conditions shall be met: 4. All household and cleaning products used by facility staff shall be identified, labeled, and secured. All poisonous and toxic materials shall be identified, labeled, and stored in a locked cabinet or room. The telephone number of the poison control center shall be conspicuously posted in the facility; This REQUIREMENT is not met as evidenced by: Based on observation and documentation review it was determined the facility failed to ensure that all potentially toxic and potentially harmful products were secured in a locked room or cabinet and not accessible to residents, which placed all residents at risk for harm. This deficient practice was evidenced by the following: On 1/14/20 at 10:43 a.m. during the tour of the building, in the presence of the facility's Director of Maintenance (DM), the surveyor inspected the first floor Dining room and Cafe area and observed that the door which lead into Pantry Serving area was in the open position. Inside of the Pantry Serving area room the surveyor observed that the following potentially harmful products were inside an unlocked cabinet and accessible to residents: 1. One 17 ounce spray can of petroleum based Stainless Steel cleaner and polish with a label	A1217 A1217		

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A1217	<p>Continued From page 10</p> <p>which read: Keep out of reach of children. Warning Flammable aerosol. May cause drowsiness or dizziness. Keep away from heat/ sparks/ open flames. No smoking. Do not spray on an open flame or other ignition source. Avoid breathing mist/ vapors/ spray. Intentional misuse by deliberately breathing may be harmful or fatal. If inhaled: Remove person to fresh air. Call a POISON CENTER/doctor immediately.</p> <p>2. One 32 United States fluid ounce spray bottle of Heavy Duty glove-free degreaser with a label which read: Keep out of reach of children. Warning Causes eye irritation. Wash hands thoroughly after handling. If in eyes: Rinse cautiously with water for several minutes. Remove contact lenses. If present and easy to do. Continue rinsing. If eye irritation persists: Get medical attention.</p> <p>3. Two spray bottles (one bottle with approximately 1 fluid ounce and one bottle with approximately 10 fluid ounces) of Spitfire non-butyl spray & wipe cleaner with a label which read: Keep out of reach of children. Caution: Avoid contact with eyes and skin. In case of contact, immediately flush with water. If irritation develops, get medical attention.</p> <p>4. One 32 fluid ounce spray bottle of Clinging Lime-A-Way Lime Scale Remover with a label which read: Keep out of reach of children. Danger, causes severe skin burns and eye damage. If swallowed: rinse mouth. Do not induce vomiting. Immediately call POISON CENTER or doctor/physician.</p> <p>5. One spray bottle with approximately 12 fluid ounces of Glance glass and multi-surface cleaner with a label which read: Keep out of reach of</p>	A1217		

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A1217	<p>Continued From page 11</p> <p>children.</p> <p>The surveyor observed a sign taped to the door that read: "Please keep door closed and locked at all times except during meal times."</p> <p>The surveyor observed that there was no staff present at that time.</p>	A1217		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 18A105	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/17/2020
Y1	Y2	Y3
NAME OF FACILITY CARE ONE AT SOMERSET VALLEY ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1621 ROUTE 22 WEST BOUND BROOK, NJ 08805

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 A0999	Correction	ID Prefix A1053	Correction
Reg. # 8:36-11.5(f)	Completed	Reg. # 8:36-11.7(e)	Completed	Reg. # 8:36-15.3(a)	Completed
LSC	03/11/2020	LSC	03/14/2020	LSC	03/11/2020
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 1/15/2020	<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

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 18A105	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/17/2020
Y1	Y2	Y3
NAME OF FACILITY CARE ONE AT SOMERSET VALLEY ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1621 ROUTE 22 WEST BOUND BROOK, NJ 08805

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 A1009	Correction	ID Prefix A1217	Correction
Reg. # 8:36-11.5(f)	Completed	Reg. # 8:36-11.7(j)	Completed	Reg. # 8:36-17.3(b)(4)	Completed
LSC	03/11/2020	LSC	03/14/2020	LSC	03/14/2020
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 1/15/2020		<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		