

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 08/06/2024
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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: Complaint</p> <p>COMPLAINT #: NJ 00160638</p> <p>CENSUS: 52</p> <p>SAMPLE SIZE: 4</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 310	<p>8:36-3.4(a)(1) Administration</p> <p>(a) The administrator or designee shall be responsible for, but not limited to, the following:</p> <p>1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;</p>	A 310		

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

TITLE

(X6) DATE

09/03/24

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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00160638</p> <p>Based on observation, interview, and review of pertinent facility document, it was determined that the facility's Administrator failed to implement and enforce the policies and procedures titled, "Assisted Living: Documentation of Medication Administration", "Assisted Living: Administration of Medication", and "Charting and Documentation" regarding medication administration, documentation, and notification for missed medication administration for 1 of 4 residents, Resident #3. This deficient practice was evidenced by the following:</p> <p>On 8/6/24 at 12:17 p.m., the surveyor reviewed Resident #3's closed MR revealed Medication Administration Record (MAR) for the month of [redacted] which revealed that on [redacted], [redacted] and [redacted], [redacted] tablet was initialed and circled on the MAR. The back of the MAR also revealed that on [redacted] and [redacted], the medication was not available and was ordered STAT by an LPN. Resident #3 did not receive the above medication as prescribed by the physician on [redacted], [redacted], [redacted], [redacted] and [redacted] total of 5 days.</p> <p>At 1:08 p.m., the surveyor interviewed the facility's Regional Director of Clinical Services (RDCS), the Administrator, Assistant Executive Director (AED), and LPN Supervisor, regarding the medication that was initialed and circled on the MAR. The RDCS stated that an initial with a</p>	A 310		

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A 310	<p>Continued From page 2</p> <p>circle around it meant that the medication was not administered. The RDCS stated that when a medication was not administered the licensed staff who initialed and circled the medication should document the reason the medication was not administered. The RDCS explained that when a licensed staff initialed the MAR, should also write out their names in full to identify their initials.</p> <p>Surveyor review of the following facility policies and procedures revealed:</p> <p>1. "Assisted Living: Documentation of Medication Administration", with a revision date of 3/5/2010, which indicated, "... 1. The R.N., L.P.N., or C.M.A. enters full signature, licensure/certification status, and identifying initials on the master signature list ... 6. The R.N., L.P.N., or C.M.A. who omits any medication for any reason designates such by the initialing the time block, then circling the time block to indicate omission. The R.N., L.P.N., or C.M.A. the documents on the back of the MAR and the process note if necessary..."</p> <p>2. "Assisted Living: Administration of Medication", with a revision date of 3/5/2010, which indicated, "Policy... The center has established a policy for the safe administration of medication. Procedure 1. This center will assist residents to obtain pharmaceutical services in accordance with their physician's order and with each resident's service plan or health service plan... 15. If a medication is refused, withheld, or vomited it will be: a. Initialed and circled on the MAR with an explanation on the reverse side..."</p> <p>3. "Charting and Documentation" with a revision date of July 2017, and edit date of 5/16/2024, which indicated, "... The medical record should facilitate communication between the interdisciplinary team regarding the resident's</p>	A 310		

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A 310	Continued From page 3 condition and response to care..."	A 310		
A 935	<p>8:36-11.4(b) Pharmaceutical Services</p> <p>(b) All medications shall be administered by qualified personnel in accordance with prescriber orders, facility or program policy, manufacturer's requirements, cautionary or accessory warnings, and all Federal and State laws and regulations.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00160638</p> <p>Based on interview, and record review it was determined that the facility failed to ensure medications were administered to residents in accordance with the prescriber's orders for 1 of 4 residents, Resident #3, for medication administration. This deficient practice was evidenced by the following:</p> <p>On 8/6/2024 at 12:17 p.m., the surveyor reviewed Resident #3's closed medical record (MR) which revealed that Resident #3 had an Admission Date of [redacted] and Discharge Date of [redacted] with diagnoses which included [redacted] NJ Ex Order 26.4(b)(1), [redacted] NJ Ex Order 26.4(b)(1), and [redacted] NJ Ex Order 26.4(b)(1).</p> <p>Surveyor review of Resident #3's closed MR revealed a "Progress Notes" written by a</p>	A 935		

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A 935	<p>Continued From page 4</p> <p>Licensed Practical Nurse (LPN) dated [redacted] NJ Ex Order 26.4(b), which indicated "Resident [#3] [redacted] NJ Ex Order 26.4(b)(1) due to missing medication from pharmacy. [redacted] NJ Ex Order 26.4(b)(1) has been ordered."</p> <p>Continued surveyor review of Resident #3's closed MR revealed Medication Administration Record (MAR) for the month of [redacted] NJ Ex Order 26.4(b)(1) which revealed that on [redacted] NJ Ex Order 26.4(b)(1), [redacted] NJ Ex Order 26.4(b)(1), and [redacted] NJ Ex Order 26.4(b)(1), [redacted] NJ Ex Order 26.4(b)(1) tablet was initialed and circled. The MAR also revealed that on [redacted] NJ Ex Order 26.4(b)(1), and again on [redacted] NJ Ex Order 26.4(b)(1), the medication was not available and was ordered STAT by an LPN. Resident #3 did not receive the above medication as prescribed by the physician on [redacted] NJ Ex Order 26.4(b)(1), [redacted] NJ Ex Order 26.4(b)(1), [redacted] NJ Ex Order 26.4(b)(1), and [redacted] NJ Ex Order 26.4(b)(1), a total of 5 days.</p> <p>At 1:08 p.m., the surveyor interviewed the facility's Regional Director of Clinical Services (RDCS), the Administrator, Assistant Executive Director (AED), and LPN Supervisor, regarding what an initial with a circle around it meant on the MAR. The RDCS stated that an initial with a circle around it meant that the medication was not administered. Additionally, the RDCS stated that when a medication was not administered the staff member who initialed and circled should also document on the back of the MAR the reason the medication was not administered.</p> <p>During continued interview the Administrator stated that she received a phone call from Resident #3's family that Resident #3 did not receive his/her [redacted] NJ Ex Order 26.4(b)(1) medication. The Administrator stated that the former Director of Nursing (DON) had worked with a back-up pharmacy to obtain the medication which was not available through the facility's contracted pharmacy. Additionally, the Administrator stated</p>	A 935		
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A 935	<p>Continued From page 5</p> <p>that the former DON should have documented in Resident #3's MR regarding the medication not being available and oollow-ups made in effort to obtain the medication.</p> <p>Surveyor review of the facility's policy and procedure titled, "Assisted Living: Administration of Medication" with a revision date of 3/5/2010, revealed the following: "Policy... The center has established a policy for the safe administration of medication. Procedure 1. This center will assist residents to obtain pharmaceutical services in accordance with their physician's order ..."</p>	A 935		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 18A105	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 9/5/2024
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 A0310	Correction	ID Prefix A0935	Correction	ID Prefix _____	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-11.4(b)	Completed	Reg. # _____	Completed
LSC _____	09/15/2024	LSC _____	09/15/2024	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 <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 8/6/2024

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO