

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

PRINTED: 06/03/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315185	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/22/2022
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT LINWOOD, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 201 NEW ROAD AND CENTRAL AVE LINWOOD, NJ 08221		
(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) COMPLETION DATE	
F 000	INITIAL COMMENTS COMPLAINT # NJ 155467 CENSUS: 120 SAMPLE SIZE: 4 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000			
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ 155467 Based on interviews, medical record review and review of other facility documents on 6/21/2022 and 6/22/2022, it was determined that the facility failed to ensure that a resident received their medications as ordered by the physician, as well as, failed to follow the facility policy titled "Administering Medications" for 1 of 4 residents (Resident #2) reviewed for medication. This deficient practice was further evidenced by the following:	F 658	COMPLETE CARE AT LINWOOD PLAN OF CORRECTION This plan of correction constitutes our written allegation of compliance for the deficiencies cited. However, submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by state and federal law. F658 SS=D Services Provided Meet	7/13/22	

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

TITLE

(X6) DATE

Electronically Signed

07/13/2022

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 658	<p>Continued From page 1</p> <p>1. According to the "Admission Record (AR)," Resident #1 was admitted to the facility on [redacted], with diagnoses which included but were not limited to: NJ Exec Order 26.4b1 [redacted]</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated [redacted] Resident #1 had a Brief Interview for Mental Status (BIMS) score of [redacted]/15, indicating that Resident #1 was [redacted]. The MDS also indicted Resident #1 required extensive assistance with Activities of Daily Living (ADLs).</p> <p>A review of the "Medication Review Report" for medication orders "on or after date [redacted]," revealed that on [redacted] at 9:00 a.m., Resident #1 was on but not limited to the following medications (meds): NJ Exec Order 26.4b1 [redacted], one tablet a day for [redacted]; NJ Exec Order 26.4b1 [redacted], one tablet one time a day for [redacted]; NJ Exec Order 26.4b1 [redacted], one time a day for [redacted]; and NJ Exec Order 26.4b1 [redacted], one time a day for [redacted].</p> <p>2. According to the "Admission Record (AR)," Resident #2 was admitted to the facility on [redacted], and discharged on [redacted], with diagnoses which included but were not limited to: NJ Exec Order 26.4b1 [redacted]</p> <p>According to the MDS an assessment tool dated [redacted] Resident #2 had a BIMS score of [redacted] 15</p>	F 658	<p>Professional Standards CFR(s): 483.21(b)(3)(i)</p> <p>I. CORRECTIVE ACTIONS ACCOMPLISHED FOR RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE:</p> <p>Resident #2 is no longer in the facility as she was discharged home on [redacted]. Records reflect that Resident #2 was not adversely affected by the deficient practice.</p> <p>Facility confirmed that Resident #1 received all her medications on [redacted] via resident interview and medication reconciliation. Resident #1 was not adversely affected by the deficient practice.</p> <p>Nurse involved was in-serviced and counseled by the DON (Director of Nursing) regarding Proper Medication Administration, with focus on ensuring that (a) medications are administered to appropriate residents as ordered by the physician, and (b) nurse complies with the facility's policy on Administering Medications in accordance with professional standards of practice.</p> <p>II. IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE:</p> <p>All residents who are on medications have the potential to be affected by the deficient practice.</p> <p>III. MEASURES PUT INTO PLACE OR SYSTEMIC CHANGES TO ENSURE THAT THE DEFICIENT PRACTICE WILL</p>	

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F 658	<p>Continued From page 2</p> <p>indicating Resident #2 was [redacted] NJ Exec Order 26.4b1. The MDS also indicated Resident #2 required extensive assistance with ADLs.</p> <p>A review of Resident #2's Care Plan dated [redacted] NJ Exec Order 26.4b1 revealed a Focus of: The Resident is on [redacted] NJ Exec Order 26.4b1. With interventions which included but was not limited to: [redacted] NJ Exec Order 26.4b1 with signs and symptoms listed.</p> <p>A review of the "Order Summary Report (OSR)" for medication orders " Active Orders as of [redacted] NJ Exec Order 26.4b1," revealed Resident #2 was on the following medications scheduled to be given at 9:00 a.m., on [redacted] NJ Exec Order 26.4b1: [redacted] NJ Exec Order 26.4b1 one tablet one time a day for [redacted] NJ Exec Order 26.4b1, [redacted] NJ Exec Order 26.4b1 one capsule one time a day for [redacted] NJ Exec Order 26.4b1, [redacted] NJ Exec Order 26.4b1 one capsule two times a day for [redacted] NJ Exec Order 26.4b1. The OSR did not reveal an order for [redacted] NJ Exec Order 26.4b1.</p> <p>During an interview on 6/21/2022 at 9:58 a.m., the Director of Nursing (DON) reported, a recent medication error occurred on [redacted] NJ Exec Order 26.4b1 when LPN #1 gave Resident #1's [redacted] NJ Exec Order 26.4b1 to Resident #2, the error occurred because LPN #1 failed to verify the Resident.</p> <p>During an interview on 6/21/2022 at 10:12 a.m., LPN #1 stated, a medication error occurred on [redacted] NJ Exec Order 26.4b1 approximately 9:00 a.m., when he gave Resident #2 an [redacted] NJ Exec Order 26.4b1, which, was ordered for Resident #1. LPN #1 stated, Resident #2 was not on [redacted] NJ Exec Order 26.4b1.</p> <p>According to LPN #1 he had prepared the medications for Resident #2, when he went into</p>	F 658	<p>NOT RECUR:</p> <p>All Nurses were in-serviced on the the following: (a) Ensure that medications are administered to appropriate residents as ordered by the physician, and (b) Compliance with the facility's policy on Administering Medications. Emphasis was made on verifying the resident's identity before giving her medications and on checking the label against the physician's order to verify the right resident, right medication, right dosage, right time and right method (route) of administration before giving the medication.</p> <p>IV. MONITORING OF CORRECTIVE ACTIONS:</p> <p>Pharmacy Consultant or Designee will conduct Medication Pass Observations on 3 nurses per month x 6 months to ensure that medications are properly administered to the right resident as ordered by the physician. Findings will be reported to the Administrator and the DON monthly and will be presented at the quarterly QAPI Meeting. Committee will determine the need for further audits and/or action plans to ensure on-going compliance.</p>		

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F 658	<p>Continued From page 3</p> <p>the room and offered the medications to Resident #2. Resident #2 was eating breakfast and asked LPN #1 to return later with the medications. LPN #1 stated he placed the pre-poured medications in the med-cart, labeled them with the Resident's name, and room number; he then prepared the medications including the [redacted] for Resident #1. LPN #1 then entered Resident #1's room with the pills and the [redacted] in his hand. He stated, Resident #1 took the pills, however, he forgot to give the [redacted] and came out of the room with the [redacted] still in his hand. LPN #1 then went back to the med-cart and retrieved Resident #2's pre-poured medications. He entered Resident #2's room with the Residents' pills and the [redacted] still in his hand. LPN #1 gave Resident #2 the pills and the [redacted] at that time. LPN #1 stated, that when he told Resident #2 that he was going to give him/her [redacted] the resident did not question it since the resident was on [redacted] previously at the hospital.</p> <p>In addition, LPN #1 stated, he did not identify the Resident by checking the name bracelet, which, he verified was in place, and he did not verify the physician's order on the Medication Administration Record (MAR) for [redacted] for Resident #2. LPN #1 explained that when he realized he made the error he reported it immediately to the Unit Manager, the Resident's family, and the Physician.</p> <p>A review of the "Med Error" (Medication Error) report dated [redacted] at 6:10 p.m., documented by LPN #1 showed the following: Resident #2 received [redacted] not on current medication list. Assessed patient for any signs and symptoms of [redacted]. Medical Doctor</p>	F 658			

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F 658	<p>Continued From page 4</p> <p>notified and received order to monitor for 24 hours for signs and symptoms of [REDACTED] Patient stated, [REDACTED]</p> <p>A review of the facility policy titled "Administering Medications," dated 11/2018, and updated 10/2021, revealed the following under Policy: Medications shall be administered in a safe and timely manner, and as prescribed. Under Policy Interpretation and Implementation: 2. Medications must be administered in accordance with the orders... 4. The individual administering medications must verify the resident's identity before giving the resident his/her medications. Methods of identifying the resident include: a. Checking identification band. b. Checking photograph attached to medical record. c. If necessary, verifying resident identification with other facility personnel. 5. The individual administering the medication must check the label against the physician's order to verify the right resident, right medication, right dosage, right time and right method (route) of administration before giving the medication..."</p> <p>NJAC 8:39-11.2(b)</p>	F 658		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315185	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 7/26/2022	Y3
NAME OF FACILITY COMPLETE CARE AT LINWOOD, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 201 NEW ROAD AND CENTRAL AVE LINWOOD, NJ 08221		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, 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 CMS-2567 (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 F0658	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.21(b)(3)(i)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	07/13/2022	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 <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 6/22/2022		<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		