STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315185	A. BUILDING _____ B. WING _____	C 06/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT LINWOOD, LLC	**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 146001 CENSUS: 118 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 146001 Based on interviews, review of Medical Records (MR), and review of pertinent facility documents on 6/25/2021, it was determined that the facility failed to follow the Physician's Order (PO) for medication administration as well as failed to follow facility's policy titled "Administering Medications," for 1 of 4 residents (Resident #3) reviewed for medication administration. This	F 658	How the corrective action will be accomplished for those residents found to have been affected by the deficient practice: Based on interviews, review of Medical Records(MR), and review of pertinent facility documents on 6/25/2021, it was determined that the facility failed to follow the Physician's Order (PO) for medication administration as well as failed to follow	7/25/21

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

Electronically Signed | 07/08/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315185	A. BUILDING _____ B. WING _____	C 06/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT LINWOOD, LLC	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 658	Continued From page 1 deficient practice was evidenced by the following: 1. According to the Face Sheet, Resident #3 was admitted to the facility on [redacted] and readmitted on [redacted], with diagnoses which included but were not limited to: [redacted]. According to the Minimum Data Set (MDS) an assessment tool dated [redacted], Resident #3 had a Brief Interview for Mental Status (BIMS) score of [redacted], which indicated the Resident had [redacted]. The MDS also indicated Resident #3 required extensive assistance for Activities of Daily Living (ADLs). The Physician Order Sheet (POS) dated [redacted], revealed a physician order for [redacted] milligrams (mg) per milliliter (ml). Give [redacted] milligram by mouth every [redacted] hours as needed for [redacted]. The [redacted] order was initiated after Resident #3 was admitted to [redacted]. Resident #3's Medication Administration Record (MAR), dated [redacted] to [redacted], showed the aforementioned order. The MAR showed that a dose of the [redacted] was given at 5:02 p.m., 7:19 p.m., and 9:45 p.m., by the Licensed Practical Nurse (LPN #1) on [redacted], to Resident #3. The Medication Error Report (MER) dated [redacted], showed that Resident #3 was given [redacted] milliliters (ml) of [redacted] instead of [redacted] mg on [redacted], which was not according to the PO. The MER revealed that the Resident received a total dosing error of [redacted] mg over 3	F 658	facility's policy titled "Administering Medications." Immediately the LPN who made the error was re-educated by DON and then offered more orientation off the schedule. The LPN showed back to the extra work orientation one day and then never showed back to work orientation again. How the facility will identify other residents having the potential to be affected by the same deficient practice: All residents have the potential to be affected by this deficient practice. what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur. Don/designee provided mandatory re-education to all LPN and RN's in the building on proper Medication Administration. Don/designee will also be re-educating LPN and RN on a quarterly basis Medication Administration. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur. Don/designee will conduct weekly med pass 3 times per week on cart nurses. This audit will continue for 3 months or until compliance is achieved for one	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315185	A. BUILDING _____ B. WING _____	C 06/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT LINWOOD, LLC	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 658	Continued From page 2 hours. The Physician was notified of the medication error on [redacted] at 12:50 a.m. and gave an order to hold the [redacted] and monitor the resident. During an interview on 6/25/2021 at 11:25 a.m., the Director of Nursing (DON) stated that the medication error was noted by the nursing staff during a narcotic count at the change of shift on [redacted], around 11:00 p.m. The nurse noticed the [redacted] for Resident #3 was low and checked the PO for verification of the dosing. The DON stated that the facility investigated the aforementioned medication error. Review of the Facility's Policy titled "Administering Medications," dated 10/2019, under Policy Statement revealed the following: "...Medications shall be administered in a safe and timely manner, and as prescribed...Policy Interpretation and Implementation: section 7. 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..." N.J.A.C. 8:39-27.1(a)	F 658	month past the three months. Any out of compliance findings will be brought to Administrator immediately for discipline. A monthly report on these med passes will be provided to administrator, and Quality Assurance Performance Improvement committee. A quarterly report of this med pass audit for Quality Assurance Performance Improvement will be reported to Quality Assurance on a quarterly basis until no out of compliance findings for 6 months.	