

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

PRINTED: 11/30/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315434		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/24/2020	
NAME OF PROVIDER OR SUPPLIER FAMILY OF CARING HEALTHCARE AT RIDGEWOOD				STREET ADDRESS, CITY, STATE, ZIP CODE 304 S. VAN DIEN AVE RIDGEWOOD, NJ 07450			
(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			F 000			
	C #: NJ 138114						
	Census: 70						
	Sample Size: 3						
F 755	Pharmacy			F 755			10/19/20
SS=D	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 receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and						

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

TITLE

(X6) DATE

Electronically Signed

10/15/2020

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	<p>Continued From page 1</p> <p>§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 #: NJ 138114</p> <p>Based on interviews, and record review, as well as review of pertinent facility documents on 9/24/20, it was determined the facility failed to ensure routine medication was available from the pharmacy for 1 of 3 residents (Resident #3) reviewed for medications. This deficient practice is evidenced by the following:</p> <p>1. According to "Admission Record (AR)" Resident #3 was admitted to the facility on [REDACTED] with diagnosis that included but was not limited to: [REDACTED]</p> <p>The "Minimum Data Set (MDS)" an assessment tool dated [REDACTED] showed that the Resident was [REDACTED] and required extensive assistance from staff with [REDACTED]</p> <p>The "Order Summary Report (OSR)" dated [REDACTED] showed an order for the following: [REDACTED] [REDACTED] for [REDACTED]. [REDACTED]</p> <p>The "Medication Administration Record (MAR)" dated [REDACTED] showed the aforementioned orders. However, the MAR</p>	F 755	<p>All medication carts were audited to ensure that all routine medication for all residents are available.</p> <p>All residents have the potential to be affected by this deficient practice.</p> <p>All licensed and registered nurses were in-serviced on 9/24/20 and 9/25/2020 regarding the Provider Pharmacy Requirements Policy and Procedure. In-service included the necessary documentation should a medication not be available, and the follow-up reporting protocol. Provider Pharmacy also completed an in-service/education to the pharmacists to perform full retrieval and review of resident pharmacy profile notations prior to initiating a secondary clarification.</p> <p>To ensure continued compliance, the DON or designee will check the medication carts daily x90 days for all new admissions and refill order medications to ensure compliance with availability of medications.</p> <p>Thereafter, the compliance of medication availability will be part of the facility's ongoing monthly QA program.</p>		

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F 755	<p>Continued From page 2</p> <p>showed that on 6/4/20 at 12:00 midnight (mn) and 6:00 am, Licensed Practical Nurse (LPN#1) documented "9 [nine]" on the medication [REDACTED]. Under the "Chart Codes" showed that 9 meant "Other/See Progress Notes". Furthermore, the MAR showed that on [REDACTED] LPN #1 administered the [REDACTED] Resident #3 at [REDACTED]</p> <p>The "Progress Notes (PN)" showed the following: On 6/3/20 at 12:57 am [REDACTED] tablet [REDACTED], pending delivery from the pharmacy. On [REDACTED] the Resident received [REDACTED] On [REDACTED] the [REDACTED] medication was effective. On [REDACTED] for [REDACTED] pending delivery from the pharmacy. On [REDACTED], the Resident complained of [REDACTED] that was relieved by [REDACTED] medication. Resident #3 was made aware of the pending delivery of [REDACTED] medication from the pharmacy.</p> <p>The Pharmacy "Medication Incident Report (MIR)" dated [REDACTED] under the type of incident showed a checked box for [REDACTED] Under the Pharmacy Comments showed that the order for [REDACTED] medication was originally submitted on [REDACTED] The Pharmacy informed the Nurse Supervisor (NS #1) for the order clarification because it exceeded the maximum recommended daily dose. The facility requested a refill on [REDACTED]. However, due to the high</p>	F 755			

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F 755	<p>Continued From page 3</p> <p>dosage the medication was put on hold for delivery. LPN #1 called the Pharmacy on 6/3/20 and she was instructed by the Pharmacy staff to clarify the medication order. The Director of Nursing (DON) called the Pharmacy on 6/4/20 and informed the Pharmacy staff to deliver the medication to the facility.</p> <p>The surveyor conducted an interview with the DON on 9/24/20 at 12:43 pm. She stated that the Pharmacy staff had questioned the [REDACTED] for [REDACTED] medication on [REDACTED] which was clarified by Resident #3's Primary Physician (PP) on [REDACTED]. On 6/3/20 she received a telephone call from LPN #1 (the assigned night shift (11:00 pm-7:00 am) nurse for Resident #3 on 6/3/20). LPN #1 told her that the Pharmacy had to put the medication on hold because it needed an order clarification from the PP. The DON stated that she called the Pharmacy to deliver the medication because the high dosage issue had been clarified on 5/13/20. She went on to state that the [REDACTED] medication was delivered on [REDACTED].</p> <p>The surveyor conducted an interview with the LPN #1 on 9/24/20 at 12:56 pm. LPN #1 stated that Resident #3 had [REDACTED] on [REDACTED]. However, she did not administer the [REDACTED] medication because the facility did not have the medication. She explained that the Pharmacy had put the medication on hold and she called the DON and Resident #3's PP. She revealed that the Resident needed the [REDACTED] medication on [REDACTED] and [REDACTED] because the Resident had [REDACTED] that could cause [REDACTED]. LPN #1 explained that she administered the [REDACTED].</p>	F 755			

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F 755	<p>Continued From page 4</p> <p>██████ medication to relieve the ██████ on the Resident's ██████</p> <p>Post survey, Electronic mail (e-mail) from the Pharmacy staff dated 9/25/20 to explain why there was a delay in ██████ medication delivery which resulted in Resident #3's missed ██████ medication at ██████ and ██████ on ██████. The E-mail indicated that on 5/13/20 the Pharmacy questioned the dosage order for ██████ medication. On the same day (5/13/20), NS #1 informed the Pharmacist that Resident #3 had been taking the aforementioned medication with the same dosage for years. The Pharmacist documented this conversation. On 6/3/20 at 11:46 pm LPN #1 contacted the Pharmacy and the Pharmacy staff did not properly assess the note/documentation from 5/13/20 and requested LPN #1 to get another clarification of an order which was already clarified on 5/13/20. On 6/4/20, the DON requested an urgent delivery of the ██████ medication and explained that the Resident had been on the same dosage for years.</p> <p>The facility policy titled, "Provider Pharmacy Requirements" was revised on 8/2020, showed: "...Procedures...3. The provider pharmacy is responsible for rendering the required service in accordance with local, state, and federal laws and regulations;...4. The provider pharmacy agrees to perform all of,...f. Providing routine and timely pharmacy service...g. Maintaining a medication profile on each resident that includes...any other pertinent information..."</p> <p>NJAC 8:39-27.1(a)</p>	F 755	.		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315434	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 11/2/2020
NAME OF FACILITY FAMILY OF CARING HEALTHCARE AT RIDGEWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 304 S. VAN DIEN AVE RIDGEWOOD, NJ 07450	

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 F0755	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.45(a)(b)(1)-(3)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	11/02/2020	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
9/24/2020

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