STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315289	A. BUILDING _____ B. WING _____	C 02/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOORHEES PEDIATRIC FACILITY	1304 LAUREL OAK ROAD VOORHEES, NJ 08043

(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 A Recertification and Complaint Survey was conducted by Healthcare Management Solutions on behalf of the New Jersey Department of Health (NJDOH). Complaint #: NJ169974 Survey Dates: 02/19/24 to 02/22/24 Survey Census: 107 Sample Size: 21 Supplemental Residents: 7 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 RECERTIFICATION AND COMPLAINT VISIT.	F 000		
F 602 SS=E	Free from Misappropriation/Exploitation CFR(s): 483.12 §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of the facility's policy, the facility failed to ensure residents were free from misappropriation for seven of seven unsampled residents reviewed for	F 602	All residents have the potential to be affected by this deficient practice. On February 22, 2024 the missing medications were available for Resident#	3/29/24

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

Electronically Signed | 03/15/2024

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F 602	Continued From page 1 misappropriation (Resident (R) 39, R36, R35, R94, R6, R87, and R70). Specifically, nursing staff borrowed medications from the residents and administered the medications to other residents. Findings include: 1. Review of R39's undated "Admission Record" located under the "Profile" tab in the electronic medical record (EMR) revealed R39 was admitted to the facility on [redacted] with the diagnoses of [redacted] and [redacted]. Review of R39's annual "Minimum Data Set (MDS)" with an "Assessment Reference Date" (ARD) of [redacted] and located in the resident's EMR under the "MDS" tab revealed R39 was in a [redacted] with [redacted]. Review of R39's "Physician Orders" located under the "Orders" tab in the EMR revealed an order dated [redacted] for R39 to receive [redacted] give [redacted] by [redacted] every four hours as needed for [redacted]. Review of R39's '[redacted] Receipt/Record/Disposition Form" provided by the facility revealed four doses of the resident's [redacted] medication were misappropriated and administered to R4 on [redacted] R4 had a physician order for [redacted] at bedtime.	F 602	4, 57, 11, 47 49, 95, 55, 24 55,88, and 97. The DON/designee conducted an audit of the resident□s current medication to ensure they were in the facility as ordered. Any medications that were not available were reordered and sent STAT to the facility. Licensed Nurses were remediated by the DON on February 15 and 16th 2024 on not borrowing medications and ensuring each residents medications are available. A new process was implemented on February 21, 2024 with the Clinical Managers to do a daily check with medication nurses to ensure medications are available and not borrowed. The DON/designee will conduct a weekly random audit of resident□s; for 6 consecutive weeks to ensure their medications are available in the facility. The results of this audit will be reviewed at the monthly Quality Assurance meeting with the committee members and compliance has been determined. The committee will also make any recommendations for frequency intervals thereafter. Completion date will be March 29, 2024.	

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F 602	Continued From page 2 Continued review of R39's "NJ Exec Order 26.4b1 Receipt/Record/Disposition Form" revealed 11 doses of NJ Exec Order 26.4b1 were misappropriated and administered to R57 on NJ Exec Order 26.4b1. R57 had a physician order NJ Exec Order 26.4b1 every four hours for NJ Exec Order 26 2. Review of R36's undated "Admission Record" located under the "Profile" tab in the EMR revealed R36 was readmitted to the facility on NJ Exec Order 26.4b1 with the diagnoses of NJ Exec Order 26.4b1 with NJ Exec Order 26.4 and NJ Exec Order 26.4b1. Review of R36's quarterly "MDS" with an "ARD" of NJ Exec Order 26.4b1 revealed R36 was in a NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1 Review of R36's "Physician Orders" located under the "Orders" tab in the EMR revealed an order dated NJ Exec Order 26.4b for R36 to receive NJ Exec Order 26.4b1 every four hours as needed for NJ Exec Order 26.4b1 and/or NJ Exec Order 26.4b1 Review of R36's "NJ Exec Order 26.4b1 Receipt/Record/Disposition Form" provided by the facility revealed one dose of the resident's NJ Exec Order 26.4b1 medication was borrowed for R11on NJ Exec Order 26.4b1. R11 had a physician order for NJ Exec Order 26.4b1 every six hours as needed for NJ Exec Order 26 causing NJ Exec Order 26.4b1 prior to NJ Exec Order 26.4b1. Continued review of R36's "NJ Exec Order 26.4b1	F 602		

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F 602	Continued From page 3	F 602		

Receipt/Record/Disposition Form" revealed one dose of [redacted] was misappropriated and administered to R47 on [redacted]. R47 had a physician order for [redacted]

3. Review of R35's undated "Admission Record" located under the "Profile" tab in the EMR revealed R35 was readmitted to the facility on [redacted] with the diagnoses of [redacted] with [redacted] and [redacted]

Review of R35's quarterly "MDS" with an ARD of [redacted] revealed R35 had [redacted] and [redacted] and was [redacted].

Review of R35's "Physician Orders" located under the "Orders" tab in the EMR revealed an order dated [redacted] for R35 to receive [redacted] every six hours as needed for [redacted].

Review of R35's '[redacted] Receipt/Record/Disposition Form" revealed six doses of the resident's [redacted] medication was misappropriated to R49 on [redacted] R49 had a physician order for [redacted] by [redacted] every six hours for [redacted]

Continued review of R35's '[redacted] Receipt/Record/Disposition Form" revealed seven doses of the resident's [redacted] were misappropriated and administered to R105 on [redacted] R105 had a physician order for [redacted] three times

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F 602	Continued From page 4 a day for [redacted].	F 602		

Further review of R35's '[redacted] Receipt/Record/Disposition Form" revealed 11 doses of the resident's [redacted] were misappropriated and administered to R95 on [redacted]. R95 had a physician order for [redacted] four times a day for [redacted].

Additionally, R35 had 17 doses of [redacted] medication misappropriated and administered to R55 on [redacted].

4. Review of R94's undated "Admission Record" located under the "Profile" tab in the EMR revealed R94 was readmitted to the facility on [redacted] with the diagnoses of [redacted] and [redacted].

Review of R94's quarterly "MDS" with an ARD of [redacted] revealed R94 had [redacted] and [redacted] and was [redacted] in [redacted].

Review of R94's "Physician Orders" located under the "Orders" tab in the EMR revealed an order dated [redacted] for R94 to receive [redacted] every six hours as needed for [redacted].

Review of R94's '[redacted] Receipt/Record/Disposition Form" revealed one dose of [redacted] was misappropriated and administered to R55 on [redacted]. R55 had a physician order for [redacted] to be given

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F 602	Continued From page 5 on [redacted] at 12:01 AM. Continued review of R94's "[redacted] Receipt/Record/Disposition Form" revealed one dose of the [redacted] medication was misappropriated and administered to R49 on [redacted] R49 had a physician order for [redacted] give three times a day by [redacted]. Further review of R94's [redacted] Receipt/Record/Disposition Form" revealed one dose of the resident's [redacted] was misappropriated and administered to R56 on [redacted] R56 had a physician order for [redacted] as needed for 30 minutes prior to [redacted] and procedures. 5. Review of R6's undated "Admission Record" located under the "Profile" tab in the EMR revealed R6 was readmitted to the facility on [redacted] with the diagnoses of [redacted] and [redacted]. Review of R6's quarterly "MDS" with an ARD of [redacted] revealed R6 had [redacted] and [redacted] and was [redacted] in making [redacted]. Review of R6's "Physician Orders" located under the "Orders" tab in the EMR revealed an order dated [redacted] for R6 to receive [redacted] every five minutes as needed for [redacted]. May repeat times [redacted]. Review of R6's "[redacted]	F 602		

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F 602	Continued From page 6	F 602		

Receipt/Record/Disposition Form" revealed one dose of the [NJ Exec Order 26.4b] medication was misappropriated and administered to R24 on [NJ Exec Order 26.4b]. R24 had a physician order for [NJ Exec Order 26.4b] every 10 minutes as needed for [NJ Exec Order 26] medication.

6. Review of R87's undated "Admission Record" located under the "Profile" tab in the EMR revealed R87 was readmitted to the facility on [NJ Exec Order 26.4b] with the diagnoses of [NJ Exec Order 26.4b] and NJ Exec Order 26.4b1.

Review of R87's quarterly "MDS" with an ARD of [NJ Exec Order 26.4b] revealed R87 was in a [NJ Exec Order 26.4b1]

Review of R87's "Physician Orders" located under the "Orders" tab in the EMR revealed an order dated [NJ Exec Order 26.4b1] for R87 to receive [NJ Exec Order 26.4b1] NJ Exec Order 26.4b1 as needed for a NJ Exec Order 26.4b1.

Review of 87's 'NJ Exec Order 26.4b1 Receipt/Record/Disposition Form" revealed one dose of the resident's [NJ Ex Order 26.4(b)(1)] medication was misappropriated and administered to R88 on [NJ Exec Order 26.4b1] R88 had a physician order for [NJ Exec Order 26.4b1] every six hours as needed for NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 or [NJ Exec Order 26.4] of [NJ Exec Order 26.4b] without returning to [NJ Exec Order 26.4b] within five minutes.

7. Review of R70's undated "Admission Record" located under the "Profile" tab in the EMR revealed R70 was readmitted to the facility on

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F 602	Continued From page 7 NJ Exec Order 26.4b1 with the diagnoses of NJ Exec Order 26.4b and NJ Exec Order 26.4b1. Review of R70's quarterly "MDS" with an ARD of NJ Exec Order 26.4b1 revealed R70 had NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 and was NJ Exec Order 26.4b Review of R70's "Physician Orders" located under the "Orders" tab in the EMR revealed an order dated NJ Exec Order 26.4b for R70 to receive NJ Exec Order 26.4b1 as needed for a NJ Exec Order 26.4b1. Review of R70's 'NJ Exec Order 26.4b1 Receipt/Record/Disposition Form" revealed one dose of the resident's NJ Exec Order 26.4b1 medication was misappropriated to R97 on NJ Exec Order 26.4b1. R97 had a physician order for NJ Exec Order 26.4b1 as needed for a NJ Exec Order 26 Review of the facility's "Quality Improvement Plan" dated 02/16/24, provided by the facility revealed under the "Problem" stated," According to the Consultant's Unit Inspection Report - it was noted that there was discrepancy on the controlled drug log - borrowing resident medication." Under the area of "Action" revealed "All medication nurses were educated on the protocols of not borrowing resident medication. In-servicing was arranged with NJ Exec Order 2 connect portal of tracking medication and reorder." During an interview on 02/21/24 at 2:00 PM, Licensed Practical Nurse (LPN) 6 stated, "When we need the medicine we borrow it. We know it's wrong but what else do we do when we have a NJ Exec Or that needs it."	F 602		

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F 602	Continued From page 8 During an interview on 02/22/24 at 3:18 PM, the US FOIA (b)(6) stated, "We did not even consider misappropriation ..." The US FOIA (b) stated, "We felt it was more of a medication issue." An attempt to reach the US FOIA (b)(6) by phone on 02/22/24 at 3:40 PM was unsuccessful. A message was left asking for a return call. Review of the facility policy titled, "Abuse, Neglect, Exploitation and Misappropriation" dated 06/2023 revealed, " ...Misappropriation means the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent ..."	F 602		
F 610 SS=E	NJAC 8:39-4.1(a)15 Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State	F 610		3/29/24

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F 610	Continued From page 9 Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and facility policy review, the facility failed to identify and investigate misappropriation of residents' NJ Exec Order 26.4b medications for seven of seven unsampled residents (Resident (R) 39, R36, R35, R94, R6, R87, and R70). This placed all residents at risk for further incidents of misappropriation. Findings include: 1. Review of R39's undated "Admission Record" located under the "Profile" tab in the electronic medical record (EMR) revealed R39 was admitted to the facility on NJ Exec Order 26.4b1 with the diagnoses of NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 Review of R39's 'NJ Exec Order 26.4b1 Receipt/Record/Disposition Form" provided by the facility revealed 15 doses of the resident's NJ Exec Order 26.4b1 were misappropriated. 2. Review of R36's undated "Admission Record" located under the "Profile" tab in the EMR revealed R36 was readmitted to the facility on NJ Exec Order 26.4b with the diagnoses of NJ Exec Order 26.4b1 with NJ Exec Order 26.4b and NJ Exec Order 26.4b1. Review of R36's 'NJ Exec Order 26.4b1 Receipt/Record/Disposition Form" provided by the facility revealed two doses of the resident's NJ Exec Order 26.4b1 were misappropriated.	F 610	All residents have the potential to be affected by this deficient practice. The physician□s and all clinical staff for the resident # 39,36,35,94,6,87, and 70 were notified of the medication misappropriation. A thorough investigation was initiated by the DON and administrator. An audit of current resident□s medications/orders was conducted by the DON/designee on February 21, 2024. An in-service education was conducted on February 21,2024 by the DON and the Administrator with all direct care staff addressing the circumstances that require reporting for timely investigation and their responsibilities related to the investigation. A new process was implemented on February 21, 2024, any suspected misappropriation will be brought to the facility morning business meeting to ensure immediate investigation and reporting as indicated. The DON/designee will conduct a random audit/review of resident□s medications weekly for 6 consecutive weeks to endure that any discrepancies are identified, properly investigated and reported to the appropriate departments and agencies as indicated. Findings of this audit will be reviewed at the monthly Quality Assurance meeting with the committee members and compliance has been determined. The committee will also	

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F 610	Continued From page 10 3. Review of R35's undated "Admission Record" located under the "Profile" tab in the EMR revealed R35 was readmitted to the facility on [redacted] with the diagnoses of [redacted] with [redacted] and [redacted]. Review of R35's '[redacted] Receipt/Record/Disposition Form" revealed 41 doses of the resident's [redacted] medication were misappropriated. 4. Review of R94's undated "Admission Record" located under the "Profile" tab in the EMR revealed R94 was readmitted to the facility on [redacted] with the diagnoses of [redacted] and [redacted]. Review of R94's '[redacted] Receipt/Record/Disposition Form" revealed three doses of the resident's [redacted] were misappropriated. 5. Review of R6's undated "Admission Record" located under the "Profile" tab in the EMR revealed R6 was readmitted to the facility on [redacted] with the diagnoses of [redacted] and [redacted]. Review of R6's '[redacted] Receipt/Record/Disposition Form" revealed one dose of the [redacted] medication was misappropriated. 6. Review of R87's undated "Admission Record" located under the "Profile" tab in the EMR revealed R87 was readmitted to the facility on [redacted] with the diagnoses of [redacted] and [redacted].	F 610	make any recommendations for frequency intervals thereafter. Completion date will be March 29, 2024.	

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F 610	Continued From page 11 Review of 87's 'NJ Exec Order 26.4b1 Receipt/Record/Disposition Form" revealed one dose of the resident's NJ Exec Order 26.4b1 medication was misappropriated. 7. Review of R70's undated "Admission Record" located under the "Profile" tab in the EMR revealed R70 was readmitted to the facility on NJ Exec Order 26.4b1 with the diagnoses of NJ Exec Order 26.4b and NJ Exec Order 26.4b1 Review of R70's 'NJ Exec Order 26.4b1 Receipt/Record/Disposition Form" revealed one dose of the resident's NJ Exec Order 26.4b1 medication was misappropriated. During an interview on 02/22/24 at 3:18 PM, the US FOIA (b)(6) stated, "We did not even consider misappropriation ..." The US FOIA (b) stated, "We felt it was more of a medication issue." An attempt to reach the US FOIA (b)(6) by phone on 02/22/24 at 3:40 PM was unsuccessful. A message was left asking for a return call. During an interview on 02/22/24 at 3:18 PM, the US FOIA (b)(6) stated, "We did not even consider misappropriation ..." but if we had considered that, we would have reported it." Review of the facility's policy titled "Abuse, Neglect, Exploitation and Misappropriation" dated 06/2023 revealed, " ...Misappropriation means the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent ...Any allegation of abuse, neglect, exploitation or misappropriation resident	F 610		

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F 610	Continued From page 12 property from any source shall be investigated and every effort shall be made to prevent recurrence ... The Administrator/designee shall complete an investigation report. The report shall be completed as soon as possible, and forwarded to the appropriate agencies/authorities as necessary ..." NJAC 8:39-9.4(f)	F 610		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.	F 656		3/29/24

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F 656	Continued From page 13 (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to develop a care plan for NJ Exec Order 26.4b1 for one of three residents (Resident (R) 24) reviewed for a NJ Exec Order 26.4b1. Findings include: Observation of R24 on 02/19/24 at 12:47 PM revealed the resident was in bed NJ Ex Order 26.4(b)(1) with NJ Exec Order 2 from a NJ Exec Order 26.4b1 coming from under NJ Ex Order 26.4(b)(1), going off the side of his bed to a NJ Exec Ord Review of R24's "Physician Order," dated NJ Exec Order 26.4b1, located in the resident's electronic medical record (EMR) under the "Orders" tab revealed "NJ Exec Order 26.4b1 apply at 0600 [6:00 AM]), remove at	F 656	All residents have the potential to be affected by this deficient practice. A care plan for Resident # 24, was implemented related to NJ Exec Order 26.4b1 the MDS/Care plan Coordinator on February 22, 2024. An audit was conducted by the DON/designee of current residents who receive intermittent urinary catheterization to ensure that a care plan is in place. The members of the Interdisciplinary team who are responsible for writing care plans were re-educated by the DON/designee on the facility policy for developing comprehensive care plans on February 23,2024. Care plans will be reviewed weekly in accordance with care plan review schedule and updated as indicated by the MDS coordinator and Nurse	

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F 656	Continued From page 14 1800 [6:00 PM]." Review of R24's "Care Plan" dated [redacted], revealed a problem related to ". . .episodes of [redacted] . ." The goal was for R24 to [redacted] every eight hours and the interventions included documenting the [redacted] and NJ Exec Order 26.4b1. The care plan did not include the NJ Exec Order 26.4b1. During an interview on 02/22/24 at 3:24 PM, the US FOIA (b)(6)) revealed her it was her expectation a care plan would have been developed in [redacted] when the [redacted] was ordered. NJAC 8:39-11.2(b) NJAC 8:39-27.1(a)	F 656	Managers. The DON/designee will complete random weekly audits of resident care plans for 6 consecutive weeks to ensure that comprehensive care plans are developed and specific to the resident□s care. The results of this audit will be reviewed at the monthly Quality Assurance meeting with the committee members and compliance has been determined. The committee will also make any recommendations for frequency intervals thereafter. Completion date will be March 29th, 2024.	
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: Based on staff interview, record review, and facility document review, the facility staff failed to follow professional standards of practice regarding the signing of the on coming and off going nurse when narcotics were counted for each shift. This occurred on two of three units in the facility (B wing medication cart 1 and 2, and A wing high side medication cart).	F 658	On February 23,2024 the licensed nurses who were on duty were re-educated by the DON/designee on the signing of the controlled medication utilization record by the oncoming and off going nurse for each shift. An audit of the controlled medication utilization record for each medication cart/unit was conducted by the DON/designee on February 23, 2024 to	3/29/24

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F 658	Continued From page 15 Findings include: During observation of the "Medication Storage and Labeling Task," performed on 02/21/24 and 02/22/24, revealed the narcotic count sheets were missing two licensed nurses' signatures for the following dates and areas: 1.For January 2024 on the B wing medication cart 1, the narcotic and barbiturate count log were missing two nurses' signatures on 01/04/24 7:00 PM, 01/06/24 7:00 AM, 01/09/24 at 7:00 PM, 01/10/24 at 7:00 AM, 01/15/24 at 7:00 PM, and 01/26/24 at 7:00 AM. 2.For February 2024 on the B wing medication cart 1, the narcotic and barbiturate count log were missing two nurses' signatures on 02/20/24 at 7:00 PM. 3.For November 2023 on the B wing medication cart 2, the narcotic and barbiturate count log were missing two nurses' signatures on 11/10/23 at 7:00 AM and 7:00 PM, 11/14/23 at 7:00 AM and 7:00 PM, 11/18/23 at 7:00 AM and 7:00 PM, 11/19/23 at 7:00 AM and 7:00 PM, 11/26/23 at 7:00 PM, and 11/30/23 at 7:00 PM. 4.For November 2023 on the A wing high side medication cart, the narcotic and barbiturate count log were missing two nurses' signatures on 11/17/23 at 7:00 AM. 5.For December 2023 on the A wing high side medication cart, the narcotic and barbiturate count log were missing two nurses' signatures on 12/21/23 at 7:00 PM. 6.For February 2024 on the A wing high side	F 658	ensure that the mediation sign out sheet and medication match. On February 23,2024 were re-educated by the DON/designee on the facility policy for signing the controlled medication utilization record at the start and end of each shift. A new process was implemented on February 23,2024 for the nursing supervisors to verify that two nurses have completed/signed the controlled medication utilization record for each medication cart/unit at the beginning and end of every shift. The DON/designee will conduct a weekly random audit x 6 weeks of the controlled medication utilization record to ensure that the controlled drugs were counted and signed off per facility policy. The results of this audit will be reviewed at the monthly Quality Assurance meeting with the committee members and compliance has been determined. The committee will also make any recommendations for frequency thereafter. Completion date will be March 29th, 2024.	

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F 658	Continued From page 16 medication cart, the narcotic and barbiturate count log were missing two nurses' signatures on 02/02/24 at 7:00 AM. On 02/22/24 at 1:00 PM, the US FOIA (b)(6) was asked if the facility had a standard of practice they followed in regard to counting narcotics and the US FOIA (b) stated, "We have our own resource from the pharmacy that is on the internet." During an interview on 02/22/24 at 6:30 PM, the US FOIA (b) stated, "The on coming and off going nurses are to count the narcotics for each shift change and they are to sign the narcotic log before leaving their shift." Reviewed the facility policy "Medication: Documentation of Controlled Substances," dated "12/23," revealed " ...At the change of shift, the Controlled Medication Utilization Record will be verified with the actual inventory on hand. Having accounted for all doses, verifying patient name, medication ...and all routes of administration ...The count must be completed by two licensed nurses." NJAC 8:39-11.2(b) NJAC 8:39-27.1(a) NJAC 8:39-29.7(c)	F 658		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure	F 684		3/29/24

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F 684	Continued From page 17 that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure appropriate techniques were used for a residents who were [redacted] on [redacted] during for one of three residents reviewed for [redacted] care (Resident (R) 20). R20 had an episode of [redacted] when a [redacted] performed a [redacted] on the resident even though the resident was [redacted] R20 sustained a [redacted] to the [redacted] Findings include: Review of R20's "Admission Record," located in the resident's electronic medical record (EMR) under the "Profile" revealed the resident was admitted to the facility on [redacted] and re-admitted on [redacted] with diagnoses which included [redacted] and [redacted]. Review of R20's quarterly "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of [redacted], located in the resident's EMR under the "MDS" tab revealed a "Brief Interview for Mental Status (BIMS)," was [redacted]. Review of R20's "Care Plan," dated [redacted] and located in the resident's EMR under the "Care Plan" tab revealed the resident required [redacted] for [redacted] related to [redacted] and	F 684	RT1 was re-educated on 12.22.23 by the Clinical Director of Respiratory Care on appropriate interventions for resident□s [redacted] Resident #20s care plan was reviewed and updated to reflect the resident□s history of [redacted], including appropriate interventions. An observation audit was conducted by the DON/designee of current residents who have a history of breath holding to ensure no others were bruised by a sternal rub intervention. No others were identified. The respiratory staff were re-educated by the Clinical Director of Respiratory Care on appropriate interventions for residents who have breath-holding spells. A super-user group for resident assessment and intervention has been established and will meet quarterly to review policies and procedure related to resident assessments and interventions. Super-users deemed competent will take part in education for all staff. The Clinical Director of Respiratory Care will conduct a weekly (X6) random audit (5%) of Respiratory Assessment status change documents in the EMR to ensure accurate assessment and response. RT Supervisors will conduct weekly(X6) random audits of RT's delivering care with appropriate interventions for residents during breath-holding spells. The results of this	

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F 684	Continued From page 18 NJ Exec Order 26.4b1 . Interventions in place were to NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 , multiple layers of monitoring as needed using NJ Exec Order 26.4b1 . Review of R20's "Nurse's Note," dated NJ Exec Order 26.4b1 at 7:40 PM and located in the resident's EMR under the "Progress Notes" tab and indicated, the nursing supervisor notified R20's family that the resident was going to receive NJ Exec Order 26 for NJ Exec Order 26.4b1 Family verbalized understanding. Will continue to monitor. The note was written by Nursing Supervisor/Registered Nurse (NS) 2. Review of R20's "Nurse's Note," dated NJ Exec Order 26.4b1 and located in the resident's EMR under the "Progress Notes" tab indicated the resident had a NJ Exec Order 2 on their NJ Exec Order 26.4b1 , due to NJ Exec Order 26.4b1 The note indicated R20's family was made aware, and NJ Exec Order 26 was given for NJ Exec Order 26.4 due to resident NJ Exec Order 2 Review of "Pediatric Facility Incident Report," dated NJ Exec Order 26.4b1 and provided by the facility revealed an incident involving R20 and a staff member in the resident's room when a NJ Exec Order 26.4b1 . Review of facility's undated and untitled "Investigation into a resident NJ Exec Order 2 NJ Exec Order 26.4b1 during staff intervention" on NJ Exec Order 26.4b1 R20 experienced a NJ Exec Order 26.4b1 . The investigation revealed	F 684	audit will be reviewed at the monthly QAA meeting until compliance has been determined. Completion date will be March 29th, 2024.	

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F 684	Continued From page 19	F 684		

RT1 intervened using [redacted], [redacted] Following the incident, a [redacted] was discovered on R20's [redacted]. The facility's conclusion was that while R20 [redacted] a [redacted] during the incident, the investigation determined that it was an unintended consequence of an intervention and not the result of staff negligence or misconduct.

During an interview on 02/21/24 at 10:28 AM. Registered Nurse (RN) 2 stated she was the RN on duty on [redacted] during the 7:00 AM to 7:00 PM shift. RN2 stated she did not remember seeing any [redacted] or [redacted] on R20; however, she was not specifically looking for them. RN2 also stated staff at the facility did not typically need to do [redacted] because if [redacted] was [redacted] they would call a [redacted] however, if a [redacted] was performed, it was to be reported to the U.S. FOIA (b) (6) along with the family and documented in the resident's progress notes.

During an interview on 02/21/24 at 10:54 PM, Nursing Supervisor/Registered Nurse (NS) 2 stated on [redacted], R20 was [redacted] and staff went into the room along with RN 3 who told her there was a [redacted] or [redacted] on R20's [redacted] that looked like it was from a [redacted]. She said the [redacted] was [redacted] on the [redacted] and [redacted]. NS2 stated a [redacted] was not general practice, and she has never seen one done or the need for one during the [redacted] she has worked at the facility.

An attempted call was placed on 02/21/24 at 11:17 AM to Registered Nurse (RN) 3 but was unsuccessful. A voice message was left requesting a call back. A return call was not received by the end of the survey.

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An attempted call was placed on 02/21/24 at 11:42 AM to Charge Nurse (CN) 2 but was unsuccessful. A voice message was left requesting a call back. A return call was not received by the end of the survey.

During an interview on 02/22/24 at 3:35 PM, NJ Exec Order 26.4b1) 1 stated on NJ Exec Order 26.4b1 he was assigned to R20 during the 7:00 PM to the 7:00 AM shift. NJ Exec O stated at approximately 8:30 PM he responded to R20's room for a NJ Exec Order 26.4b1) him out and R20's NJ Exec Order 26.4b1 returned to above NJ Exec Order NJ Exec O stated about two minutes later R20 NJ Exec Order 26.4b1 again, and he knew the resident did not need NJ Exec Order 26.4b1 again in such a short period of time. NJ Exec O also stated R20 was NJ Exec Order 26.4b1 NJ Exec Order 26.4b1, and NJ Exec which indicated the resident was not NJ Exec Order 26.4b1. Continued interview revealed he determined R20 was NJ Exec Order 26.4b1, but he was unsure if it was intentional, so he performed a NJ Exec Order 26.4b1 on R20 that lasted no longer than four to five seconds to get the resident to release NJ Exec Order 26.4b1. NJ Exec O stated when he returned to work the next day, he was made aware that a NJ Exec Order was discovered on R20's NJ Exec Order NJ Exec O further stated he did not use the NJ Exec Order 26.4b1 as it was intended and should not have performed the NJ Exec Order 26.4b1

During an interview on 02/22/24 at 4:09 PM NJ Exec O stated if there was a situation with a resident when there was a NJ Exec Order 26.4b1, staff

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F 684	Continued From page 21 should try some type of NJ Exec Order 26.4b1 such as NJ Exec Order 26.4b1 them by NJ Exec Order 26 onto their NJ Exec Order 26.4b1 or NJ Exec Order 26.4b1 by calling them by their name. NJ Exec O stated NJ Exec Order 26.4b1 were not used on residents of the facility. Continued interview revealed he had never been told NJ Exec Order 26 were not appropriate in the facility as a technique. During an interview on 02/22/24 at 5:07 PM, the US FOIA (b)(6) stated she was informed by the US FOIA (b)(6) that it was poor clinical judgment on NJ Exec 1's behalf to perform a NJ Exec Order 26.4b1 on R20because R20 was not NJ Exec Order 26.4b1 During an interview on 02/22/24 at 5:12 PM, the US FOIA (b)(6) stated she was new as the US FOIA (b)(6) and could not speak specifically to the incident that occurred on NJ Exec Order 26.4b1 with R20. The US FOIA (b)(6) stated when a resident was not NJ Exec Order 26.4b1 or NJ Exec Order 26.4b1, there were other means of interventions such as NJ Exec Order 26 the resident or asking the resident their name. During an interview on 02/22/24 at 5:40 PM, the US FOIA (b)(6) stated she spoke with NJ Exec O about using a NJ Exec Order 26.4b1 for an episode of NJ Exec Order 26 Continued interview revealed a NJ Exec Order 26 was a NJ Exec Order 26.4b1 and to check for a resident's NJ Exec Order 26.4b1, they would not use NJ Exec Order 26.4b1 She said a NJ Exec Order 26.4b1 of the NJ Exec O would have been sufficient or the use an NJ Exec Order 26.4b1. Review of the facility's protocol for assessing NJ Exec Order 26.4b1 "What is a sternal Rub. Sternal rubs are a painful stimulus. They are	F 684		

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F 684	Continued From page 22 used to assess a person's level of consciousness and response to pain. Performing a sternal rub on someone who is conscious could cause unnecessary pain and distress. There is a risk of injury. Even when performed correctly, sternal rubs can cause bruising or other skin injuries. This risk is even greater if the rub is performed incorrectly. It can be misinterpreted. A lack of response to a sternal rub does not necessarily mean that the person is unconscious. There are other factors that can affect a person's response to pain, such as medication, injury, or medical conditions. There are several alternatives to a sternal rub for assessing consciousness, each with its own advantages and limitations: Verbal Stimuli: Simple questions: Start with basic questions like What is your name? or where are you? This assesses orientation and ability to understand and respond. Commands: Give simple commands like Open your eyes or squeeze my hand. This assesses motor response and ability to follow instructions. Visual Stimuli: Bright light: Shine a bright light in the person's eyes and observe their reaction. This assesses pupillary response and basic awareness. Object movement: Wave an object in front of the person's face and watch for eye tracking. This assesses visual awareness and ability to follow movement. Tactile Stimuli: Gentle touch: Gently touch the person's shoulder or arm and observe their response. This assesses basic awareness and responsiveness to touch. Other Methods AVPU scale: This scale assesses alertness. verbal response, pain response and unresponsiveness. It's a quick and easy way to assess overall level of consciousness. Glasgow Coma Scale (GCS): This more detailed scale assesses eye opening, verbal response, and motor response. It's used by medical	F 684		

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F 684	Continued From page 23 professionals for a more comprehensive evaluation. Important Considerations: Choose methods appropriate for the situation and your training level. Prioritize gentle and non-painful methods whenever possible. Remember, these methods are not diagnostic tools and should not be used to replace professional medical evaluation. If the person is unresponsive or shows signs of distress, call emergency services immediately."	F 684		
F 755 SS=D	NJAC 8:39-27.1 Pharmacy 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.	F 755		3/29/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315289	A. BUILDING _____ B. WING _____	C 02/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOORHEES PEDIATRIC FACILITY	1304 LAUREL OAK ROAD VOORHEES, NJ 08043

(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 755	Continued From page 24 §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 §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: Based on record review, interview and policy review, the facility failed to ensure medications were acquired and dispensed for one of three residents reviewed for medication administration (Resident (R) 58). The facility failed to notify the resident's family timely to ensure the medication was ordered and delivered to the facility. Findings include: Review of R58's undated "Admission Record," located in the resident's EMR under the "Profile" tab revealed to the resident was admitted to the facility on [redacted] and readmitted on [redacted] with diagnoses which included [redacted] Review of R58's quarterly "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of [redacted], located in the resident's ERM under the "MDS" tab revealed a "Brief Interview for Mental Status (BIMS)," was [redacted] since R58 [redacted]. Review of R58's "Care Plan," dated [redacted], and located in the resident's EMR under the "Care Plan" tab revealed, "The resident was at risk for	F 755	Resident #58 was assessed by the RN daily including 1/24/24, 1/25/24 and on 1/26/24 and did not have any adverse effect from not receiving the prescribed medication, [redacted] as ordered. The physician and responsible party for the Resident #58 were notified and no new orders were received. An audit was conducted by the DON/designee of current residents that receive specialty medications by mail to ensure all medications were received and available at the facility. Licensed nurses were re-educated by the DON/designee on ensuring that medications are available as ordered. A new process was implemented on February 23, 2024 for specialty medications to be obtained directly from the facility contracted pharmacy if possible. Any medications that can only be obtained via mail will be monitored by the Clinical Manager and DON/designee to ensure timely delivery. The DON/designee will conduct weekly audits x 6 weeks of medications that are ordered through an outside source/vendor to ensure these medications are ordered and delivered timely. The results of this	

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F 755	Continued From page 25 NJ Exec Order 26.4b1 Interventions ...administer NJ Ex Order 26.4(b)(1) and emergency medications as ordered ..." Review of R58's "Physician Orders," located in the resident's EMR under the "Orders" tab revealed an order dated NJ Exec Order 26.4b, for NJ Exec Order 26.4b1 [redacted] two times a day for NJ Exec Order 26.4b1. Review of R58's NJ Exec Order 26.4b1 "Medication Administration Record (MAR)," located in the resident's EMR under the "Orders" tab revealed the NJ Exec Orde medication was scheduled to be administered twice a day at 2:00 AM and 2:00 PM. Continued review of the MAR revealed the no doses of the medication were administered on NJ Exec Order 26.4b1; and on NJ Exec Order 26.4b1 the 2:00 AM dose was not administered. Review of R58's "Nurse's Note," dated NJ Exec Order 26.4b1 and located in the resident's EMR under the "Progress Notes" tab indicated Family Member (F58) called the facility and asked about R58's NJ Exec Orde medication being ordered. F58 was informed the facility did not have the medication on hand and it needed to be ordered. F58 stated she would call the pharmacy. During an interview on 02/21//24 at 1:48 PM, Licensed Practical Nurse (LPN) 3 stated nursing staff were responsible for contacting F58 about R58's prescription for the NJ Exec Orde medication because F58 ordered the medication and had it sent to the facility in the mail. She was unsure how far in advance the facility was supposed to notify F58. During an interview on 02/21/24 at 2:32 PM,	F 755	audit will be reviewed at the monthly Quality Assurance meeting with the committee members and compliance has been determined. The committee will also make any recommendations for frequency thereafter. Completion date will be March 29th, 2024.	

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	315289	A. BUILDING _____ B. WING _____	C 02/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOORHEES PEDIATRIC FACILITY	1304 LAUREL OAK ROAD VOORHEES, NJ 08043

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F 755	Continued From page 26	F 755		

LPN1 stated nursing staff dated all medications when they were opened to track when they were getting low. LPN1 stated she went to administer R58's [NJ Exec Orde] medication on [NJ Exec Order 26.4b1] and noticed it was the last dose. LPN1 also stated she locked the medication cart and told Nursing Supervisor/Registered Nurse (NS) 1 there was only one dose left and the system was not allowing her to reorder it. NS1 informed her it was a medication the family member needed to reorder, and he would contact them to get it refilled.

During an interview on 02/21/24 at 2:48 PM, LPN4 stated R58's family was responsible for ensuring the resident's [NJ Exec Orde] medication was refilled. LPN4 stated she became aware that R58's [NJ Exec Orde] prescription was out during shift report, and she reported that to NS1, but she could not remember what day that was. LPN4 stated she told NS1 she would contact F58; however, she instead asked LPN3 to call F58.

During an interview on 02/21/24 at 2:57 PM, F58 stated the facility's nursing staff never called her until R58 was completely out of the [NJ Exec Orde] medication. F58 stated she needed the facility to give her a week's notice to ensure the resident does not go without the medication.

During an interview on 02/22/24 at 11:31 AM, NS1 stated he called F58 on 01/23/24 when the last dose of [NJ Exec Orde] was about to be administered. NS1 also stated he relied on the medication nurses to notify him when the prescription was low, and it was unacceptable. F58 was not notified until the last dose was about to be administered. Continued interview revealed the facility did not have a process in place to track the

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F 755	Continued From page 27 medication to ensure F58 was notified in time to have the medication refilled before it ran low. NS1 stated it was the facility's fault that R58 ran out of [NJ Exec] medication and went without it for 2 1/2 days. By not having [NJ Exec] medication, it put R58 at risk of [NJ Exec Order 26] activity, or a NJ Exec Order 26.4b1 which would make [NJ Exec] more [NJ Exec Order 26.4b1] and put [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1] at risk. During an interview on 02/22/24 at 5:32 PM, the US FOIA (b)(6)) stated nursing staff should have notified F58 when there was at least a minimum of two days of medication left. NJAC 8:39-29.2 NJAC 8:39-29.7	F 755		
F 761 SS=E	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of	F 761		3/29/24

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F 761	Continued From page 28 the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, record review, interview, and policy review, the facility staff failed to: 1. have correct labels on medications and failed to obtain pharmacy labels to affix to the 'NJ Exec Order 26.4b1 Receipt/Record/Disposition Form" for three of 19 residents (Resident (R)94, R55, and R15); 2. waste a NJ Exec Order 26.4b medication after the physician's order end date for one of 19 residents (R6); and 3. failed to have a pharmacy label on an opened bottle of NJ Exec Order 26.4b1 stored in the medication refrigerator on one of three units (NJ Exec Order2 unit). Findings include: 1.Review of R94's undated "Admission Record" located under the "Profile" tab in the electronic medical record (EMR) revealed R94 was readmitted to the facility on NJ Exec Order 26.4b1 with the diagnosis of NJ Exec Order 26.4b and NJ Exec Order 26.4b1. Review of R94's quarterly "Minimum Data Set" (MDS) with an Assessment Reference Date (ARD) of NJ Ex Order 26.4(b)(revealed R94 had NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 and was NJ Exec Order 26.4b1. Review of R94's 'NJ Exec Order 26.4b1 Receipt/Record/Disposition Form" revealed the pharmacy label read, 'NJ Exec Order 26.4b1 per	F 761	The medication with incorrect labels were discarded on discovery. Appropriate labels were affixed to the NJ Exec Order 26.4b1 receipt/record/disposition form for Resident # 94, 55 and 15. The NJ Exec Order 26.4b with order end date for Resident #6 was wasted. The opened bottle of NJ Exec Orde stored in the medication refrigerator in the NJ Exec Order2 unit was discarded/wasted. An audit of current resident medications was conducted to ensure order to label drug accuracy, presence of controlled drug receipt record disposition form, the removal/waste of any medication after physician order date, the removal/waste of any opened unlabeled medication. The licensed nurses were re-educated by the DON/designee on the facility policy and regulations for the storage of drugs and biologicals on February 23. 2024. The DON/designee will conduct weekly audits x 6 weeks random observation audit of drug/biologicals storage to ensure that the facility policy and regulations are being followed and compliance has been determined. The results of this audit will be reviewed at the monthly Quality Assurance meeting with the committee members. The committee will also make any recommendations for frequency	

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F 761	Continued From page 29 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 every 6 hours as needed for NJ Exec Order 26.4b1) by mouth every 4 hours ..." Review of the label on bottle of NJ Exec Order 26.4b1 medication for R94 revealed the same information as documented above as being on the 'NJ Exec Order 26.4b1 Receipt/Record/Disposition Form." During an interview on 02/21/24 at 4:18 PM, Nursing Supervisor/Registered Nurse(NS)1 stated, "That label is wrong, NJ Exec [R94] doesn't get anything by NJ Exec Order 26.4 During an interview, the US FOIA (b)(6)) on 02/22/24 at 5:30 PM stated, "The nurse [referring to NS1] told me about the label being wrong." The US FOIA (b) confirmed the label was wrong for R94. 2.Review of R55's undated "Admission Record" located under the "Profile" tab in the EMR revealed R55 was readmitted to the facility on NJ Exec Order 26.4b1 with the diagnosis of NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1). Review of R55's quarterly " MDS with an ARD of NJ Exec Order 26.4b1 revealed R55 was in a NJ Exec Order 26.4b1 Review of R55's 'NJ Exec Order 26.4b1 Record" revealed there was no label from the pharmacy on this record however, it was noted a staff member had handwritten "[R94's name] and NJ Exec Order 26.4b1 " on this form.	F 761	thereafter. Completion date will be March 29th, 2024.	

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F 761	Continued From page 30 Interview on 02/22/24 at 10:45 AM NS1 stated, "The nurse should have called the pharmacy and requested a new form with a label that comes from the pharmacy. They should not write this information in on this form." Interview on 02/22/24 at 5:30 PM, the [US FOIA (b)] confirmed the '[NJ Exec Order 26.4b1] Record" should have the label on it from the pharmacy. 3.Review of R15's undated "Admission Record" located under the "Profile" tab in the EMR revealed R15 was readmitted to the facility on [NJ Exec Order 26.4b1] with the diagnosis of [NJ Exec Order 26.4b1] Review of R15's annual " MDS" with an ARD of [NJ Exec Order 26.4b1] revealed R15 had [NJ Exec Order 26.4b1]. Review of R15's '[NJ Exec Order 26.4b1] Receipt/Record/Disposition Form" revealed the pharmacy label stated, '[NJ Exec Order 26.4b1] via [by] [NJ Exec Order 26.4b1] four times a daily for [NJ Exec Order 26.4b1] Give with [NJ Exec Order 3] tablet to equal a total dose of [NJ Exec Order 26.4b]." Interview n 02/22/24 at 10:50 AM, NS1 stated, '[NJ Exec] [R15] doesn't get medications by [NJ Exec Order 26] they are given in [NJ Exec Order 26.4b1]." NS1 confirmed the directions were wrong for R15. On 02/22/24 at 5:30 PM the [US FOIA (b)] confirmed the directions on the route to use to give this medication was wrong.	F 761		

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VOORHEES PEDIATRIC FACILITY	1304 LAUREL OAK ROAD VOORHEES, NJ 08043

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F 761	Continued From page 31	F 761		

4.Review of R6's undated "Admission Record" located under the "Profile" tab in the EMR revealed R6 was readmitted to the facility on [redacted] with the diagnosis of [redacted] and [redacted].

Review of R6's quarterly " MDS with an ARD of [redacted] R6 had [redacted].

Review of R6's [redacted] Receipt/Record/Disposition Form" revealed "[redacted] every 6 hours as needed for [redacted]. The date of this order was [redacted]. An observation of this medication being stored in the [redacted] drawer of the medication cart in the [redacted] unit was made on [redacted] at 4:30 PM. NS1 stated, "This should had been taken out of the [redacted] drawer and wasted [destroyed] because this order ran out."

Interview on 02/22/24 at 5:30 PM, the [redacted] confirmed the medication found in the [redacted] drawer for R6 should have been wasted because the order was no longer in effect.

On 02/21/24 at 4:45 PM, an opened bottle of [redacted] was stored in the medication refrigerator on the [redacted] unit. This bottle of [redacted] did not have a pharmacy label on it, nor did it have the box the medication came in from pharmacy. NS1 was notified of this documented finding and NS1 stated, "The nurse will waste this medication since it doesn't have a label on it."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 761	Continued From page 32 On 02/22/24 at 5:30 PM, the [US FOIA (b)] stated NS1 had made her aware and confirmed the bottle of [NJ Exec Order 26.4b1] should have a label on it or have the box with a pharmacy label attached. Review of the facility's policy "Medication Ordering and Receiving From Pharmacy," dated May 2022, revealed " ...An individual resident's controlled substance record is prepared by the pharmacy or the facility for each controlled substance prescribed for a resident. The following information is completed upon dispensing or upon receipt of the controlled substance: 1) Name of the resident, 2) Prescription number, 3) Drug name, strength (if designated), and dosage form of medication, 4) Date received, 5) quantity received, and 6) Name of the person receiving the medication supply." Review of the facility's policy "Medication: Documentation of Controlled Substances," dated 12/23, revealed " ...Each controlled substance will have a Controlled Medication Utilization Record issues with the medication from the pharmacy ...Scheduled narcotics that are discontinued or expired are to be wasted in the presence of an RN and another licensed nurse ..." NJAC 8:39-29.4 NJAC 8:39-29.7(c)	F 761		

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315289 Y1	A. Building B. Wing Y2	4/18/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
VOORHEES PEDIATRIC FACILITY	1304 LAUREL OAK ROAD VOORHEES, NJ 08043

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 F0602	Correction	ID Prefix F0610	Correction	ID Prefix F0656	Correction
Reg. # 483.12	Completed	Reg. # 483.12(c)(2)-(4)	Completed	Reg. # 483.21(b)(1)(3)	Completed
LSC	03/29/2024	LSC	03/29/2024	LSC	03/29/2024
ID Prefix F0658	Correction	ID Prefix F0684	Correction	ID Prefix F0755	Correction
Reg. # 483.21(b)(3)(i)	Completed	Reg. # 483.25	Completed	Reg. # 483.45(a)(b)(1)-(3)	Completed
LSC	03/29/2024	LSC	03/29/2024	LSC	03/29/2024
ID Prefix F0761	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.45(g)(h)(1)(2)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	03/29/2024	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 ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
2/22/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315289	A. BUILDING **01** B. WING _____	**02/22/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOORHEES PEDIATRIC FACILITY	**1304 LAUREL OAK ROAD** **VOORHEES, NJ 08043**

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E 000	Initial Comments An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH) on 02/21/24. The facility was found to be in compliance with 42 CFR 483.73	E 000		
K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH), Health Facility Survey and Field Operations on 02/21/24 and was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy. Voorhees Pediatric Facility is a one-story building that was built in 1982. It is composed of Type II protected construction. The facility is divided into Eight - smoke zones. The generator does approximately 30 % of the building per the Maintenance Director. The current occupied beds are 107 of 119.	K 000		
K 761 SS=F	Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101 Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program.	K 761		3/29/24

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

Electronically Signed | 03/15/2024

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315289	A. BUILDING 01 B. WING _____	02/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOORHEES PEDIATRIC FACILITY	1304 LAUREL OAK ROAD VOORHEES, NJ 08043

(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
K 761	Continued From page 1 Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80) This REQUIREMENT is not met as evidenced by: Based on document review and interview, the facility failed to ensure the fire doors were inspected annually in accordance with NFPA 101 Life Safety Code (2012 edition) 7.2.1.15. This deficient practice had the potential to affect all 107 residents who resided at the facility. Findings include: A review of the facility's fire inspection binder dated for the year 2023, provided by the US FOIA (b)(6), revealed no documented evidence the facility's fire door assemblies were inspected. During an interview on 02/21/24 at 1:00 PM, the US FOIA (b)(6) confirmed the fire doors were not inspected. NJAC 8:39-31.2(e) NFPA 80	K 761	The facility acknowledges that all residents have the potential to be affected by this deficient practice. No residents were affected in this instance. The US FOIA (b)(6) and his staff were all in-serviced on annual fire door assembly inspections and documentation according to the NFPA 101 Life Safety Code (2012) 7.2.1.15. on 3/13/24. All facility fire door assemblies are scheduled to be inspected on 3/22/24. Documentations of these inspections will be provided to the Administrator as well as the Qapi Committee on completed. Fire door assembly inspection was entered into facility's preventative maintenance and management system as an annual task. Results will also be uploaded into this system. Inspections will be completed annually by the maintenance team and results to be submitted to Qapi Committee annually for review. Please see attachment	
K 914 SS=F	Electrical Systems - Maintenance and Testing CFR(s): NFPA 101	K 914		3/29/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315289	A. BUILDING 01 B. WING _____	02/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOORHEES PEDIATRIC FACILITY	1304 LAUREL OAK ROAD VOORHEES, NJ 08043

(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
K 914	Continued From page 2 Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on document review and interview, the facility failed to ensure electrical outlet testing was conducted annually on the electrical system in accordance with NFPA 99 Health Care Facilities Code (2012 edition) Section 6.3.4.1.3. This deficient practice had the potential to affect all 107 residents who resided at the facility. Findings include: A review of the facility's "Fire Safety Folder for 2023," provided by the US FOIA (b)(6), revealed the electrical outlet testing was not completed on the electrical outlets.	K 914	The facility acknowledges that all residents have the potential to be affected by the deficient practice. No residents were affected in this instance. The US FOIA (b)(6) and his staff were all in-serviced on annual electrical outlet testing in accordance with NFPA 99 Health Care Facilities Code (2012) Section 6.3.4.1.3. on 3/15/24. An electrical outlet testing is schedule to occur 3/20/24. Test results will be delivered to the Administrator and Qapi Committee for review. Annual Electical testing of all room outlets/receptacles has been added to the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315289	A. BUILDING **01** B. WING _____	**02/22/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOORHEES PEDIATRIC FACILITY	**1304 LAUREL OAK ROAD** **VOORHEES, NJ 08043**

(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
K 914	Continued From page 3 During an interview on 02/21/24 at 1:30 PM, the US FOIA (b)(6) confirmed that the electrical outlet testing was not completed on the electrical system. NJAC 8:39-31.2(e) NFPA 70, 99	K 914	facility's preventative maintenance and management system as an annual task. Annual results will also be uploaded into this system. The Director of Plant Operations will report out to the Administrator and Qapi Committee on the status of the annual testing during the Qapi meeting that follows testing.	

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
315289	A. Building 01 - MAIN BUILDING 01 B. Wing	4/18/2024

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
VOORHEES PEDIATRIC FACILITY	1304 LAUREL OAK ROAD VOORHEES, NJ 08043

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 Reg. # NFPA 101 LSC K0761	Correction Completed 03/29/2024	ID Prefix Reg. # NFPA 101 LSC K0914	Correction Completed 03/29/2024	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
2/22/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO