STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	315228		C 07/26/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT COURT HOUSE, LLC	144 MAGNOLIA DRIVE CAPE MAY COURT HOUSE, NJ 08210

(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 # NJ152252, NJ154503, NJ153322, NJ156363, NJ158848 CENSUS: SAMPLE SIZE: 6 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 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and	F 690		8/26/22

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

Electronically Signed — 08/19/2022

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 690	Continued From page 1 (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: C#: NJ152252, NJ154503 Based on observations, interviews, review of the medical record, and other pertinent facility documents on 7/26/2022 and 7/27/2022, it was determined that the facility failed to provide incontinence care for a resident dependent on staff for assistance and failed to follow its policy titled "Activities of Daily Living (ADLs), and the Certified Nursing Assistant job description titled Support and Certified Nursing Assistant "Job Functions." This deficient practice was identified for 1 of 6 residents reviewed (Resident [redacted] and was evident by the following: During a tour of the second-floor unit on 7/26/2022 at 10:30 a.m., the Unit Manager (UM) informed the Surveyor that the current unit census was [redacted] residents. There were two Licensed Practical Nurses (LPN), one Registered Nurse (RN), and three Certified Nurse Aides (CNA) working in the unit. The Surveyor requested a tour with the UM and CNA. During the tour, the Surveyor requested an incontinence check on Resident [redacted]. The CNA proceeded to	F 690	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. F690: SS=D Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) I. CORRECTIVE ACTIONS ACCOMPLISHED FOR RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE: Upon identification of the issue, CNA immediately provided Incontinence Care to Resident [redacted]. The Unit Manager reviewed the care plan of Resident [redacted] with involved CNA to ensure that Incontinence Care is provided to Resident, in accordance with his/her	

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F 690	Continued From page 2 remove Resident [redacted]'s adult brief, which the Surveyor observed to be [redacted] and [redacted] with a [redacted]. During the observation, the Surveyor asked the UM if Resident [redacted]s adult brief should be [redacted] She stated, "No." There were no skin issues noted for Resident [redacted] during the incontinence check care. During an interview on 7/26/2022 at 10:35 a.m., the CNA revealed to the Surveyor that she had 16 residents on her assignment that morning, of which eight were total care, five were minimal assistance, and three were independent with ADLs. The CNA further stated that she provided incontinence care for Resident [redacted] at 7:30 a.m. The Surveyor asked the CNA what the facility's policy was for rounding and incontinence checks. The CNA stated that her routine was to come in at the beginning of her shift, check on her assigned residents, and provide care. The CNA further indicated that she does round every hour and as needed for the residents, and she last changed the resident at 7:30 a.m. During an interview on 7/26/2022 at 10:43 a.m., the UM stated Resident [redacted]s adult brief was very saturated. The UM said incontinent residents should be rounded on every two hours and as needed. The UM further stated from the previous change of Resident [redacted] until now, it has been more than three hours. No further information was provided. During a second interview on 7/26/2022 at 12:45 p.m., the Surveyor asked the CNA if she followed the facility policy of incontinence care. The CNA stated the policy was not followed. She further	F 690	individualized plan of care. CNA was verbally educated on reviewing the ADL care needs of residents in his/her assignment to ensure that he/she prioritizes the performance of incontinence checks on "dependent residents who are unable to communicate their needs." II. IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE: All residents who are incontinent and dependent on staff for assistance in toileting have the potential to be affected by the deficient practice. The Director of Nursing and Unit Managers generated a list of these residents from the Clinical Software based on the resident assessments and care plans. III. MEASURES PUT INTO PLACE OR SYSTEMIC CHANGES TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: All Nursing staff will be in-serviced on the following: (a) Provision of incontinence care for residents who are dependent on staff in toileting by conducting prompt incontinence checks. (b) Compliance with Facility's policy entitled "Activities of Daily Living (ADLs) (c) Review of the Certified Nursing Assistant Job Description/Job Functions "Review CNA job description with emphasis on bowel and bladder functions."	

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F 690	Continued From page 3 stated, "I do my best to provide care for the residents, even though sometimes there are about 16 or 18 residents on the assignment. The CNA further stated, "it is impossible to round on the residents every two hours; there is a lot to do with 18 residents". A review of the Electronic Medical records was as follows: According to the Admission Record, Resident [redacted] was admitted to the facility on [redacted] with diagnoses which included but were not limited to [redacted] A review of the Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated [redacted], indicated Resident [redacted] had a score of [redacted] and required extensive assistance with bed mobility personal hygiene, and incontinent of [redacted]. During an interview on 7/27/2022 at 1:50 p.m., the Director of Nursing (DON) stated that the standard of practice for incontinence care was to round every 2 hours. The DON further stated that some residents might require more frequent changes, and the CNA is expected to provide the care needed. The Surveyor asked the DON if a resident's adult brief should be fully [redacted] that was changed two hours before observation. The DON responded, "No." Review of the facility policy updated 10/2021 titled Activities of Daily Living (ADLs), Support Policy Interpretation and Implementation: 2. Appropriate	F 690	IV. MONITORING OF CORRECTIVE ACTIONS: Unit Manager or designee will conduct Observation Audits on 3 Incontinent and ADL-dependent residents per unit per month x 3 months. This is to ensure that incontinence care is provided for resident promptly in accordance with the resident's care plan. Any issues will be rectified immediately. Findings will be reported to the Director of Nursing monthly and will be presented at the quarterly QAPI Meeting. QAPI Committee will determine the need for further audits and/or action plans to ensure on-going compliance.	

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F 690	Continued From page 4 care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with c. Elimination (toileting). Review of the "Certified Nursing Assistant" Purpose of Your Job Position revealed: To provide each of your assigned residents with routine daily nursing care and services in accordance with the resident's assessment and care plan and as may be directed by your supervisor in accordance with the requirements of the policies and procedures of this facility in accordance with current federal, state, and local standards governing the facility. "Job Functions": Assist resident with bowel and bladder functions (i.e., take to bathroom, offer bedpan/urinal, portable commode, etc.)	F 690		
F 761 SS=D	N.J.A.C 8:39-27.2(h) 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	F 761		8/26/22

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F 761	Continued From page 5 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 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: C#:NJ 152252, NJ154503, NJ153322, NJ156363, NJ158848 Based on observations, interviews, review of the medical record, and other pertinent facility documents on 7/26/2022 and 7/27/2022, it was determined that the facility failed to ensure medications were appropriately stored and failed to follow its policy titled "Storage of Medications." This deficient practice was identified for [redacted] residents (Resident [redacted]), evidenced by the following: During a tour on 7/26/2022 at 10:06 a.m. on the second floor, the Unit Manager (UM) and the Surveyor observed a cup with medications in Resident [redacted]. Resident [redacted] was observed in bed, asleep, and did not respond to his/her name when called by the UM. The UM took the cup from Resident # [redacted] and proceeded out of the resident's room to the medication cart. While at the medication cart, the UM called the assigned Licensed Practical Nurse	F 761	F-761: SS=D - Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) I. CORRECTIVE ACTIONS ACCOMPLISHED FOR RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE: The involved LPN administered all the medications that were ordered for Resident [redacted]. The LPN was instructed by the unit manager to remove noted medications. The observed medications were removed and confirmed via visual identification and administered as prescribed. Once verified medications were administered with no adverse effects. A Clinical Occurrence report related to the incident was completed by the Unit Manager and the physician was notified. The involved LPN was counseled and in-serviced regarding proper Medication Administration and Medication Storage. Emphasis was made on ensuring that the	

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F 761	Continued From page 6 (LPN) for Resident [redacted] to the medication cart and gave [redacted] the medications in the cup. The Surveyor then asked the LPN to identify the medications in the presence of the UM. The LPN used the medication bubble packs from the medication cart to identify the medications. She stated that the medications were: [redacted] milligram (mg), [redacted] mg, [redacted] mg, [redacted] mg, [redacted] mg, [redacted] mg, [redacted] mg, [redacted] mg, and [redacted] (MEQ). As the LPN identified the medications, the Surveyor reviewed the electronic Medication Administration Record (eMAR) in the presence of the UM and the LPN. The Surveyor observed the eMAR was highlighted green and signed by the LPN, indicating she administered the medications at 8:00 a.m. During an interview on 7/26/2022 at 10:15 a.m., the LPN stated the medications should not have been left in Resident [redacted]. She said,"It is my fault; I should have watched the resident take his/her meds." During an interview on 7/26/2022 at 10:20 a.m., the UM stated it is expected for the LPN to follow the five rights of medication administration, ensure that the resident takes his /her medication, and then sign out the medications. The UM further revealed to the Surveyor when the LPN left the medications at Resident [redacted] bedside that the incident was a clinical error, and we will follow up and address the issue. A review of the Order Summary Report (OSR) dated [redacted] through [redacted] revealed Resident [redacted] had the following Physician's Orders	F 761	Nurse has to remain with the resident until the administration is completed; and if unable to complete administration, the nurse is not to leave medications with the resident. II. IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE All residents who receive medications have the potential to be affected by this deficient practice. The Unit Manager immediately checked the residents on the nurse□s assignment. The medications administered followed current policy. III. MEASURES PUT INTO PLACE OR SYSTEMIC CHANGES TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR All nurses were educated on the facility□s policy re: Proper Medication Administration with focus on ensuring that medications are not left with the resident when Nurse is unable to ensure the completion of Medication Administration. IV. MONITORING OF CORRECTIVE ACTIONS The Unit Manager/Nursing Supervisor or Designee will conduct Observation Audits of 2 nurses per unit per month x 3 months to ensure that medications are appropriately administered and that medications are not left with the resident when Nurse is unable to ensure the completion of Medication Administration. Audit Findings will be reported to the	

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F 761	Continued From page 7 (PO's): [redacted] mg, give one tablet by mouth once daily for [redacted] dated [redacted] [redacted] mg, give one tablet by mouth once daily for [redacted] dated [redacted]. [redacted] mg, give one tablet by mouth daily for supplement dated [redacted] [redacted] mg. Give one capsule by mouth three times a day for [redacted] dated [redacted] [redacted] mg. Give one tablet by mouth two times a day for [redacted] dated [redacted]. [redacted] mg. Give one tablet by mouth once daily for [redacted] dated [redacted] [redacted] mg. Give one tablet by mouth two times a day for [redacted] dated [redacted]. [redacted] mg. Give one tablet by mouth once daily for [redacted] dated [redacted] [redacted] MEQ. Give one tablet by mouth two times a day for supplement dated [redacted] Review of the Electronic Medical records was as follows: According to the Admission Record, Resident [redacted] was admitted to the facility on [redacted] with	F 761	Director of Nursing on a monthly basis and reported at the Quarterly Quality Assurance Meeting. The QAPI (Quality Assurance and Performance Improvement) Committee will determine the need for further audits and/or action plans	

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F 761	Continued From page 8 diagnoses which included but were not limited to [redacted]. A review of the Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated [redacted] indicated Resident [redacted] had a score of [redacted], indicating the resident was [redacted]. During an interview on 7/26/2022 at 12:40 p.m., Resident [redacted] informed the Survey that he/she did not remember the above incident and could not remember having the Surveyor in his/her room this morning. Resident [redacted] stated, "I must have been sleeping, but the nurse brought in my medications later, and I took them while awake." During an interview on 7/27/2022 at 1:50 p.m., the DON stated medications should not be left with a resident to take unattended. The DON further stated that her expectation for medication administration was for the LPN to follow the five rights of medication administration: the right medication, the right dose, the right route, the right time, and the right patient. She further stated that the nurse should remain with the resident until the administration was completed. The DON also revealed to the Surveyor that at no point is the nurse allowed to leave medications with a resident unadministered. A review of the facility's policy titled "Storage of Medications "dated 1/2022 showed Under "Policy Interpretation and Implementation,": 1. Drugs and biologicals used in the facility are stored in locked	F 761		

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F 761	Continued From page 9 compartments under proper temperatures and humidity controls. Only persons authorized to prepare and administer medications have access to locked medications. 3. The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, sanitary manner. N.J.A.C 8:39-29.4(h)	F 761		