STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315061	A. BUILDING ______ B. WING ______	C 07/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH JERSEY EXTENDED CARE	99 MANHEIM AVENUE BRIDGETON, NJ 08302

(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 #: NJ145387, NJ145309, NJ144326, and NJ142933 Census: 109 Sample size: 13 The facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.	F 000		
F 684 SS=E	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 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: Complaint Intake NJ142933 Based on observations, interviews, record review, and facility policy review, it was determined that the facility failed to ensure medications were administered timely. Specifically, the facility failed to ensure 4 (Resident #7, Resident #8, Resident #9, and Resident #10) out of 4 residents received morning medications according to the physician's orders. This has the potential to affect all residents. Findings included:	F 684	F-tag 684 1. LPN #1 immediately notified the physician in regards to the late timeing of the medications and received orders in regards to the medications from the physician. Each residents medications were reviewed with the resident's physician. Resident #7, resident #10, resident #9, resident #8 medications were reviewed with the physician as well as the pharmacy consultant in regards to any adverse reactions. All medications were given per recommendations made by the physician due to lateness and there were	8/31/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed — TITLE — (X6) DATE: 08/12/2021

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 684	Continued From page 1 1. Licensed Practical Nurse (LPN) #1 was observed passing medications on 07/26/2021 at 11:24 AM. LPN #1 was interviewed, and she said that about half of her hall (11 residents) medications were late and she just talked with the doctor. She said the medications were about two hours late. She said she was not normally on a medication cart, but the morning nurse had called out. She said the doctor told her they could give the 8:00 AM - 9:00 AM scheduled medications and the 11:00 AM scheduled medications at the same time if they did not overlap. Resident #7 was admitted on NJAC 8:43E-2.1 and Exec Or The quarterly Minimum Data Set (MDS), dated 03/09/2021, revealed the resident had intact cognition with a Brief Interview for Mental Status (BIMS) score of NJAC 8:43E-2.1 and Exec Orde Diagnoses included NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. On 07/26/2021 at 11:30 AM, Licensed Practical Nurse (LPN) #1 was preparing medication for Resident #7. The LPN gave NJAC 8:43E-2.1 and at 11:44 AM when it was scheduled for 9 AM. The 7:30 AM insulin order was blank for that morning. Resident #10 was admitted on NJAC 8:43E-2.1 and Exec O. The quarterly Minimum Data Set (MDS), dated NJAC 8:43E-2.1 and Exec O, revealed the resident had NJAC 8:43E-2.1 and NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. with a Brief Interview for Mental Status (BIMS) score of NJAC 8:43E-2.1 and Exec O. Diagnoses included NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1., NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.. The 07/2021 Medication Administration Record (MAR) for Resident #10 revealed the resident	F 684	no negative outcomes. On 7/27/21 the Director of Nurses reviewed with LPN #1 the policy and procedure for Medication Administration as well as the facility timeframe for medications and the policy had been followed. 2. All residents have the potential to be affected by this deficient practice when medications are not administered on time according to facility policy. 3. 7/28/21 the Director of Nurses reviewed the policy for Medication Administration with all nurses. The policy for Medication Administration and timeframes of Medication Administration is included on each medication cart. 4. The Director of Nurses and Assistant Director of Nurses will observe 2 nurses weekly to ensure that medications are being administered in a timely manner as per policy x 30 days. All findings will be reviewed at the Quality Assurance meeting x 2 quarters.	

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F 684	Continued From page 2 was scheduled to receive NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. NJAC 8:43E-2.1 and Exec Order 26, 4 at 8:00 AM. On 07/26/2021 at 12:03 PM, Resident #10 was observed to have received this medication at 12:08 PM. This medication was given to the resident over four hours late. Resident #9 was admitted on NJAC 8:43E-2.1 and Exec Or. The quarterly Minimum Data Set (MDS), dated NJAC 8:43E-2.1 and Exec O, revealed the resident had NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. with a Brief Interview of Mental Status (BIMS) score of NJAC 8:43E- NJAC 8:43E-2 Diagnoses included NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. The 07/2021 Medication Administration Record (MAR) for Resident #9 revealed the resident was scheduled to receive NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.) at 8:00 AM, NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. at 9:00 AM, NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. at 8:00 AM, NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. at 9:00 AM, NJAC 8:43E-2 8:00 AM. On 07/26/2021 at 12:12 PM, Resident #9 was observed to have received the above medications at 12:19 PM. These medications were given to the resident over three to four hours late. Resident #8 was admitted NJAC 8:43E-2.1 and Exec O. The admission Minimum Data Set (MDS), dated NJAC 8:43E-2.1 and Exec O, revealed the resident had NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. with a BIMS score of NJAC 8:43E-2.1 and Exec Or. Diagnoses included NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1..	F 684		

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F 684	Continued From page 3	F 684		

The 07/2021 Medication Administration Record (MAR) for Resident #8 revealed the resident was scheduled to receive [NJAC 8:43E-2.1 and Exec Or] at 9:00 AM, [NJAC 8:43E-2.1 and Exec Order 26, 4] at 9:00 AM, and [NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1] at 8:00 AM.

On 07/26/2021 at 12:30 PM, Resident #8 was observed to have received the above medications at 12:30 PM. These medications were given to the resident over three to four hours late.

The Director of Nurses (DON) was interviewed on 07/26/2021 at 2:51 PM. She said the morning nurse had called in and they had Licensed Practical Nurse (LPN) #1 fill in on the cart. She said the unit manager would have helped pass medications, but she was on vacation.

The DON was interviewed again on 07/27/2021 at 10:20 AM. She said the expectation was for the medications to get passed within one hour before to one hour after they are scheduled to receive the medication. She said the medications needed to be passed "on time" and "be accurate." She said they needed to plan better for any staffing shortages. She said Monday was a challenge and they needed to focus on ensuring medications got passed timely.

The administering medications facility policy, revised 2019, revealed in part, "Medications must be administered within one hour of their prescribed time, unless otherwise specified."

New Jersey Administrative Code § 8:39-29.2(d)

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION	(X5) COMPLETION DATE
F 921	Safe/Functional/Sanitary/Comfortable Environ	F 921		8/31/21

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 921 SS=F

Continued From page 4
CFR(s): 483.90(i)

§483.90(i) Other Environmental Conditions
The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.
This REQUIREMENT is not met as evidenced by:
Complaint Intake NJ145387

Based on observations, facility policy review, and interviews, it was determined that the facility failed to ensure the environment was clean and sanitary. Specifically, the facility failed to ensure the resident hallways and resident rooms were maintained clean and sanitary. This had the potential to affect all residents.

Findings included:

1. Facility environmental observations were completed on 07/26/2021 at 8:28 AM with the following observed:
-Brown liquid spatter along the walls between Rooms [NJAC] and [NJAC]
-Brown liquid spatter along the walls between Rooms [NJAC] and [NJAC]
-Dirty walls between the utility room and Room [NJAC].
-Dirty walls between Room [NJAC] and [NJAC]; [NJAC] and [NJAC]; [NJAC] and [NJAC]; [NJAC] and [NJAC]; [NJAC] and [NJAC]; and [NJAC] and [NJAC].
-Dirty walls towards the vending area and outside the activity room.
-Dirty walls between Rooms [NJAC] and [NJAC]
-Dirty floors in Room [NJAC] with debris.
-Excess brown liquid spatter on the walls between Rooms [NJAC] and [NJAC]
-Brown and green liquid and dried on spatter on

F 921

F-tag #921

1. All facility environmental observations were immediately addressed this includes:
a. Brown liquid splatter along the walls between rooms [NJAC] and [NJAC] was identified as paint by the Housekeeping Director and the area was cleaned and placed on the schedule for re-painting.
b. Brown liquid splatter along the walls between rooms [NJAC] and [NJAC] identified as paint was placed on the schedule for re-painting
c. Dirty walls between the Utility room and room [NJAC] were cleaned
d. Dirty walls between rooms [NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.] and [NJAC] were cleaned.
e. Dirty walls towards the vending area and outside the activity room were cleaned.
f. Dirty walls between room [NJAC] and [NJAC] were cleaned
g. Dirty floors in room [NJAC] with debris was cleaned
h. Excess brown liguid splatter on the walls between [NJAC] and [NJAC] was identified as paint, walls were wipped down and area placed on the re-painting schedule.

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F 921	Continued From page 5 the walls between Room and . -Dirty walls between Rooms and . -Resident names written on the wall outside of Room and a resident name written on the door. -Brown spatter on the walls between Rooms and and and ; and and -Dirty walls between the double doors at the nursing station and Room -Brown smears on the handrails between the nursing supply room and Room -Brown smears on the handrails outside Room -Dirty walls outside of Room and between Rooms and -Brown spatter and brown smears on the handrails and walls between Rooms and -Dirty walls between Rooms and . -Dirty floors in Room -Dirty walls between Rooms and outside Room and on the door for Room . -Brown smears on the handrails and wall between Rooms and . -Dirty walls between Room and the ice machine. -Dirty walls outside the nursing supply room near the ice machine. -Brown liquid spatter along the outside of the green emergency cart cover. Registered Nurse (RN) #1 was interviewed on 07/26/2021 at 9:10 AM. She said they had staff that worked on cleaning the halls. She said housekeeping cleaned the rooms. She said they were working on deep cleaning the resident rooms. Room with two residents) was observed on	F 921	i. Dirty walls between the double doors at the nursing station on unit and room # were cleaned j. Brown smears on the handrails between the nursing supply room and room were identified as paint and area was placed on the re-painting schedule. k. Brown smears on the handrail outside of room was identified as paint, cleaned and placed on the re-painting schedule. l. Dirty walls between rooms were cleaned. m. Dirty floors in room were cleaned. n. Dirty walls between rooms and outside room and on the door for room were cleaned. o. Browns smears on the handrails of rooms and were identified as paint, the areas were cleaned and placed on the re-painting schedule. p. Dirty walls between and the ice machine were cleaned. q. Dirty walls outside the nursing supply room near the ice machine were cleaned. r. Brown liquid splatter along the outside of the green emergency cart cover, identified as paint, cleaned and placed on the re-painting schedule. Resident room the wall behaind the bed was cleaned. Room the wall with red and brown splatter was cleaned. On 7/27/2021,the Assistant Administrator provided the Housekeeping director with individual counseling and in-serviced on the policy and procedure for Cleaning and Disinfecting all enviromental surfaces.	

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F 921	Continued From page 6 07/26/2021 at 10:34 AM. The wall behind one of the resident's bed was observed as dirty, with brown spatter and a shredded piece of cheese stuck to the wall. Room [NJAC] (with four residents) was observed on 07/26/2021 at 3:51 PM. The wall was observed with red and brown spatter. The facility was observed with the housekeeping supervisor on 07/26/2021 at 3:30 PM. She said the staff cleaned the high-touch areas. She said they did not clean the walls every day. She said if the walls looked dirty, they would have cleaned the areas. She confirmed the staff did not clean the walls in the rooms or the halls every day. She acknowledged the facility needed to be more thoroughly cleaned. The Cleaning and Disinfection of Environmental Surfaces policy, revised 2009, revealed in part "Environmental surfaces will be disinfected (or cleaned) on a regular basis and when surfaces are visibly soiled ...Walls, blinds, and window curtains in resident areas will be cleaned when these surfaces are visibly contaminated or soiled." New Jersey Administrative Code § 8:39-31.4(a)	F 921	2. All residents and staff members have the potential to be affected by this deficient practice when the facility is not functional, sanitary, comfortable and clean environment. The Assistant Administrator and Director of Housekeeping conducted walking rounds throughout the facility to identify all other areas that might need cleaning, repair or re-painting. 3. An inservice was done on 7/27/2021 by the Assistant Administrator and Housekeeping Director with all staff to address all environmental concerns, to review the policy and procedure for Environmental Cleaning and Disinfecting so that the facility will be maintained according to regulatory guidelines. The Director of Housekeeping viewed the CDC/Strive information pertaining to cleaning and disinfecting. A facility wide communication log will be placed at the front desk so that any employee who identifies environmental issues can write them in the log. 4.The Assistant Administrator, Director of Housekeeping and/or Assistant Director of Nurses will review the log daily and report any concerns of cleaning, or repair to the appropriate Department Directors x 60 days, then weekly x 30 days. All findings will be reviewed at the Quality Assurance meeting x 3 quarters.	

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
315061		8/31/2021

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH JERSEY EXTENDED CARE	99 MANHEIM AVENUE BRIDGETON, NJ 08302

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 F0684 Reg. # 483.25 LSC	Correction Completed 08/31/2021	ID Prefix F0921 Reg. # 483.90(i) LSC	Correction Completed 08/31/2021	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	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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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

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	
7/27/2021	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO