STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315353	A. BUILDING _____ B. WING _____	C 09/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRANBURY CENTER	**292 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS COMPLAINT #: NJ 00133944, NJ 00137607, NJ 00136805 CENSUS: 81 SAMPLE SIZE: 7 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 VISIT	F 000		
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00137607 Complaint #: NJ 00133944 Based on interview, review of the medical record, and other facility documentation, it was determined that the facility failed to provide acceptable clinical practice standards related to verifying and transcribing admission medications orders. The deficient practice was identified for 2 of 7 residents reviewed for medication, Residents #2 and Resident #3, and was evidenced by the following: Reference: New Jersey Statutes, Annotated Title	F 658	F-658 Residents #2, & #3 received medications and treatment as ordered and did not have any adverse effects All Residents have the potential to be affected by the same deficient practice. All licensed nurses will be re-educated on the thoroughness of admissions orders, transcriptions and verifications, for optimum medication reconciliations. In addition, accurate documentations of physicians, patients and family communications. The Unit Manager/Nurse Practice Educator will conduct weekly and random audits of all new admission medication	9/27/20

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

Electronically Signed | 09/22/2020

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315353	A. BUILDING _____ B. WING _____	C 09/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRANBURY CENTER	292 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 658	Continued From page 1 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist." Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling, and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist." 1) According to the Admission Record, Resident #2 was admitted with medical diagnoses that included but were not limited to: [redacted]. A review of the Admission Minimum Data Set (MDS), an assessment tool, dated [redacted], revealed Resident #2 had [redacted] and required extensive assist with Activities of Daily Living.	F 658	orders for 4 months and then as needed. The Director of Nursing,Nurse Practice Educator,Assistant Director of Nursing and the Pharmacy consultant will conduct monthly and random audits of new admission medication orders for 4 months and then as needed. The results of all audits will be reported to the quality assurance committee monthly for 4 months; then quarterly.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315353	A. BUILDING _____ B. WING _____	C 09/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRANBURY CENTER	292 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 658	Continued From page 2 A review of Resident #2's [redacted] hospital discharge records revealed a [redacted] Resident Progress Note [redacted] notes) that included a recommendation for '[redacted] used to prevent and treat [redacted]) over areas of [redacted]) and the remainder of care per primary." The surgeon notes further instructed to be contacted for any change in exam or questions. A review of the "Discharge Reconciliation Document" (DRD) revealed a [redacted] physician order (PO) for [redacted] topical ointment (ointment used to [redacted] and [redacted]) to be applied to the [redacted] and then covered with gauze and tape daily. The DRD further revealed a [redacted] PO for [redacted] topical cream ([redacted] to be applied to areas with [redacted] on the [redacted] and then covered with gauze and paper tape daily. A review of Resident #2's [redacted] "New Jersey Universal Form" reflected under "Outpatient Medications" a [redacted] medication order for [redacted] ointment daily. The outpatient medication list further revealed a [redacted] medication order for [redacted] topical cream daily. A review of Resident #2's [redacted] hospital "Interfacility Transfer Document" (discharge instructions) reflected under the "Discharge Medications" section to continue [redacted] topical ointment daily with a start date of [redacted]. The discharge instructions further instructed to continue [redacted] topical cream daily with a start date of [redacted]. Under the discharge medications list, the surveyor also noted that a question mark was documented next to the [redacted] topical	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315353	A. BUILDING _____ B. WING _____	C 09/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRANBURY CENTER	**292 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 658	Continued From page 3 ointment and the [redacted] cream medication orders. A review of a[redacted] "Nursing Documentation" notes (admission note) indicated the medication list had been reconciled and verified with the provider. A review of the [redacted] "Order Summary Report" (OSR) did not include medication orders for the [redacted] ointment or the[redacted] cream. During an interview with Licensed Practical Nurse (LPN #1) on 9/1/20 at 10:44 AM, LPN #1 stated he would complete the body assessment, check vital signs, and interview the resident on admission. LPN #1 said he would contact the hospital if a medication order needed clarification and document any change of medications in the resident's medical record. LPN #1 further stated the supervisor on duty was responsible for reviewing the discharge medication list. On 9/1/20 at 11:01 AM, the surveyor interviewed the Registered Nurse/ Supervisor (RN supervisor), who reviewed Resident #2's [redacted] discharge instructions. The RN supervisor stated she would receive the discharge instructions and inform the physician of the admission. The RN supervisor further said she documents a "check" next to the medication order on the discharge instruction sheet as she inputs the physician orders into the electronic medical record. The RN supervisor stated she documents a "question mark" when she is unsure of the medication order and would endorse to the next shift to follow up. The RN supervisor stated the Unit Manager (UM) would also review the resident's chart for completeness. The RN supervisor confirmed the [redacted] and [redacted] medication orders with the	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315353	A. BUILDING _____ B. WING _____	C 09/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRANBURY CENTER	**292 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 658	Continued From page 4	F 658		

"question mark" documented next to them were not inputted into the electronic medical record for administration. The RN supervisor stated she could not remember if she reviewed the [redacted] and [redacted] medication orders with the physician on admission. The RN supervisor further stated that she did not know if the [redacted] and [redacted] medication orders had been followed up.

During an interview with the Director of Nursing (DON) on 9/1/20 at 12:24 PM, the DON said she had a call out to the wound team to clarify the [redacted] and [redacted] medication orders. The DON stated that the Assistant Director of Nursing (ADON) was responsible for following up with the surgeon. The DON said there should be a nurse's note that the surgeon had been contacted and the medication orders clarified. The DON stated she could not locate any documentation in Resident #2's medical record that the surgeon had been called for clarification of the [redacted] and [redacted] medication orders.

During a telephone interview with the ADON on 9/1/20 at 12:56 PM, the ADON stated she contacted Resident #2's surgeon the following day, [redacted], to clarify the medication orders. The ADON further said that she believed [redacted] was ordered and that it should be documented in the [redacted] progress note. The ADON stated she would contact the surgeon who ordered the medication for clarification, and any call out to a consultant physician should be documented in the resident's progress note.

During a follow-up interview with the DON on 9/1/20 at 1:04 PM, the DON stated Resident #2's [redacted] ointment order was initiated on [redacted], and the [redacted] cream order was initiated on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315353	A. BUILDING _____ B. WING _____	C 09/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRANBURY CENTER	292 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 658	Continued From page 5 [redacted]. The DON further said she could not find documentation that the surgeon had been contacted. 2) According to the Admission Record, Resident #3 was admitted with medical diagnoses that included but were not limited [redacted]. A review of Resident #3's [redacted] hospital "Patient Discharge Instructions" (medication list) revealed under the "Continued Medications" section to continue [redacted] tablet) [redacted] milligram (mg) mouth every 12 hours for [redacted]. The surveyor further reviewed under the "Continued Medications" list section that the MS Contin was the only medication that did not have a checkmark next to the medication order. A review of the admission physician orders with the print date of [redacted] did not include a medication order for [redacted] mg every 12 hours for [redacted]. A review of a "Nursing Documentation Note" (NDN) with the effective date of [redacted] at 6:06 PM revealed Resident #3 had no signs of distress on admission. The NDN further revealed that the medication list had been reconciled, verified with the provider and that no issues were identified. A review of a physician "History and Physical" (H&P) with the effective date of [redacted] at 12:00 PM indicated the resident presented as comfortable, denied [redacted] at the time, and was currently on [redacted] medication.) The H&P further revealed the medication list	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315353	A. BUILDING _____ B. WING _____	C 09/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRANBURY CENTER	292 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 658	Continued From page 6 documented as reviewed by the physician did not include the medication order for [redacted] mg every 12 hours for [redacted] A review of the physician's "Follow Up" note with the effective date of [redacted] at 12:00 PM indicated the resident was comfortable and was "restarted back on [redacted] per hospital records after [redacted] reports of the same." During an interview with the Licensed Practical Nurse (LPN #1) on 8/28/20 at 12:06 PM, LPN #1 stated that she reviews the medication list with the physician and then inputs the orders onto the electronic medical record (EMR). LPN #1 further stated that she would inform the resident and document in the EMR if there were any changes with the admission medication list. During an interview on 08/28/20 at 12:36 PM, with the Registered Nurse/ Assistant Director of Nursing (RN/ADON) covering the [redacted] Unit, the RN/ADON stated that she would read off the medications on the medication list to the physician. The RN/ADON further said she would follow up with the resident or resident's family if the physician questioned a medication on the medication list. The RN/ADON stated she would document on the admission record and generate a progress note (PN) to enter the reason for discontinuing a medication. The RN/ADON reviewed Resident #3's medication list in the surveyors' presence and confirmed it was her handwriting on the resident's [redacted] hospital "Patient Discharge Instructions." The surveyor questioned the missing checkmark and why the [redacted] order was not addressed. The RN/ADON stated that she would have documented if a medication was discontinued.	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315353	A. BUILDING _____ B. WING _____	C 09/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRANBURY CENTER	**292 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 658	Continued From page 7	F 658		

The RN/ADON further stated she could not remember why the [redacted] had not been addressed during the admission process.

During an interview with the Director of Nursing (DON) on 8/28/20 at 1:48 PM, the DON stated she expected the admitting nurse to review the hospital medication list with the physician. The DON said that if a physician did not want to continue a medication, she expected the admitting nurse to inform and discuss any medication changes with the resident or resident's family and document in the PNs.

Review of Resident #3's [redacted] and [redacted] PNs revealed no documentation of the [redacted] medication order being addressed with the physician, resident, or resident's family.

A review of the facility's "NSG236 Skin Integrity Management" policy with the revision date of 1/31/20 revealed that the surgeon's specific orders should be followed for [redacted].

The facility failed to provide a policy and procedure for nursing admission medication list verification with the physician.

NJAC 8:39-11.2(b)