

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315234	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/24/2020
NAME OF PROVIDER OR SUPPLIER ARBOR RIDGE REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 261 TERHUNE DRIVE WAYNE, NJ 07470	
(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 STANDARD SURVEY: 9/24/20 CENSUS: 90 SAMPLE SIZE: 19 The facility is not in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for long term care facilities. A COVID-19 Focused Infection Control Survey was also conducted at this facility. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.	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: Based on observation, interview, and record review, it was determined that the facility failed to: a) monitor the behavior of a resident on [REDACTED] medications for 2 of 5 residents (Resident #23 and 74); and, b) clarify a physician's order for [REDACTED] for 1 of 19 residents (Resident #74) reviewed for adherence to acceptable standards of nursing practice.	F 658	1. The order for Resident #74 was clarified on 9/22/20. The Behavior Monitoring records and forms were corrected for residents #23 and #74 on 9/23/20 2. Residents receiving [REDACTED] medications have the potential to be	10/6/20

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

TITLE

(X6) DATE

Electronically Signed

10/08/2020

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

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F 658	<p>Continued From page 1</p> <p>This deficient practice was evidenced by the following:</p> <p>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 registered professional nurse is defined as diagnosing and treating human responses to actual and 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."</p> <p>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."</p> <p>1. On 9/16/20 at 10:05 AM, the surveyor observed Resident #74 lying in bed. The resident could not remember how long they couldn't use their [REDACTED], which was not something new to the resident. The resident stated that the therapist had told him/her that they were on the list to be seen.</p>	F 658	<p>affected. Resident with [REDACTED] have the Potential to be affected.</p> <p>3.</p> <p>a. An Audit was conducted on 9/23/20 on residents receiving [REDACTED] medication to ensure behavior monitoring forms were complete with appropriate behaviors.</p> <p>b. Licensed Nurses were in-serviced on ensuring documenting on behavior monitor form as per facility policy.</p> <p>c. DON or designee will print and review Medication Administration Audit Report daily for previous day to check for blanks on the Behavior Monitoring Form</p> <p>d. Licensed Nurses were in-serviced on policy to clarify physician orders when necessary due to conflicting orders on.</p> <p>e. Therapy Department will recommend range of motion program as indicated upon discharge from Therapy utilizing Nursing Therapy Communication Change of Status Form.</p> <p>f. Licensed Nurse will obtain order for [REDACTED] Program. DON or designee will review new orders daily to ensure orders are clear and clarify as needed.</p> <p>4.</p> <p>a. DON or designee will conduct audits on 10 residents EMARS weekly for 4 weeks and then monthly for 3 months to monitor for behavior documentation.</p> <p>b. DON or designee will conduct audit on 5 resident charts discharged from therapy</p>		

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F 658	<p>Continued From page 2</p> <p>On 9/21/20 at 8:36 AM, the Certified Nursing Aide #1 (CNA#1) informed the surveyor that the resident was alert with some forgetfulness, and required extensive assistance with activities of daily living (ADLs), total assists with the transfer, and can feed themselves. CNA #1 stated that the resident had a [REDACTED], which was not something new, and was on active ROM (AROM) both [REDACTED]. He further stated that the resident had [REDACTED] episodes [REDACTED] which was not new. He also indicated that Resident #74 was often seen arguing with someone who was not present and referred to the other person as the resident's child.</p> <p>A review of the resident's Face Sheet, an admission summary, indicated that the resident had diagnoses which included but were not limited to [REDACTED].</p> <p>A review of the [REDACTED] Comprehensive Minimum Data Set (CMDS), an assessment tool used to facilitate care management, revealed a Brief Interview for Mental Status (BIMS) score of [REDACTED] which indicated that the resident's cognition was intact. The CMDS noted that there was no behavior documented and with [REDACTED].</p> <p>A review of Resident #74 [REDACTED] medications Care Plan (CP), initiated [REDACTED] revealed that the CP Interventions indicated to</p>	F 658	<p>referred to range of motion program Monthly for three months.</p> <p>c. Results of the audits will be reported to the QA committee quarterly.</p> <p>d. Pharmacy consultant review behavior monitor forms during monthly reviews to ensure completion and report findings to QA Committee on a Quarterly Basis.</p>		

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F 658	<p>Continued From page 3</p> <p>monitor/record the occurrence of target behavior symptoms and monitor/document for side effects and effectiveness.</p> <p>A review of Resident #74's September 2020 Order Summary Report (OSR) showed an order dated [REDACTED] for [REDACTED] (mg) at night, [REDACTED] in the morning (am), dated [REDACTED] mg at bedtime (hs) and [REDACTED] mg in am.</p> <p>Also, orders dated [REDACTED] for Passive ROM (PROM) on [REDACTED] daily and dated [REDACTED] on [REDACTED] during care.</p> <p>The corresponding physician's orders were transcribed into the resident's September 2020 Medication Administration Record (MAR) and Treatment Administration Record (TAR) and signed by the nurses as administered each day.</p> <p>On 9/21/20 at 12:37 PM, the Registered Nurse/Desk Nurse (RN/DN) informed the surveyor that the facility doesn't use a behavior monitoring record for residents who were on [REDACTED] meds, which included [REDACTED], [REDACTED] (used to treat the symptoms of [REDACTED]), and [REDACTED]. The RN/DN stated that the nurse only documents the behavior when the resident is first prescribed [REDACTED] meds, which is to be documented for 14 days.</p> <p>On that same date at 12:46 PM, the Licensed Practical Nurse (LPN) assigned to Resident #74 informed the surveyor that the facility utilized a Behavior Monitoring Form (BMF) located in the MAR binder. The BMF of each resident</p>	F 658			

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F 658	<p>Continued From page 4</p> <p>contained [REDACTED] meds and targeted behavior for the specific medication. The BMF should be filled out by the nurse every shift to determine if the meds were effective for possible gradual drug reduction (GDR) when the [REDACTED] doctor comes in every quarter.</p> <p>At that time, the LPN had no answer why Resident #74 had no BMF for September 2020. The LPN and the RN/DN checked the resident's medical records and could not locate the September 2020 BMF. The LPN was unable to state the targeted behaviors for Resident's #74 for the use of [REDACTED] and [REDACTED].</p> <p>On 9/21/20 at 1:10 PM, the survey team met with the Licensed Nursing Home Administrator (LNHA), Director of Nursing (DON), and the Regional Registered Nurse (RRN) and discussed the above observations and concerns.</p> <p>On 9/22/20 at 9:09 AM, CNA#3 informed the surveyor that she was the regular aide of Resident #74. CNA#3 stated the resident was cognitively intact, on [REDACTED], and that there was no decline in the resident's functional status. She further noted that there was no unusual behavior that the resident had exhibited.</p> <p>On 9/22/20 at 9:10 AM, the RN/DN informed the surveyor that it was the nurse's responsibility to document and sign the TAR for the resident's [REDACTED] ambulation for a restorative and functional maintenance program.</p> <p>On that same date and time, the RN/DN had no answer why there were two different orders for [REDACTED] and both signed by nurses for the</p>	F 658			

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F 658	<p>Continued From page 5</p> <p>whole month of September 2020 for Resident #74. The RN/DN indicated that the orders should have been clarified with the physician.</p> <p>On 9/22/20 at 10:02 AM, the Rehab Manager/Occupational Therapist (RM/OT) informed the surveyor that as facility practice, residents who were discharged (d/c) from Skilled Physical Therapy (PT) and OT would be transitioned to Restorative Nursing Program (RNP) or a Functional Maintenance Program (FMP). The RM/OT stated that the assigned nurse and CNA received educated and signed off on the recommendations for RNP and FMP. She further noted that the residents in the facility were being screened quarterly. She indicated that there was no decline in Resident #74's functional status.</p> <p>On that same date and time, the RM/OT stated that she was made aware by nursing that Resident #74 had two existing different orders for [REDACTED] that should have been clarified. She further stated that education would be provided to the rehab staff to ensure that previous rehab recommendations would be d/c'd and would re-evaluate, which rehab recommendations will be appropriate at this time.</p> <p>On 9/23/20 at 1:02 PM, the RRN informed the survey team in the presence of the LNHA, DON, and the Administrative Orientee, the facility was still figuring out the behavior monitoring form. She further stated that due to the pandemic, the facility's focus was on the care of each resident; That was why there were some missed documentation. Also, the RRN stated that the [REDACTED] and [REDACTED] orders for [REDACTED] of Resident #74 were d/c'd and was picked up by</p>	F 658			

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F 658	<p>Continued From page 6</p> <p>PT to re-evaluate the status of the resident's ROM.</p> <p>On that same date and time, the DON stated that the September 2020 BMF was left in the August 2020 MAR binder; That was why there was no September 2020 BMF in the September 2020 MAR binder.</p> <p>2. On 9/16/20 at 9:40 AM and 9/21/20 at 8:42 AM, the surveyor, observed Resident #23 in their room seated in a wheelchair, calm and quiet.</p> <p>On 9/21/20 at 8:42 AM, CNA#2 informed the surveyor that the resident was [REDACTED] impaired and required extensive assistance with ADLs. CNA#2 further stated that the resident had no behavior, usually calm and quiet, and stays in their room.</p> <p>A review of the resident's Face Sheet disclosed that the resident had diagnoses which included but were not limited to [REDACTED]</p> <p>A review of the [REDACTED] Quarterly MDS (QMDS) indicated that the cognitive skills for daily decision making were [REDACTED]. The QMDS indicated that the resident had wandering behavior, and the [REDACTED] was being [REDACTED] and easily annoyed.</p> <p>A review of Resident #23's September 2020 OSR showed an order dated [REDACTED] for [REDACTED] mg give two capsules (caps) for a total of [REDACTED] mg one time a day for [REDACTED]</p>	F 658			

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F 658	<p>Continued From page 7</p> <p>██████████, dated ██████████ mg with ██████████ mg for a total of ██████████ mg at hs, and ██████████ mg one time a day in the morning for ██████████.</p> <p>The corresponding physician's orders were transcribed into the resident's September 2020 MAR and signed by the nurses as administered each day.</p> <p>Further review of the resident's medical record revealed no behavior monitoring initiated for September 2020 with the use of ██████████ for Resident #23.</p> <p>On 9/21/20 at 12:37 PM, the RN/DN informed the surveyor that the facility doesn't use a behavior monitoring record for residents on ██████████ meds, including ██████████ and ██████████. The RN/DN stated that the nurse documented the behavior when the resident was on new ██████████ meds for 14 days.</p> <p>On that same date at 12:46 PM, the LPN assigned to Resident #23 informed the surveyor that the facility utilized a BMF located in the MAR binder. The BMF of each resident contained a list of ██████████ meds and targeted behavior for the specific medication that the nurse should fill out every shift to determine if the meds were effective for possible GDR when the ██████████ doctor comes in every quarter.</p> <p>At that time, the LPN had no answer why Resident #23 had no BMF for September 2020. The LPN and the RN/DN checked the resident's medical records and could not locate the September 2020 BMF. The LPN was unable to</p>	F 658			

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

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F 658	<p>Continued From page 8</p> <p>state the targeted behaviors for Resident's #23 for the use of [REDACTED].</p> <p>On 9/21/20 at 1:10 PM, the survey team met with the LNHA, DON, and the RRN and discussed the above observations and concerns.</p> <p>On 9/23/20 at 1:02 PM, the RRN informed the survey team in the presence of the LNHA, DON, and the Administrative Orienteer, that the facility was still on the process of figuring out the behavior monitoring form. She further stated that due to the pandemic, the facility's focus was on the care of each resident. That was why there were some missed documentations.</p> <p>On that same date and time, the DON stated that the September 2020 BMF was left in the August 2020 MAR binder. That was why there was no September 2020 BMF in the September 2020 MAR binder.</p> <p>A review of the facility's policy for Medication and Treatment Orders provided by the RRN with a revised date of May 2017, reflected that: "Orders for medications and treatments will be consistent with principles of safe and effective order writing." The RRN stated that there was no specific policy with regards to clarification of orders.</p> <p>A review of the facility policy and procedure on Behavioral Assessment, Intervention and Monitoring provided by the DON with a revised date of May 2019 indicated: "Behavioral symptoms will be identified using facility-approved behavioral screening tools and the comprehensive assessment." If the resident is being treated for [REDACTED], the</p>	F 658			

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F 658	Continued From page 9 IDT will seek and document any improvements or worsening in the individuals [REDACTED] and [REDACTED]	F 658			
F 688 SS=E	NJAC 8:39-11.2 (b) Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3) §483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and §483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. §483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to provide appropriate services to a resident with limited mobility for a total of two quarters. This deficient practice was identified for 1 of 3 residents (Resident #24) reviewed for a limited range of motion (ROM). This deficient practice was evidenced by:	F 688	1. Resident #24 was immediately screened by therapy and picked up on services to explore alternatives to the [REDACTED] which the resident does not want to use. Resident #24 was assessed to have no functional decline. 2. All residents on the functional maintenance program have the potential to be affected. The Rehab Director	10/6/20	

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F 688	<p>Continued From page 10</p> <p>On 9/16/20 at 9:42 AM, the surveyor observed Resident #24 lying in bed with [REDACTED]. There was no [REDACTED] in use at that time. The resident stated that they used to have a [REDACTED] a long time ago that was taken away with no explanation, and that they hadn't refused its use. The resident was unable to remember the person, and when the [REDACTED] was taken away. The resident further stated that the [REDACTED] was not new and they didn't feel it had worsened.</p> <p>On 9/21/20 at 8:22 AM, the surveyor observed the resident lying in a [REDACTED]-chair with no [REDACTED] in use at that time.</p> <p>On 9/21/20 at 8:45 AM, the Certified Nursing Aide (CNA) informed the surveyor that she's been working in the facility for over ten years. The CNA stated that Resident #24 was alert with some forgetfulness, able to make needs known, could answer questions, required extensive to total assists with activities of daily living (ADLs), and had a limitation on their [REDACTED]. The surveyor asked the CNA if resident #24 utilized an assistive device or [REDACTED]. The CNA stated, "I can't answer that."</p> <p>A review of the resident's Face Sheet (an admission summary) reflected that the resident was admitted to the facility with diagnoses which included [REDACTED]</p>	F 688	<p>conducted a review of all residents going back to October 2019 to ensure there were no other quarterly screens that were missed.</p> <p>3. Therapy staff were in serviced on accurate and timely completion of screens quarterly according to MDS schedule and as needed.</p> <p>4. Director of Rehab and/or designee will audit 10 active charts a week X 4 weeks, then monthly, for accurate and timely screen completion. The results of the audits will be presented to the QAPI team quarterly.</p>		

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F 688	<p>Continued From page 11</p> <p>A review of the Quarterly Minimum Data Set (QMDS), an assessment tool, dated [REDACTED] reflected a brief interview for mental status (BIMs) score of [REDACTED] which indicated that the resident was [REDACTED]. The QMDS reflected that Resident #24 had [REDACTED] and [REDACTED].</p> <p>A review of the resident's medical records showed a Rehab Referral to Functional Maintenance Program (RR/FMP) dated [REDACTED] for [REDACTED] x 6 hours (hrs) daily that was signed by the therapist and a nurse.</p> <p>Further review of Resident #24's medical records showed an RR/FMP dated [REDACTED] for [REDACTED] and to continue the previous Functional Maintenance Program (FMP) that was signed by the nurse, an aide, and therapist. There was no Rehab documentation that the resident was seen for routine screening concerning [REDACTED] after [REDACTED].</p> <p>A review of the resident's Physician's Order Form (POF) for February 2020 reflected an order dated [REDACTED] for [REDACTED] and [REDACTED] during care, apply [REDACTED] to [REDACTED] x 6 hrs 9 AM to 3 PM.</p> <p>There was an order in the Physician's Orders (PO) dated [REDACTED] to transfer Resident #24 to the hospital.</p> <p>On 9/22/20 at 10:02 AM, the Rehab Manager/Occupational Therapist (RM/OT) informed the surveyor that as facility practice,</p>	F 688			

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F 688	<p>Continued From page 12</p> <p>residents who were discharged (d/c) from Skilled Physical Therapy (PT) and OT will be transitioned to Restorative Nursing Program (RNP) or FMP. The RM/OT stated that the assigned nurse and CNA would be educated and signs the recommendations for RNP and FMP. She further noted that the residents in the facility were being screened quarterly. She indicated no decline in Resident #24's functional status, and the [REDACTED] was the same. She further stated that she would get back to the surveyor regarding the resident's quarterly screen by rehab.</p> <p>On that same day at 11:03 AM, the RM/OT informed the surveyor that the last time Resident #24 was screened by rehab was in [REDACTED], according to Therapy Screening Tracking Log. The RM/OT stated that she was responsible for scheduling residents to be seen quarterly by rehab, and "I don't know why I missed it."</p> <p>On 9/22/20 at 1:07 PM, the survey team met with the Licensed Nursing Home Administrator (LNHA), Director of Nursing (DON), Regional Registered Nurse (RRN), and the Administration Orientee, who were made aware of the above concerns.</p> <p>On 9/23/20 at 1:02 PM, the RRN informed the survey team in the presence of the LNHA, DON, and the Administrative Orientee that they were not aware that Resident #24 was not screened quarterly and that the last screen by rehab was in February 2020. The RRN further stated that the resident should have been screened quarterly.</p> <p>A review of the facility's policy for Restorative Nursing Services provided by the RN Supervisor</p>	F 688			

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

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F 688	Continued From page 13 with a revised date of July 2017, reflected that: "Resident will be monitored, and if the decline is observed, the resident will be referred back to therapy for screen and or evaluation."	F 688			
F 761 SS=D	NJAC 8:39-27.1(a), 27.2(m) 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 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, interview, and record review, it was determined that the facility failed to: a) properly store and dispose of medications	F 761	1) The narcotics storage box that was found to be unlocked was immediately locked.	10/6/20	

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F 761	<p>Continued From page 14</p> <p>in 2 of 4 medication carts inspected; and b) failed to properly secure narcotic storage boxes in 1 of 2 medication refrigerators inspected.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 9/21/20 at 9:50 AM, the surveyor inspected the [REDACTED] medication room refrigerator in the presence of a Registered Nurse (RN). The surveyor observed a narcotic box that was secured to the refrigerator but was unlocked. The narcotic box contained four bags of [REDACTED]. The surveyor interviewed the RN, who stated that the narcotic box should have been locked.</p> <p>On 9/21/20 at 10:00 AM, the surveyor inspected the [REDACTED] medication cart in the presence of RN #2. The surveyor observed an opened [REDACTED] and an opened [REDACTED] that was not dated. The surveyor also observed an unidentifiable tablet sitting on top of the medication cart; There were no residents observed near the medication cart.</p> <p>The surveyor interviewed RN #2, who stated that she didn't see the unidentifiable tablet, and she didn't know how it ended up on top of the cart. RN #2 said that the unidentifiable tablet should have been destroyed in a [REDACTED] disposable system). RN #2 also stated that an opened [REDACTED] and an opened [REDACTED] should have been dated.</p> <p>On 9/21/20 at 10:15 AM, the surveyor inspected the [REDACTED] medication cart in the presence of a Licensed Practical Nurse (LPN). The surveyor observed an opened [REDACTED] that was not dated and an opened [REDACTED]</p>	F 761	<p>The [REDACTED] and [REDACTED] [REDACTED] that were not dated/expired were disposed of immediately.</p> <p>The loose unidentified pill on top of the nursing cart was properly disposed of immediately.</p> <p>2) All residents in the facility have the potential to be affected. All other [REDACTED] in all nursing carts were checked to ensure they were properly dated and not expired. All nursing carts were checked to ensure there were no other loose pills. All other narcotic storage boxes in the facility were checked to ensure that they were properly locked.</p> <p>3) The facility in serviced all nurses on proper medication storage and labeling as well as ensuring that narcotics boxes are properly locked.</p> <p>4) The Director of Nursing or designee will conduct audits on all the medication carts weekly for 12 weeks, to ensure that all medications are properly labeled and stored. The Director of Nursing or designee will conduct audits on all the refrigerator narcotic storage boxes weekly for 12 weeks to ensure that all narcotics boxes are properly secured. All audits will be presented to and reviewed by the facility's QAPI committee quarterly.</p>	

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F 761	<p>Continued From page 15</p> <p>█ with an opened date of █ that was expired.</p> <p>The surveyor interviewed LPN #1, who stated that a █ should have been dated once opened and that the █ with an opened date of █ was expired and should have been removed from the medication cart.</p> <p>A review of the Manufacturer's Specifications for the above medications indicated the following:</p> <ol style="list-style-type: none"> 1. █ vials, once opened, had an expiration date of 28-days 2. █, once opened, had an expiration date of 28-days <p>A review of the facility's policy titled Controlled Substances indicated the following under number 5. "Controlled substances must be stored under double lock, separate from containers for any non-controlled medications. Controlled substances must remain locked at all times, except when it is accessed to obtain medications for residents."</p> <p>A review of the facility's policy titled Storage of Medications indicated the following under number 7. "Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes.) containing drugs and biologicals shall be locked when not in use, and trays or carts used to transport such items shall not be left unattended if open or otherwise potentially available to others."</p> <p>NJAC: 8:39-29.4 (a) (h) (d)</p>	F 761			