

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

PRINTED: 06/19/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315390	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/19/2023
NAME OF PROVIDER OR SUPPLIER CRANFORD PARK CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 600 LINCOLN PARK EAST CRANFORD, NJ 07016		
(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 Complaint survey was conducted on behalf of the New Jersey Department of Health. Complaint #: NJ00161489, NJ00162174 Survey Dates: 04/17/23 through 04/19/23 Survey Census: 69 Sample Size: 9 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 755 SS=D	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-	F 755			4/25/23

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

TITLE

(X6) DATE

Electronically Signed

05/15/2023

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 755	Continued From page 1 §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §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 interview and record review, the facility failed to obtain physician ordered [redacted] medications in a timely manner for two (Resident (R) 1 and R8) of four sampled residents whose medications were reviewed. This had the potential for R1 to have [redacted] and for R8 to have an [redacted] NJ ex order 26.4b1 Findings include: 1. Review of a document provided by the Director of Nursing (DON) titled "Admission Record" indicated R1 [redacted] NJ ex order 26.4b1 Review of R1's "Physician Orders," dated [redacted] and located under the "Orders" tab of the electronic medical record (EMR), [redacted] NJ ex order 26.4b1	F 755	PLAN OF CORRECTION F755 Drug Pharmacy Services/Procedures/Pharmacist/Records Element 1 Corrective Actions - Residents #1 and #8 were assessed for any adverse effects resulting from the alleged deficient practice. None noted. In both cases, the residents are no longer receiving these medications. - The nurses who did not administer the medications were reeducated. Element 2 Identification of at Risk Residents - All residents have the potential of being affected by this alleged deficient practice.		

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F 755	Continued From page 2 Review of R1's "Medication Administration Records (MARS)," dated [REDACTED] and located under the "Orders" tab of the EMR, revealed no documentation R1 [REDACTED] NJ ex order 26.4b1 . Review of R1's "Orders - Administration Note," dated [REDACTED] at 8:08 AM and located under the "Progress Notes" tab of the EMR, [REDACTED] NJ ex order 26.4b1 [REDACTED] ." Review of R1's "MARS," dated [REDACTED] and located under the "Orders" tab of the EMR, revealed no documentation R1 [REDACTED] NJ ex order 26.4b1 [REDACTED] . Review of R1's "Orders - Administration Note," dated [REDACTED] at 12:35 PM and located under the "Progress Notes" tab of the EMR, indicated, " ... [REDACTED] NJ ex order 26.4b1 ." Review of R1's "MARS," dated [REDACTED] and located under the "Orders" tab of the EMR, revealed no documentation R1 [REDACTED] NJ ex order 26.4b1 [REDACTED] . Review of R1's "Orders - Administration Note," dated [REDACTED] at 10:35 AM and located under the "Progress Notes" tab of the EMR, indicated, " .. [REDACTED] NJ ex order 26.4b1 ." Review of R1's "MARS," dated [REDACTED] and located under the "Orders" tab of the EMR, revealed no documentation R1 [REDACTED] NJ ex order 26.4b1 [REDACTED] . Review of R1's "Orders - Administration Note," dated [REDACTED] at 12:17 PM and located under the "Progress Notes" tab of the EMR, indicated, "	F 755	Element 3 Systemic Changes • The Director of Nursing /designee reeducated all licensed nurses to start antibiotic treatment as per physician orders which includes checking for the availability of medication in the back up box. • The Director of Nursing /Designee reeducated all licensed nurses that if there are financial/insurance issues with resident's medication, they need to inform the Administrator/ Director of Nursing in an attempt to resolve the issue. • The Director of Nursing /Designee reeducated all licensed nurses that if medications are not delivered and/or are not available, the physician should be notified to either discontinue the medication, hold the medication or order a replacement medication. • The Director of Nursing /Designee reeducated all licensed nurses to request medication refill from the pharmacy once their stock on hand is 5 days prior to running out of stock. Element 4 Quality Assurance • Five charts of residents with new medication orders will be audited by the Director of Nursing / designee weekly for four weeks then monthly for two months to ensure that medications are readily available for use and there are no missing medications.		

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F 755	Continued From page 3 ... NJ ex order 26.4b1 ... " Review of R1's "Physician Orders," dated NJ ex order 26.4b1 and located under the "Orders" tab of the EMR, revealed NJ ex order 26.4b1 Review of R1's "Orders - Administration Note," dated NJ ex order 26.4b1 at 12:25 PM and located under the "Progress Notes" tab of the EMR, indicated, " ... NJ ex order 26.4b1 " Review of R1's "MARS" dated NJ ex order 26.4b1 and located under the "Orders" tab of the EMR, revealed R1 NJ ex order 26.4b1 . Review of R1's "Progress Notes," dated NJ ex order 26.4b1 through NJ ex order 26.4b1 and located under the "Progress Notes" tab of the EMR revealed no documentation Nurse Practitioner (NP) 1 or the Medical Director had been notified R1 NJ ex order 26.4b1 . During an interview on 04/18/23 at 9:41 AM, Licensed Practical Nurse (LPN) 1 stated if a medication was not available for administration, the nurse should call the pharmacy and, if the medication could not be obtained quickly, then call the physician. LPN1 stated there were emergency medication kits available that contained often used medications and those medications could be used when ordered medications were not available.	F 755	Audit findings will be presented at monthly QAPI meetings for further action as appropriate. Date of Completion: 4/25/2023		

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F 755	Continued From page 4 Continuing the interview on 04/18/23 at 9:50 AM, LPN1 reviewed the EMR for R1 and confirmed she could not find documentation noting why R1 had not received the ordered NJ Exec Order 26.4b1 or what the nurses had done at those times. During an interview on 04/18/23 at 3:36 PM, the Director of Nursing (DON) reviewed R1's clinical record and confirmed R1 NJ ex order 26.4b1 NJ ex order 26.4b1 The DON stated he had no idea why he had not been informed of these situations. The DON stated his expectation was staff would call the pharmacy if a medication was not available for administration and then call the physician and then contact him. During an interview on 04/19/23 at 9:00 AM, LPN3 stated R1 NJ ex order 26.4b1 NJ ex order 26.4b1 LPN3 stated on NJ ex order 26.4b1, the NJ ex order 26.4b1, so she had called the pharmacy and had been informed it was an insurance issue. LPN3 stated she had notified the NP1 and did not document the notification. LPN3 stated she did not remember if she had notified the DON. LPN3 stated the NP1 had been notified each time R1 did not receive the NJ Exec Order 26.4b1 but she had failed to document the notification. During an interview on 04/19/23 at 10:49 AM, the DON stated there was no documentation to show the facility received the NJ Exec Order 26.4b1 and that was documented as being given on NJ ex order 26.4b1 During an interview on 04/19/23 at 10:42 AM, the Medical Director stated his expectation for	F 755			

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F 755	Continued From page 5 medications to be available for administration and for the physician to be notified if a medication was unavailable for a resident. The Medical Director stated he was not sure what had happened in this case unless it was an insurance issue, but the prescribing provider should have been informed. 2. Review of a document provided by the DON titled "Admission Record" indicated R8 was NJ ex order 26.4b1 Review of R8's "Progress Note," NJ ex order 26.4b1 at 10:38 PM. Review of R8's hospital "After Visit Summary," dated NJ ex order 26.4b1 and provided by the administrator, NJ ex order 26.4b1 Review of a pharmacy "Order Details" form, dated NJ ex order 26.4b1 at 12:52 AM and provided by the DON, revealed the pharmacy had NJ ex order 26.4b1 Review of "MARS," dated NJ ex order 26.4b1 and located under the "Orders" tab of the EMR, revealed R8 NJ ex order 26.4b1 at 2:00 PM. This was approximately 13 hours after the order had been received by the pharmacy. During an interview on 04/18/23 at 9:41 AM,	F 755			

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F 755	Continued From page 6 Licensed Practical Nurse (LPN) 1 stated if a medication was not available for administration, the nurse should call the pharmacy and then the physician if the medication could not be obtained quickly. LPN1 stated there were emergency kits available with some medications used in the facility, including [REDACTED] NJ Exec Order 26-403. LPN1 stated the nurse on duty should have checked the emergency kit for the [REDACTED] NJ Exec Order 26-403. LPN1 confirmed it was over 15 hours before R8 received the first dose of [REDACTED] NJ Exec Order 26-403 after returning to the facility. During an interview on 04/18/23 at 3:21 PM, the DON stated if a resident returned to the facility with new medication orders, the nurse was to contact the physician, write the order, and that triggered the pharmacy to deliver the medication. The DON stated the facility's policy on medications was if the medication did not come in a timely manner, the nurse should look in the emergency kit to see if the medication was available, and if not, then call the pharmacy for an emergency delivery. The DON confirmed the first dose of [REDACTED] NJ Exec Order 26-403 was administered approximately 11 hours after the order was received by the pharmacy and over 15 hours after R8 returned to the facility. The DON stated that was not timely. The DON stated the nurse should have let him know, checked the emergency kit, and notified the pharmacy if necessary. During an interview on 04/19/23 at 10:42 AM, the Medical Director stated staff should have looked to see if the [REDACTED] NJ Exec Order 26-403 was available in the emergency kit. The Medical Director stated the time interval for administering the [REDACTED] NJ Exec Order 26-403 was too long. During an interview on 04/19/23 at 10:46 AM, the	F 755			

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F 755	Continued From page 7 facility's Infectious Diseases physician stated R8 should have received the [REDACTED] within six hours of his return to the facility due to the pharmacological properties of the [REDACTED]. NJAC : 8:39-29.2 (d)	F 755			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315390	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/16/2023
NAME OF FACILITY CRANFORD PARK CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 600 LINCOLN PARK EAST CRANFORD, NJ 07016	

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 F0755	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.45(a)(b)(1)-(3)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	04/25/2023	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	
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 4/19/2023

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