STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315259	A. BUILDING _____ B. WING _____	C 11/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAINSIDE SKILLED NURSING AND REHAB	1180 US HIGHWAY 22 MOUNTAINSIDE, NJ 07092

(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 #: NJ00179522 CENSUS: 131 SAMPLE SIZE: 5 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 760 SS=D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: COMPLAINT: # NJ00179522 Based on interviews, record review, and review of pertinent facility documents on 11/14/2024, it was determined that the facility failed to ensure that residents were free of significant medication errors for 2 of 5 residents (Resident #1 and Resident #2) reviewed for medication administration, follow the facility's Licensed Practical Nurse (LPN) job description, and follow the facility policy titled "Administering Medications." This deficient practice is evidenced by the following: 1. According to the Admission Record (AR) Resident #1 was admitted to the facility with diagnoses that included but were not limited to [redacted]	F 760	CORRECTIVE ACTION Resident Medication administration records were reviewed to ensure they are getting medications as ordered by the primary physician and following the medication administration policy. POTENTIAL TO AFFECT All residents have the potential to be affected by this practice. The unit manager or designee will audit current residents to ensure they receive medications as ordered and in timely manner following our medication administration policy.	12/20/24

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

Electronically Signed | 12/18/2024

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 760	Continued From page 1 NJ Exec Order 26.4b1 [redacted] The most recent Minimum Data Set (MDS), an assessment tool, revealed that Resident #1's Brief Interview for Mental Status (BIMS) was NJ out of 15 indicating that Resident #1's NJ Exec Order 26.4b1 was NJ Exec Order 26.4b1. Review of the facility's document titled "Order Summary Report" (OSR), dated NJ Exec Order 26.4b1, revealed a provider order for NJ Exec Order 26.4b1 [redacted] Give 1 capsule by mouth three times a day for NJ Exec Order 26.4b1. This order had a start date of NJ Exec Order 26.4b1 Review of the facility's document titled "Medication Admin Audit Report" (MAAR), dated NJ Exec Order 26.4b1, revealed the NJ Exec Order 26.4b1 Capsule NJ Exec Order 26.4b1 had "Schedule Date(s)" (SDs) of NJ Exec Order 26.4b1 at 9:00AM and NJ Exec Order 26.4b1 at 1:00PM. The MAAR further revealed that NJ Exec Order 26.4b1 Capsule NJ Exec Order 26.4b1 had "Administration Time(s)" (ATs) of NJ Exec Order 26.4b1 at 12:57PM for both the 9:00 AM and 1:00PM doses. Review of the progress notes (PN) for Resident #1 revealed no documentation related to administration times of the aforementioned medication. 2. According to the AR Resident #2 was admitted to facility with diagnoses that included but were not limited to: NJ Exec Order 26.4b1 [redacted].	F 760	SYSTEMIC CHANGE The DON or designee will educate licensed nurses regarding importance of giving medication following physician orders. Education to all newly hired licensed nurses upon orientation. Education to all agency licensed nurses prior to working. MONITORING The unit manager or designee will conduct random audits of current residents MARS weekly x 4 weeks, monthly x 2 months. Findings will be reported to QA for review.	

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	315259	A. BUILDING _____ B. WING _____	C 11/14/2024

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MOUNTAINSIDE SKILLED NURSING AND REHAB	**1180 US HIGHWAY 22 MOUNTAINSIDE, NJ 07092**

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F 760	Continued From page 2 The most recent MDS revealed that Resident #2's BIMS was [redacted] out of 15, which indicated that Resident #2's [redacted] was [redacted] Review of the facility's OSR for Resident #2, dated [redacted], revealed a provider order for [redacted] Give 2 capsules by mouth three times a day for [redacted] This order had a start date of [redacted]. Review of the facility's MAAR document for Resident #2, dated [redacted] revealed that the [redacted] had SDs of [redacted] at 9:00AM and 1:00PM. The MAAR further revealed that [redacted] had ATs of [redacted] at 12:50PM for both the 9:00 AM and 1:00PM doses. Review of the facility's OSR for Resident #2, dated [redacted], revealed a provider order for [redacted]), Give 1 tablet by mouth two times a day for [redacted] This order had a start date of [redacted] Review of the facility's MAAR document for Resident #2, dated [redacted], revealed that [redacted] at 9:00AM. The MAAR further revealed that [redacted] had an AT of [redacted] at 12:53PM for the 9:00 AM dose. Review of the facility's OSR for Resident #2, dated [redacted], revealed a provider order for [redacted], Give 1 tablet by mouth two times a day for [redacted] This	F 760		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAINSIDE SKILLED NURSING AND REHAB	**1180 US HIGHWAY 22 MOUNTAINSIDE, NJ 07092**

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F 760	Continued From page 3 order had a start date of [NJ Exec Order 26.4b1]. Review of the facility's MAAR document for Resident #2, dated [NJ Exec Order 26.4b1] revealed that for [NJ Exec Order 26.4b1] had a SD of [NJ Exec Order 26.4b1] at 10:00AM. The MAAR further revealed that [NJ Exec Order 26.4b1] had an AT of [NJ Exec Order 26.4b1] at 12:50PM for the 10:00 AM dose. The PNs for Resident #2 revealed no documentation related to the administration times of the [NJ Exec Order 26.4b1] [NJ Exec Order 26.4b1] or [NJ Exec Order 26.4b1] on [NJ Exec Order 26.4b1]. During an interview on 11/14/2024 at 11:02 AM, Resident #2 stated "last [NJ Exec Order 2] ([NJ Exec Order 26.4b1]) at 12:00PM I had not gotten my morning medication." Resident #2 further stated "at 1:00PM (the LPN) came in with our medication." The surveyor attempted to conduct a telephone interview with the LPN involved, however, the nurse was not available. During an offsite telephone interview on 11/15/2024 at 2:57 PM, the [US FOIA (b)(6)] stated that the SD as shown on the MAAR was the ordered and expected administration time of medications. The [US FOIA (b)] stated that the AT was the time the medication was administered to the resident. The [US FOIA (b)] stated that it was her expectation that medications were given as ordered and within a window of 60 minutes before to 60 minutes after the SD. The [US FOIA (b)] confirmed the aforementioned ATs of medications for Resident #1 and Resident #2. The [US FOIA (b)] confirmed that giving medication at the wrong	F 760		

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F 760	Continued From page 4 time could cause unwanted effects that can harm a resident. The facility's policy titled "Administering Medications", revised April 2022, revealed "[...] Medications are administered within one (1) hour of their prescribed time, unless otherwise specified [...]" The facility's job description document titled "Charge Nurse (LPN/RN)", undated, revealed under the Drug Administration Function section "Prepare and administer medications as ordered by the physician." NJAC 8:39-29.2 (d)	F 760		

New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S 000	Initial Comments COMPLAINT #: NJ179522 CENSUS: 131 SAMPLE: 5 THE FACILITY WAS IN COMPLIANCE WITH THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE, CHAPTER 8:39, STANDARDS FOR LICENSURE OF LONG TERM CARE FACILITIES.	S 000		

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

Electronically Signed — 12/18/24

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315259 Y1	A. Building B. Wing Y2	12/27/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAINSIDE SKILLED NURSING AND REHAB	1180 US HIGHWAY 22 MOUNTAINSIDE, NJ 07092

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 F0760 Reg. # 483.45(f)(2) LSC	Correction Completed 12/20/2024	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 11/14/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			