

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 90110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/26/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 540 MULLICA HILL ROAD GLASSBORO, NJ 08028
---	---

(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) COMPLETE DATE
A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint</p> <p>COMPLAINT #: NJ 00179909</p> <p>CENSUS: 33</p> <p>SAMPLE SIZE: 5</p> <p>The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. The facility must submit a Plan of Correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p>	A 000		
A 310	<p>8:36-3.4(a)(1) Administration</p> <p>(a) The administrator or designee shall be responsible for, but not limited to, the following:</p> <p>1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;</p>	A 310		

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

TITLE

(X6) DATE

01/10/25

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 90110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/26/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 540 MULLICA HILL ROAD GLASSBORO, NJ 08028
---	---

(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) COMPLETE DATE
A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00179909</p> <p>Based on interview and review of records, it was determined that the facility failed to ensure the implementation and enforcement of all policies and procedures, titled "DP09 - Documentation Retention, MP30 - Controlled Substance Management, and MP21 - Medication Disposal and Destruction," for 1 of 5 residents reviewed, Resident #3.</p> <p>This deficient practice is evidenced by the following:</p> <p>1. On 11/26/24 at 10:29 a.m., the surveyor observed the "Narcotic Inventory" (NI) log that was completed from 8/9/24 through 11/21/24. The NI log recorded the date that the narcotic was received by the facility, the name of the resident whom the narcotic was ordered for, the prescription number, the medication name and strength, and the signature of the staff member(s) who received the delivery.</p> <p>At 10:44 a.m., the surveyor interviewed the Director of Health and Wellness (DHW) and inquired about where the "Controlled Medication Utilization Form" (CMUF) for residents were kept. The DHW explained that the CMUFs were filed in the residents' charts.</p> <p>On 11/26/24 at 11:49 a.m., the surveyor reviewed Resident #3's closed medical record (MR) which indicated Resident #3 moved into the facility on</p>	A 310		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 90110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/26/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 540 MULLICA HILL ROAD GLASSBORO, NJ 08028
---	---

(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) COMPLETE DATE
A 310	<p>Continued From page 2</p> <p><small>NJ Ex Order 26.4b1</small>, with a diagnosis of <small>NJ Ex Order 26.4b1</small>. The surveyor observed that Resident #3 was prescribed <small>NJ Ex Order 26.4B1</small> with the dose of "0.25ml (5mg) SL [sublingual] Q [every] 3 Hours PRN [as needed]" on <small>NJ Ex Order 26.4B1</small>. The surveyor could not locate the <small>NJ Ex Order 26.4B1</small> for the <small>NJ Ex Order 26.4B1</small> that was ordered on <small>NJ Ex Order 26.4B1</small> in Resident #3's MR.</p> <p>Additionally, review of Resident #3's MR indicated that there was a change to the PRN <small>NJ Ex Order 26.4B1</small> order on <small>NJ Ex Order 26.4b1</small>. The new order was: "Give 10mg (0.5ml) po [by mouth]/SL every 2 hours as needed for <small>NJ Ex Order 26.4b1</small> <small>NJ Ex Order 26.4B1</small>". The surveyor observed that the <small>NJ Ex Order 26.4B1</small> for the <small>NJ Ex Order 26.4B1</small> ordered on <small>NJ Ex Order 26.4b1</small> was filed in Resident #3's MR.</p> <p>At 12:44 p.m., the surveyor cross-referenced the NI log with Resident #3's <small>NJ Ex Order 26.4B1</small> that was for the updated <small>NJ Ex Order 26.4B1</small> order on <small>NJ Ex Order 26.4b1</small>. The surveyor observed that the NI log recorded the delivery of <small>NJ Ex Order 26.4b1</small> of <small>NJ Ex Order 26.4B1</small> for Resident #3 on <small>NJ Ex Order 26.4b1</small>, which matched the <small>NJ Ex Order 26.4b1</small> listed under the "Qty. [quantity] Received" on the <small>NJ Ex Order 26.4b1</small>.</p> <p>On 11/27/24 at 9:33 a.m., the surveyor interviewed the DHW and requested the NI logs for the narcotics that were delivered prior to 8/9/24 for review. The DHW informed the surveyor at 10:21 a.m. that she was unable to locate the NI logs prior to 8/9/24.</p> <p>At 11:07 a.m., the surveyor informed the DHW that the only <small>NJ Ex Order 26.4b1</small> that the surveyor could locate in Resident #3's file, was the one from <small>NJ Ex Order 26.4b1</small>. Additionally, the surveyor requested the DHW to provide the other <small>NJ Ex Order 26.4b1</small> for the initial <small>NJ Ex Order 26.4B1</small> order on <small>NJ Ex Order 26.4B1</small> and the</p>	A 310		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 90110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/26/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 540 MULLICA HILL ROAD GLASSBORO, NJ 08028
---	---

(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) COMPLETE DATE
A 310	<p>Continued From page 3</p> <p>[NJ Ex Order 26.4B] delivered prior to [NJ Ex Order 26.4b1].</p> <p>At 11:50 a.m., the DHW reported that she was unable to find Resident #3's [NJ Ex Order 26.4b] for [NJ Ex Order 26.4B], and that she would keep looking. The surveyor was not provided with the [NJ Ex Order 26.4B] [NJ Ex Order 26.4b] for Resident #3 by the completion of the survey on 11/27/24.</p> <p>The surveyor reviewed the facility's policy, dated 3/8/24, titled, "MP21 - Medication Disposal and Destruction," which indicated " ... 6. Medication disposal and destruction records will be retained in the Community. a. Refer to the Document Retention policy for timelines ...".</p> <p>Additionally, the surveyor reviewed the facility's policy, dated 6/7/24, titled, "DP09 - Documentation Retention," which indicated, "Policy: Resident records and staff communication records/tools will be retained per policy. Procedure: 1. All resident records, including reportable incidents and medication records will be maintained for at least ten (10) years following the termination of services to the resident ... 2. Medication disposal and medication destruction records must be maintained for at least seven (7) years following the termination of services to the resident. 3. Staff communication and quality assurance tools such as Internal Occurrence Reports, Incident Reports, End of Shift Reports and Medication Staff Communication Log will be kept for ninety (90) days and then destroyed ..."</p> <p>2. On 11/26/24 at 12:38 p.m., the surveyor met with the Director of Health and Wellness (DHW) and requested the October 2024 staffing schedule. At 1:30 p.m., the DHW returned and</p>	A 310		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 90110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/26/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 540 MULLICA HILL ROAD GLASSBORO, NJ 08028
---	---

(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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

A 310	<p>Continued From page 4</p> <p>informed the surveyor that she was unable to locate the October 2024 staffing schedule. The DHW further explained that the previous Executive Director (ED) was responsible for the staffing schedule, and the ED was no longer employed at the facility. The DHW also stated that she did not have access to the staffing schedule during the ED's employment at the facility.</p> <p>The surveyor reviewed the facility's policy, dated 6/7/24, titled, "DP09 - Documentation Retention," which indicated, "Policy: Resident records and staff communication records/tools will be retained per policy. Procedure: 4. Staff assignment sheets will be retained for one (1) year and then destroyed ..."</p> <p>3. On 11/26/24 the surveyor reviewed the [redacted] NJ Ex Order 26.4b1) for Resident #3 that revealed on [redacted] NJ Ex Order 26.4b1) [redacted] were received by the Licensed Practical Nurse (LPN). The surveyor observed that the prescription label read, "QTY [quantity] : 30 OF 30". In addition, the surveyor observed that the LPN started to sign out [redacted] NJ Ex Order 26.4b1) on line 30, that reflected [redacted] NJ Ex Order 26.4b1) on [redacted] NJ Ex Order 26.4b1) at 12:30 a.m.</p> <p>The LPN signed out [redacted] NJ Ex Order 26.4b1) on line 29 on [redacted] NJ Ex Order 26.4b1) at 2:30 a.m., and an additional [redacted] NJ Ex Order 26.4b1) on line 28 on [redacted] NJ Ex Order 26.4b1) at 4:30 a.m.</p> <p>Further review of the [redacted] NJ Ex Order 26.4b1) revealed that the LPN crossed out and initialed the sign-off for the [redacted] NJ Ex Order 26.4b1) on lines 30-28, and then re-started the sign-off on line 60.</p> <p>On 11/26/24 at 4:46 p.m., the surveyor interviewed the LPN and inquired about the error</p>	A 310		
-------	--	-------	--	--

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 90110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/26/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 540 MULLICA HILL ROAD GLASSBORO, NJ 08028
---	---

(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) COMPLETE DATE
A 310	<p>Continued From page 5</p> <p>on the [redacted], where the LPN crossed out lines 30-28. The LPN explained that she did not report the error to anyone and restarted on line 60 and confirmed that line reflected [redacted].</p> <p>On 11/26/24, the surveyor reviewed the facility's "Narcotic Inventory" (NI) log and observed that the LPN documented [redacted] were received on [redacted].</p> <p>In addition, the surveyor observed on the [redacted] the section titled, "Disposition of Unused Drugs" listed the "Date of Discontinuance" as [redacted] and the "Date of Disposition" as [redacted]. The "Amount Remaining" was recorded as 48.</p> <p>The surveyor observed that additional pen marks were present where the "48" was written. The LPN and DHW signed off for the two-nurse sign off for the "Disposition of Unused Drugs"</p> <p>On 11/27/24 at 11:22 a.m., the surveyor interviewed the DHW. The DHW stated that she remembered destroying and signing off for the disposition of the unused morphine syringes. The DHW explained that she was not made aware of the errors or discrepancies on the [redacted] at the time of signing, therefore there was no investigation or incident report completed.</p> <p>On 11/27/24, the facility was unable to provide the surveyor with the [redacted] to account for the [redacted] that was wasted on [redacted].</p> <p>The surveyor reviewed the facility's policy, dated 3/8/24, titled "MP30 - Controlled Substance Management," which indicated " ... Procedure: ... b. A new Controlled Substance Medication Record form is created for every Controlled</p>	A 310		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 90110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/26/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 540 MULLICA HILL ROAD GLASSBORO, NJ 08028
---	---

(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) COMPLETE DATE
A 310	<p>Continued From page 6</p> <p>Substance brought into the Community, including refills ... a. if the pharmacy did not deliver a Controlled Substance medication form with the medication, staff will use the Controlled Substance Medication Record form ... iii. Verify the count matches the quantity listed on the prescription label ...1. The pharmacy log, book, or record of delivery must include the same information as contained on the Centrally Stored Medication and Destruction Record and account for every medication in central storage ..."</p> <p>Further surveyor review of the facility's policy, dated 3/8/24, titled "MP21 - Medication Disposal and Destruction," which indicated " ... Community staff will be trained to identify drug diversion and will report any suspected drug diversion to the Director of Health and Wellness or Executive Director for investigation. A. Any drug diversion will be reported to state licensing agency, law enforcement, and any other required agencies ...".</p>	A 310		
A 515	<p>8:36-5.6(a) General Requirements</p> <p>(a) The facility or program shall maintain and implement written staffing schedules. Actual hours worked by each employee shall be documented.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00179909</p> <p>Based on interview and review of pertinent facility documents, it was determined that the facility failed to maintain a written staffing schedule for employees who worked at the facility during the</p>	A 515		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 90110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/26/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 540 MULLICA HILL ROAD GLASSBORO, NJ 08028
---	---

(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) COMPLETE DATE
A 515	<p>Continued From page 7</p> <p>month of October 2024.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 11/26/24 at 12:38 p.m., the surveyor met with the Director of Health and Wellness (DHW) and requested the October 2024 staffing schedule. At 1:30 p.m., the DHW returned and informed the surveyor that she was unable to locate the October 2024 staffing schedule. The DHW further explained that the previous Executive Director (ED) was responsible for the keeping the staffing schedule, and that the ED was no longer was employed at the facility. The DHW also stated that she did not have access to the staffing schedule during the ED's employment at the facility.</p> <p>On 11/27/24, the surveyor reviewed the facility's policy, dated 6/7/24, titled, "DP09 - Documentation Retention," which indicated "Procedure: ... 4. Staff assignment sheets will be retained for one (1) year and then destroyed"</p>	A 515		
A 937	<p>8:36-11.5(a) Pharmaceutical Services</p> <p>(a) The administration of medications is within the scope of practice and remains the responsibility of the registered professional nurse.</p> <p>This REQUIREMENT is not met as evidenced</p>	A 937		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 90110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/26/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 540 MULLICA HILL ROAD GLASSBORO, NJ 08028
---	---

(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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

A 937	<p>Continued From page 8</p> <p>by: Complaint #: NJ 00179909</p> <p>Based on interview, record review, and review of pertinent facility documents it was determined that the facility failed to ensure a Registered Nurse (RN) maintained supervision of delegated tasks to the Licensed Practical Nurse (LPN) and Certified Medication Aide (CMA) during [redacted] administration for 1 of 5 residents reviewed, Resident #3 as evidenced by the following:</p> <p>On 11/26/24 at 11:49 a.m., the surveyor reviewed Resident #3's closed medical record (MR) which revealed a [redacted] NJ Ex Order 26.4b1, used to keep record of [redacted] and disposal dated [redacted] NJ Ex Order 26.4B1. The [redacted] NJ Ex Order 26.4B1 was for [redacted] NJ Ex Order 26.4B1 give 0.5 ml every 2 hours as needed [redacted] NJ Ex Order 26.4b1 According to the [redacted] NJ Ex Order 26.4B1 "Medication" label the [quantity] of [redacted] NJ Ex Order 26.4B1 was 30 of 30 [questionable syringes]. In addition, the surveyor observed that on [redacted] NJ Ex Order 26.4B1 the LPN documented and signed her name on the [redacted] NJ Ex Order 26.4b1] were received.</p> <p>Further surveyor review of the [redacted] NJ Ex Order 26.4b1, revealed that the LPN on [redacted] NJ Ex Order 26.4b1 at 12:30 a.m., initially recorded the quantity of [redacted] NJ Ex Order 26.4B1 and decline, at line 30 and stopped recording at line 28 at 4:30 a.m. The surveyor also observed that the LPN scratched out the initial documentation on line 30 through line 28 and re-recorded the [redacted] NJ Ex Order 26.4B1 of [redacted] NJ Ex Order 26.4B1 and decline on line 60 for the above-mentioned times and dates that indicated [redacted] NJ Ex Order 26.4b1 were received instead of 30. In addition, the surveyor observed that the LPN documented on lines 52 through 49 the date and year [redacted] NJ Ex Order 26.4B1 " for [redacted] NJ Ex Order 26.4B1 administration</p>	A 937		
-------	--	-------	--	--

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 90110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/26/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 540 MULLICA HILL ROAD GLASSBORO, NJ 08028
---	---

(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) COMPLETE DATE
A 937	<p>Continued From page 9</p> <p>decline.</p> <p>Ongoing surveyor review of the [redacted] dated [redacted] revealed that the Certified Medication Aide (CMA) on line 56 through line 54 documented the following [redacted] administration decline dates [redacted] at 9:30 a.m., [redacted] at 11:30 a.m., and 1:30 p.m., that was not consistent with the [redacted] received date.</p> <p>At 4:46 p.m., the surveyor interviewed the LPN regarding her documentation on the [redacted]. The LPN acknowledged that she initially documented on [redacted] were received and then documented [redacted]. The LPN also stated that she must have written the incorrect year on the [redacted] and confirmed that she did not report the discrepancy.</p> <p>On 11/27/24 at 10:34 a.m., the surveyor interviewed the CMA regarding the dates documented on the [redacted] as listed above. The CMA explained that she accidentally wrote the wrong month on those lines of the [redacted] decline record and stated that she did not report the discrepancy to the Registered Nurse.</p> <p>During interview with the CMA, the surveyor inquired about the facility procedure for new orders. The CMA stated that a new medication was placed in the electronic medication administration record (EMAR) by the pharmacy. The CMA also stated that she had the ability to and approved new medication orders through the EMAR. Further, the CMA stated that after a medication was approved it was then administered.</p> <p>At 11:22 a.m., the surveyor interviewed the Health</p>	A 937		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 90110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/26/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 540 MULLICA HILL ROAD GLASSBORO, NJ 08028
---	---

(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) COMPLETE DATE
A 937	<p>Continued From page 10</p> <p>and Wellness Director (HWD) regarding the discrepancies documented on the ^{NJ Ex Order 26}. The HWD stated that she was not made aware of any discrepancies on the ^{NJ Ex Order 26.4b1} at the time of signing the ^{NJ Ex Order 26.4}.</p> <p>At 11:40 a.m., the surveyor interviewed the HWD regarding CMA delegation and oversight training and review. The HWD stated that she was not aware she needed to review new medications with the CMA and sign-off on orders that were administered by a CMA. In addition, the HWD stated that she was going to attend a training class in 3/2025 regarding CMA training and oversight.</p> <p>The surveyor reviewed the facility policy and procedure titled, "Medication Services dated 3/8/24" revealed references that " ...The administration of medications ...remains the responsibility of the registered professional nurse... The delegating nurse shall review with the certified medication aide medication actions and untoward effects for each drug to be administered ..."</p> <p>Reference: A0945, 8:36-11.5(b)(5), A947, 11.5(b)(6), A1011, 11.7(k)</p>	A 937		
A 945	<p>8:36-11.5(b)(5) Pharmaceutical Services</p> <p>(b) The registered professional nurse may choose to delegate the task of administering medications in accordance with N.J.A.C. 13:37-6.2 to certified medication aides, as defined in this chapter.</p> <p>5. The delegating nurse shall review with the certified medication aide medication actions and</p>	A 945		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 90110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/26/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 540 MULLICA HILL ROAD GLASSBORO, NJ 08028
---	---

(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) COMPLETE DATE
A 945	<p>Continued From page 11</p> <p>untoward effects for each drug to be administered. Pertinent information about medications' adverse effects, side effects, contraindications, and potential interactions shall be incorporated into the plan of care for each resident, with interventions to be implemented by the personal care assistant and other caregiving staff, and documented on the medication administration record (MAR).</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00179909</p> <p>Based on interview and review of facility documents, the facility failed to ensure that a Registered Nurse reviewed facility's medication administration with certified medication aide(CMA) regarding pertinent medication information about and documented such review and coordination on the medication administration record (MAR).</p> <p>This deficient practice was evidenced by the following:</p> <p>On 11/26/24 at 10:41 a.m., during interview with the Director of Health and Wellness (DHW), the surveyor requested the Certified Medication Aide (CMA) training and orientation checklist. The DHW explained that there was no specific orientation checklist for CMAs. The DHW stated that the pharmacy completed a quarterly review with the CMAs. The surveyor requested a copy of the most recent pharmacy review.</p> <p>At 11:29 a.m., the DHW returned with the</p>	A 945		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 90110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/26/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 540 MULLICA HILL ROAD GLASSBORO, NJ 08028
---	---

(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) COMPLETE DATE
A 945	<p>Continued From page 12</p> <p>"Position Description" for the Care/Medication Technician and another document, titled, "CARE MANAGER/MEDICATION TECHNICIAN Job-Specific Checklist". The checklist was blank. The surveyor inquired what the checklist was for and the DHW explained that the checklist was intended for future newly hired CMAs during their orientation. The DHW intended to use the checklist for future newly hired CMAs during their orientation.</p> <p>Additionally, the DHW provided a document, titled "Monthly Consultant Pharmacist Report" dated 8/22/24. The surveyor reviewed the Pharmacist Report and observed that there was no review of medications with the CMA included in the report.</p> <p>On 11/27/24 at 11:50 a.m., the surveyor interviewed the DHW, a Registered Nurse (RN) regarding the facility's CMA oversight procedures. The DHW explained that a quarterly review with the CMA is conducted by the pharmacy. The DHW stated that she had not conducted a CMA oversight or review of medications with the CMAs, and added that she was scheduled to attend a training in NJ Ex Order 26.4B1 for CMA training and oversight.</p> <p>On 11/27/24, the surveyor reviewed the facility's policy, dated 3/8/24, titled, "MP02 - Medication Services" which indicated "... State Regulation References: ... The administration of medications is within the scope of practice and remains the responsibility of the registered professional nurse ... The delegating nurse shall review with the certified medication aide medication ... At least weekly, a registered professional nurse shall review and sign off on any modifications or additions to the MAR that were made by the certified medication aide under the registered</p>	A 945		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 90110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/26/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 540 MULLICA HILL ROAD GLASSBORO, NJ 08028
---	---

(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) COMPLETE DATE
A 945	Continued From page 13 professional nurse's delegation ... Registered professional nurses who participate in certified medication aide training shall attend a Department offered one-day Train-the-Trainer Medication Aide Workshop prior to providing such training to certified medication aides ..."	A 945		
A 947	8:36-11.5(b)(6) Pharmaceutical Services (b) The registered professional nurse may choose to delegate the task of administering medications in accordance with N.J.A.C. 13:37-6.2 to certified medication aides, as defined in this chapter. 6. At least weekly, a registered professional nurse shall review and sign off on any modifications or additions to the MAR that were made by the certified medication aide under the registered professional nurse's delegation. This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00179909 Based on interview and review of facility documents, the facility failed to ensure that a Registered Nurse reviewed and signed off delegated tasks, including any modifications or additions to the Medication Administration Record that were made by the Certified Medication Aide on at least weekly basis. This deficient practice was evidenced by the following:	A 947		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 90110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/26/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 540 MULLICA HILL ROAD GLASSBORO, NJ 08028
---	---

(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) COMPLETE DATE
A 947	<p>Continued From page 14</p> <p>On 11/26/24 at 10:41 a.m., the surveyor interviewed the Director of Health and Wellness (DHW) regarding the Certified Medication Aide (CMA) training and requested the CMA training and orientation checklist. The DHW explained that there was no specific orientation checklist for CMAs. The DHW mentioned that the pharmacy completed a quarterly review with the CMAs. The surveyor requested a copy of the most recent pharmacy review.</p> <p>At 11:29 a.m., the DHW returned with the "Position Description" for the Care/Medication Technician and another document, titled "CARE MANAGER/MEDICATION TECHNICIAN Job-Specific Checklist", which was blank. The surveyor then inquired what the checklist was for. The DHW explained that she was responsible for the orientation and training of the CMAs and intended to use the checklist for future newly hired CMAs during their orientation.</p> <p>Additionally, the DHW provided a document, titled, "Monthly Consultant Pharmacist Report" dated 8/22/24. The surveyor reviewed the Pharmacist Report and observed that there was no review of medications with the CMA included in the report.</p> <p>On 11/27/24 at 10:34 a.m., the surveyor interviewed the CMA and inquired about the process for reviewing and approving new medication orders. The CMA explained that she had the ability to and approved new medication orders through the electronic Medication Administration Record (MAR).</p> <p>The CMA further explained that the pharmacy would update the medication order in the electronic MAR, then the medication would be</p>	A 947		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 90110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/26/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 540 MULLICA HILL ROAD GLASSBORO, NJ 08028
---	---

(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) COMPLETE DATE
A 947	<p>Continued From page 15</p> <p>delivered. Once the medication was delivered, then the CMA would "approve" the new order through the electronic MAR.</p> <p>On 11/27/24 at 11:50 a.m., the surveyor interviewed the DHW, a Registered Nurse (RN), who explained that a quarterly review with the CMA is conducted by the pharmacy. The DHW stated that she had not conducted a CMA oversight or review of medications with the CMAs and added that she was scheduled to attend a training in <u>NJ Ex Order 26.4B1</u> for CMA training and oversight.</p> <p>On 11/27/24, the surveyor reviewed the facility's policy, dated 3/8/24, titled, "MP02 - Medication Services" which indicated " ... State Regulation References: ... The administration of medications is within the scope of practice and remains the responsibility of the registered professional nurse ... The delegating nurse shall review with the certified medication aide medication ... At least weekly, a registered professional nurse shall review and sign off on any modifications or additions to the MAR that were made by the certified medication aide under the registered professional nurse's delegation ... Registered professional nurses who participate in certified medication aide training shall attend a Department offered one-day Train-the-Trainer Medication Aide Workshop prior to providing such training to certified medication aides"</p>	A 947		
A1011	<p>8:36-11.7(k) Pharmaceutical Services</p> <p>(k) Controlled dangerous substances shall be stored, and records shall be maintained, in accordance with the Controlled Dangerous Substances Acts, N.J.S.A. 24:21-1 et seq. and all</p>	A1011		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 90110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/26/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 540 MULLICA HILL ROAD GLASSBORO, NJ 08028
---	---

(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) COMPLETE DATE
A1011	<p>Continued From page 16</p> <p>other Federal and State laws and regulations concerning the procurement, storage, dispensation, administration, and disposition of same.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00179909</p> <p>Based on interview, medical record review, and review of facility documents, it was determined that the facility failed to ensure accountability and maintained records for NJ Ex Order 26.4b1, for 1 of 5 residents, Resident #3. This deficient practice was evidenced by the following:</p> <p>On 11/26/24 at 10:29 a.m., the surveyor observed the "Narcotic Inventory" (NI) log that was completed from NJ Ex Order 26.4b1. The NI log recorded the date that the narcotic was received by the facility, the name of the resident whom the narcotic was ordered for, the prescription number, the medication name and strength, and the signature of the staff member(s) who received the delivery.</p> <p>At 10:44 a.m., the surveyor interviewed the Director of Health and Wellness (DHW) and inquired about where the "Controlled Medication Utilization Form" (CMUF) for residents were kept. The DHW explained that the CMUFs were filed in the residents' medical record (MR).</p> <p>On 11/26/24 at 11:49 a.m., the surveyor reviewed Resident #3's closed MR which indicated Resident #3 moved into the facility on NJ Ex Order 26.4b1, with the diagnosis of NJ Ex Order 26.4B1. The surveyor observed that Resident #3 was</p>	A1011		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 90110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/26/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 540 MULLICA HILL ROAD GLASSBORO, NJ 08028
---	---

(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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

A1011	<p>Continued From page 17</p> <p>prescribed 'NJ Ex Order 26. 4B1 [REDACTED]' with the dose of "0.25ml (5mg) SL [sublingual] Q [every] 3 Hours PRN [as needed]" on [REDACTED] NJ Ex Order 26. The surveyor could not locate the [REDACTED] NJ Ex Order 26 for the [REDACTED] NJ Ex Order 26. 4B1 that was ordered on [REDACTED] NJ Ex Order 26 in Resident #3's MR.</p> <p>Additionally, the surveyor observed that there was a change to the resident's PRN [REDACTED] NJ Ex Order 26. 4B1 order on [REDACTED] NJ Ex Order 26. 4B1. The new order was: "Give 10mg (0.5ml) po [by mouth]/SL every 2 hours as needed for [REDACTED] NJ Ex Order 26. 4B1 NJ Ex Order 26. 4B1 ". The surveyor observed the [REDACTED] NJ Ex Order 26 for the [REDACTED] NJ Ex Order 26. 4B1 ordered on [REDACTED] NJ Ex Order 26. 4B1.</p> <p>On 11/26/24, the surveyor reviewed the [REDACTED] NJ Ex Order 26. which revealed that on [REDACTED] NJ Ex Order 26. 4b1 were received by the Licensed Practical Nurse (LPN). The surveyor observed that the prescription label read, "QTY [quantity] : 30 OF 30". The surveyor reviewed the facility's NI log and observed that the LPN documented [REDACTED] NJ Ex [REDACTED] were received on [REDACTED] NJ Ex Order 26. 4b1.</p> <p>On 11/27/24 at 9:33 a.m., the surveyor requested the NI logs for the narcotics that were delivered prior to [REDACTED] NJ Ex Order 26. 4 from the DHW for review. The DHW informed the surveyor at 10:21 a.m. that she was unable to locate the NI logs prior to [REDACTED] NJ Ex Order 26.</p> <p>At 11:07 a.m., the surveyor informed the DHW and discussed that the only [REDACTED] NJ Ex Order 26. 4b1 that the surveyor could locate in Resident #3's file, was the one from [REDACTED] NJ Ex Order 26. 4B1. The surveyor requested the DHW to provide the other [REDACTED] NJ Ex Order 26. 4b1 for the initial [REDACTED] NJ Ex Order 26. 4B1 order on [REDACTED] NJ Ex Order 26. 4B1 and the [REDACTED] NJ Ex Order 26. 4B1 deliveries prior to [REDACTED] NJ Ex Order 26. 4B1.</p> <p>At 11:50 a.m., the DHW reported that she was</p>	A1011		
-------	---	-------	--	--

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 90110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/26/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 540 MULLICA HILL ROAD GLASSBORO, NJ 08028
---	---

(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) COMPLETE DATE
A1011	<p>Continued From page 18</p> <p>unable to find Resident #3's other [redacted] for [redacted] and that she would keep looking.</p> <p>On 12/5/24, the surveyor contacted the Hospice Agency that coordinated the order for [redacted] on [redacted]. The Hospice Agency was able to provide the surveyor with its Pharmacy Log Report which indicated that [redacted] of 2.5 ml, which reflected the order created on [redacted], was dispensed for Resident #3 on [redacted]. The facility was unable to provide the surveyors with the [redacted] for Resident #3 that correlated with the [redacted] that were dispensed on [redacted].</p> <p>The surveyor reviewed the [redacted], dated on [redacted], and observed that the LPN started to sign out [redacted] on line 30, that reflected [redacted] at 12:30 a.m. The LPN signed out [redacted] on line 29 on [redacted] at 2:30 a.m., and an additional [redacted] on line 28 on [redacted] at 4:30 a.m. Further review of the [redacted] revealed that the LPN crossed out and initialed the sign-off for the [redacted] on lines 30-28, and then re-started the sign-off on line 60.</p> <p>On 11/26/24 at 4:46 p.m., the surveyor interviewed the LPN and inquired about the error on the [redacted], where the LPN crossed out lines 30-28. The LPN explained that she did not report the error to anyone and restarted on line 60 and confirmed that line reflected [redacted].</p> <p>After further review of the [redacted], the surveyor observed that Line 60-57 read, [redacted]. Line 56 read [redacted]. Line 55-54 read, [redacted]. Line 52 read [redacted]. Line 51-49 read, [redacted].</p> <p>The LPN's signature was assigned to Lines 60-58</p>	A1011		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 90110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/26/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 540 MULLICA HILL ROAD GLASSBORO, NJ 08028
---	---

(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) COMPLETE DATE
A1011	<p>Continued From page 19</p> <p>and 53-49 and the CMA's signature was assigned to Lines 57-54. On 11/26/24 at 3:12 p.m., the surveyor interviewed the LPN and inquired about the dates recorded on the [redacted] on lines 51-49. The LPN explained she accidentally wrote the wrong year.</p> <p>On 11/27/24 at 10:34 a.m., the surveyor interviewed the CMA and inquired about the dates recorded on lines 56-54, and the CMA explained that she accidentally wrote the wrong month on those lines.</p> <p>In addition, the surveyor observed on the [redacted] the section titled, "Disposition of Unused Drugs" listed the "Date of Discontinuance" as [redacted] and the "Date of Disposition" as [redacted]. The "Amount Remaining" was recorded as 48. The surveyor observed that additional pen marks were present where the "48" was written. The LPN and the DHW signed off for the two-nurse sign off for the "Disposition of Unused Drugs".</p> <p>On 11/27/24 at 11:22 a.m., the surveyor interviewed the DHW regarding the disposition of the unused [redacted]. The DHW stated that she remembered destroying and signing off for the disposition of the unused [redacted]. The DHW also stated that she was not made aware of the errors or discrepancies on the [redacted] at the time of signing, therefore there was no investigation or incident report completed.</p> <p>On 11/27/24, the facility was unable to provide the surveyor with the [redacted] to account for the 48 [redacted] wasted.</p> <p>A removal plan (RP) was requested by the surveyor on 11/27/24.</p>	A1011		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 90110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/26/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 540 MULLICA HILL ROAD GLASSBORO, NJ 08028
---	---

(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) COMPLETE DATE
A1011	<p>Continued From page 20</p> <p>On 11/27/24, the surveyor reviewed the facility's policy, dated 3/8/4, titled, "MP21 - Medication Disposal and Destruction," which indicated " ... 6. Medication disposal and destruction records will be retained in the Community. a. Refer to the Document Retention policy for timelines ..."</p> <p>Further, the surveyor reviewed the facility's policy, dated 6/7/24, titled, "DP09 - Documentation Retention," which indicated "Policy: Resident records and staff communication records/tools will be retained per policy. Procedure: 1. All resident records, including reportable incidents and medication records will be maintained for at least ten (10) years following the termination of services to the resident ... 2. Medication disposal and medication destruction records must be maintained for at least seven (7) years following the termination of services to the resident. 3. Staff communication and quality assurance tools such as Internal Occurrence Reports, Incident Reports, End of Shift Reports and Medication Staff Communication Log will be kept for ninety (90) days and then destroyed ..."</p> <p>Additionally, the surveyor reviewed the facility's policy, dated 3/8/24, titled, "MP30 - Controlled Substance Management," which indicated " ... Procedure: ... b. A new Controlled Substance Medication Record form is created for every Controlled Substance brought into the Community, including refills ... a. if the pharmacy did not deliver a Controlled Substance medication form with the medication, staff will use the Controlled Substance Medication Record form ... iii. Verify the count matches the quantity listed on the prescription label ...1. The pharmacy log, book, or record of delivery must include the same information as contained on the Centrally Stored Medication and Destruction Record and account</p>	A1011		

New Jersey Department of Health

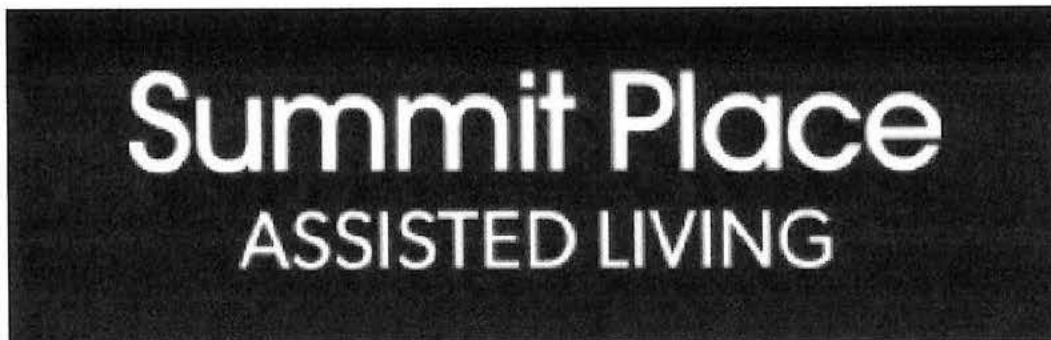
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 90110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/26/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 540 MULLICA HILL ROAD GLASSBORO, NJ 08028
---	---

(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) COMPLETE DATE
A1011	<p>Continued From page 21</p> <p>for every medication in central storage ..."</p> <p>The facility submitted four RP's on the following dates that were unacceptable and required revisions as follows:</p> <p>On 11/27/24 RP #1 was received and unacceptable. On 12/01/24 RP #2 was received and unacceptable. On 12/03/24 RP #3 was received and unacceptable. On 12/05/24 RP #4 was received and unacceptable.</p> <p>On 12/26/24 the facility submitted an acceptable revised RP#5 that included an investigation into the narcotic record discrepancies that were reported to the Drug Enforcement Agency (DEA). In addition, the RP included staff education in coordination with a Consultant Pharmacist regarding administration and accountability of controlled substances. Additionally, medication administration staff were re-trained on facility policy and procedures for controlled substance management, medication disposal and destruction, appropriate controlled substance documentation, and record retention.</p>	A1011		

DOC #3 received 1/31/25

Accepted
1/31/25



Plan of Correction Revised 12/26/2024

A310 8:36-3.4 (a)(1) Administration

1. Resident #3 was not harmed in this event. Resident #3 is no longer living in facility, resident is NJ Ex Order 26.4b1 / Ex Order 26.4B1.

2. All residents have the potential to be affected.

3. New administrator (effective January 2, 2025) will ensure that team is trained as required in NJ State Regulations. Further, the administrator will learn and familiarize self with Discovery Senior Living policies and procedures (by accessing and reading relevant policies as provided in Policy and Procedure portal available on Administrator website at Discovery Senior Living) as it pertains to Documentation Retention, MP30-Controlled Substance Management, and MP21-Medication Disposal and Destruction. Staff Training on Documentation Retention, MP30-Controlled Substance Management, and MP21-Medication Disposal and Destruction occurred on 12/3/2024. Training of Tag Medication Administration was performed on 11/29/24. The trainer for both was Dorothy Dilger, RN Director of Health and Wellness.

4. Health and Wellness Director (HWD) has completed appropriate training with clinical team members. DHW/Administrator/Designee will complete an audit of all MAR entries 1x per week culminating in a 100% monthly audit for 3 months, then quarterly ongoing. DHW/Administrator/Designee will complete the Control Substance Count Sheet 5 times per week for accuracy and completion for 4 weeks, then monthly for 3 months, then quarterly ongoing. DHW/Administrator/Designee will complete an audit of Pharmacy delivery inventory sheets 3 times per week for signatures and completion for 4 weeks, then monthly for three months, then quarterly ongoing.

Logs have been developed for all audits including "MAR Entries Audit Log", Control Substance Count Sheet Audit Log", and Pharmacy Delivery Sheets Audit Log".

5. Completion Date of Training 11/29/24 and 12/3/24 and ongoing monthly on the last day of the month, and upon hire weekly, monthly, and quarterly as specified, until 12/31/2035. Approved 1/31/25 KJ

A515 8:36-5.6 (a) General Requirements

1. No residents were identified in this deficient practice.
2. All residents have the potential to be affected.
- 3.

Health and Wellness Director will keep a binder with completed schedules or an electronic record file with completed schedules per regulatory requirements. In situations where there is a need to reference schedules prior to December 2024, the Administrator will reference the payroll records.

The binder designed to store previous schedules was created on January 2, 2025.

4. The Health and Wellness Director is responsible for monitoring the binder to ensure that the completed schedules are placed in the binder after payroll period is completed on a bi-weekly basis. Executive Director will spot check binder for compliance at the completion of each payroll, occurring every 2 weeks until 12/31/25..

5. Completion date: January 1, 2025 and ongoing.

Approved 1/31/25
KJ

A937 8:36-11.5 (a) Pharmaceutical Service

1. Resident #3 is no longer residing in the facility. NJ Ex Order 26.4b1 NJ Ex Order 26.4B1
2. All residents have the potential to be affected.
3. RN was counseled by Regional Health Director on proper policy and procedure on 12/2/24. This conversation was not documented. Medication Pass monitoring was initiated immediately by HWD on 12/2/24. HWD was advised by Executive Director to keep a log book to track medication pass monitoring effective 1/3/25.
4. Health and Wellness Director (HWD) will perform Medication Pass observation for each Medication Tech per regulations effective January 3, 2025. Additionally, HWD will perform med pass supervision of Licensed Practical Nurse (LPNs) 1x per month for 6 months to ensure proper medication administration regime is followed. HWD will keep a binder of medication pass supervision. Administrator will perform random checks of binder monthly.

HWD will hold training monthly, virtually or in person, to educate Medication Techs about common medications used for the elderly, including potential side effects and best practices as recommended by Pharmacist Consultant. Upon receipt of an unfamiliar medication, HWD will review medication administration processes and

potential side effects with Med Techs immediately. HWD will be responsible for maintaining log books including in-service information and sign in sheets. HWD will attend NJ State training for Med Tech supervision "Train the Trainer" in March 20, 2025.

5. Completion Date: [REDACTED] additional training for HWD will occur on March 20, 2025

Approved 1/31/25
KJ

A0945 8:36-11.5 (b)(5) Pharmaceutical Services

1. No residents were affected in this deficient practice.
2. All residents have the potential to be affected.
3. Health and Wellness Director (HWD)(RN) has completed appropriate training with clinical team members on Documentation Retention, MP30-Controlled Substance Management, and MP21-Medication Disposal and Destruction occurred on 12/3/2024. Training of Tag Medication Administration was performed on 11/29/24. On 12/3/2025. RN was counseled by Regional Health Director on proper policy and procedure including Documentation Retention, MP30-Controlled Substance Management, and MP21-Medication Disposal and destruction, and Medication Pass Observation requirements, on 12/2/24. Medication Pass monitoring was initiated immediately by HWD on 12/2/24. HWD was advised by Executive Director to keep a logbook to track medication pass monitoring effective 1/3/25. Additionally, Logs have been developed for all audits including "MAR Entries Audit Log", Control Substance Count Sheet Audit Log", and Pharmacy Delivery Sheets Audit Log" will be utilized to ensure compliance.

Health and Wellness Director (HWD) will perform Medication Pass observation for each Medication Tech per regulations effective January 3, 2025. Additionally, HWD will perform med pass supervision of Licensed Practical Nurse (LPNs) 1x per month for 6 months to ensure proper medication administration regime is followed. HWD will keep a binder of medication pass supervision. Administrator will perform random checks of binder monthly.

HWD will hold training monthly, virtually or in person, to educate Medication Techs about common medications used for the elderly, including potential side effects and best practices as recommended by Pharmacist Consultant. Upon receipt of an unfamiliar medication, HWD will review medication administration processes and potential side effects with Med Techs immediately. HWD will be responsible for maintaining log books including in-service information and sign in sheets. HWD will attend NJ State training for Med Tech supervision "Train the Trainer" in March 2025.

The HWD and Administrator will utilize the new hire checklist for Med Techs to ensure that the Med Techs are trained in proper policy and procedure.

HWD will keep a log of weekly medication review performed with Med Techs regarding any changes in medications or additions to the MAR, as well as other delegated tasks.

The administrator will request log on an unannounced basis to ensure procedure is followed 1x monthly and ongoing until December 31, 2025.

Completion Date: NJ Ex Order 26.4B1

Approved 1/31/25
KJ

A947 8:36-11.5 (b)(5) Pharmaceutical Services

1. No resident was identified in this deficiency.
2. All residents have the potential to be affected.
3. Health and Wellness Director has completed appropriate training with clinical team members. Health and Wellness Director will ensure documents are complete by utilizing "MAR Entries Audit Log", Control Substance Count Sheet Audit Log", and Pharmacy Delivery Sheets Audit Log. RN was counseled by Regional Health Director on proper policy and procedure including Documentation Retention, MP30-Controlled Substance Management, and MP21-Medication Disposal and destruction, and Medication Pass Observation requirements, on 12/2/24. on 12/2/24. Medication Pass monitoring was initiated immediately by HWD on 12/2/24. HWD was advised by Executive Director to keep a log book to track medication pass monitoring effective 1/3/25.
4. Health and Wellness Director (HWD) will perform Medication Pass observation for each Medication Tech per regulations effective January 3, 2025. Additionally, HWD will perform med pass supervision of Licensed Practical Nurse (LPNs) 1x per month for 6 months to ensure proper medication administration regime is followed. HWD will keep a binder of medication pass supervision. The administrator will perform random checks of binder monthly.

HWD will hold training monthly, virtually or in person, to educate Medication Techs about common medications used for the elderly, including potential side effects and best practices as recommended by Pharmacist Consultant. Upon receipt of an unfamiliar medication, HWD will review medication administration processes and potential side effects with Med Techs immediately. HWD will be responsible for maintaining log books including in-service information and sign in sheets. HWD will attend NJ State training for Med Tech supervision "Train the Trainer" in March 20, 2025.

The HWD and Administrator will utilize the new hire checklist for Med Techs to ensure that the Med Techs are trained in proper policy and procedure.

HWD will keep a log of weekly medication review performed with Med Techs regarding any changes in medications or additions to the MAR, as well as other delegated tasks.

The administrator will request log on an unannounced basis to ensure procedure is followed 1x monthly and ongoing until December 31, 2025.

5. Completion Date NJ Ex Order 26. 4B1

Approved 1/31/25
KJ

A1011 8:36-11.7 (k) Pharmaceutical Services

1. Resident #3 is no longer residing in the facility. NJ Ex Order 26.4b1
2. All residents have the potential to be affected by this deficiency.
3. Health and Wellness Director (HWD) has completed appropriate training with clinical team members, including Licensed Practical Nurse, on Documentation Retention, MP30-Controlled Substance Management, and MP21-Medication Disposal and Destruction on 12/3/2024. Training of Tag Medication Administration was performed on 11/29/24.. RN was counseled by Regional Health Director on proper policy and procedure including Documentation Retention, MP30-Controlled Substance Management, and MP21-Medication Disposal and destruction, and Medication Pass Observation requirements, on 12/2/24. Logs have been developed for all audits including "MAR Entries Audit Log", Control Substance Count Sheet Audit Log", and Pharmacy Delivery Sheets Audit Log".

Medication Pass monitoring was initiated immediately by HWD on 12/2/24. HWD was advised by Executive Director to keep a log book to track medication pass monitoring effective 1/3/25.

Health and Wellness Director (HWD) will perform Medication Pass observation for each Medication Tech per regulations effective January 3, 2025. Additionally, HWD will perform medication pass supervision of Licensed Practical Nurse (LPNs) 1x per month for 6 months to ensure proper medication administration regime is followed. HWD will keep a binder of medication pass supervision. Administrator will check med pass supervision binder monthly on the last day of the month.

4. HWD will hold training monthly, virtually or in person, to educate Medication Techs about common medications used for the elderly, including potential side effects and best practices as recommended by Pharmacist Consultant. Upon receipt of an unfamiliar medication, HWD will review medication administration processes and

potential side effects with Med Techs immediately. HWD will be responsible for maintaining log books including in-service information and sign in sheets. HWD will attend NJ State training for Med Tech supervision "Train the Trainer" in March 2025.

The HWD and Administrator will utilize the new hire checklist for Med Techs to ensure that the Med Techs are trained in proper policy and procedure effective 1/3/25.

HWD will keep a log of weekly medication review performed with Med Techs regarding any changes in medications or additions to the MAR, as well as other delegated tasks effective 1/3/25.

The administrator will request log on an unannounced basis to ensure procedure is followed 1x monthly and ongoing until December 31, 2025.

Approved 1/31/25
KJ

5. *Completion Date* NJ Ex Order 26. 4B1

LPN who admitted to mistakenly placing wrong dates/signing in wrong areas was re-educated regarding controlled substance record keeping as it pertains to signing in designated areas and informing the RN of any discrepancies. 12/2/24 HWD has received council regarding overall supervisory responsibilities of the clinical team 1/3/25.

*Completion Date: Immediately on 12/2/24 and ongoing for 6 months effective 1/10/25.
Administrator will assume responsibility for spot checking the records monthly until 12/31/25.*

Respectfully submitted,

Denise Kaizar, CALA

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 90110	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/31/2025
---	---	------------------------------

NAME OF FACILITY SUMMIT PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 540 MULLICA HILL ROAD GLASSBORO, NJ 08028
----------------------------------	---

This report is completed by a State surveyor to show those deficiencies previously reported 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 State Survey Report (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 A0937	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 8:36-11.5(a)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	12/03/2024	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 <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 12/26/2024	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO
---	--

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 90110	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/31/2025
---	---	------------------------------

NAME OF FACILITY SUMMIT PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 540 MULLICA HILL ROAD GLASSBORO, NJ 08028
----------------------------------	---

This report is completed by a State surveyor to show those deficiencies previously reported 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 State Survey Report (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 A0310	Correction	ID Prefix A0515	Correction	ID Prefix A0937	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-5.6(a)	Completed	Reg. # 8:36-11.5(a)	Completed
LSC	12/03/2024	LSC	01/01/2025	LSC	12/03/2024
ID Prefix A0945	Correction	ID Prefix A0947	Correction	ID Prefix A1011	Correction
Reg. # 8:36-11.5(b)(5)	Completed	Reg. # 8:36-11.5(b)(6)	Completed	Reg. # 8:36-11.7(k)	Completed
LSC	01/03/2025	LSC	01/03/2025	LSC	01/03/2025
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 <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 12/26/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		