

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315152	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/19/2024
NAME OF PROVIDER OR SUPPLIER Careone at Wellington		STREET ADDRESS, CITY, STATE, ZIP CODE 301 Union Street Hackensack, NJ 07601	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>48617</p> <p>Complaint #: NJ00179638</p> <p>Based on interviews, record review and review of pertinent facility documents on 11/18/2024 and 11/19/2024, it was determined that the facility failed to ensure the safety of a resident (Resident #1) when: (a) the Resident took his/her p.o. [by mouth] medication with a clear liquid which was given by Registered Nurse (RN) #1. Resident #1 drank the liquid and reported a burning sensation when swallowing and notified RN #1. It was revealed the clear liquid was a Dakin's solution [a wound cleanser solution] half-strength (Sodium Hypochlorite 0.25%); (b) RN #1 did not follow facility's proper procedure in preparing liquid solutions for wound care, and (c) RN #1 did not follow facility's procedure in accordance to professional standards of nursing practice in administration of medication in a safe and timely manner. Resident #1 did not require hospitalization after this incident.</p> <p>The deficient practice was evidenced by the following:</p> <p>According to the FRE (facility reported event), submitted to the New Jersey Department of Health (NJ DOH) on 10/29/2024 by the facility, under the Type of Incident: Other, Specify: accidental ingestion of substance and Narrative: [Name of Resident #1] .admitted on .with Dx: Aftercare following joint replacement surgery, acute and subacute endocarditis, rt [right] femur FX [fracture], ex iv [intravenous] drug use and a BIMS [Brief Interview of Mental Status] of 15. At 2:50 pm [afternoon] on 10/28/24, [initials of Resident #1] took P.O. [by mouth] medications with approximately 30-60 mls (millimeters) of clear liquid. [Initials of Resident #1] reportedly swallowed the liquid and reported a burning sensation when swallowing. He/she notified the nurse, [initials of RN #1] and threw the cup with the remaining liquid in the garbage. Investigation revealed the clear liquid was Dakin's solution 1/2 strength (Sodium Hypochlorite 0.25%). NP [nurse practitioner in house], primary care physician and poison control immediately notified . The FRE further indicated under the Narrative .3) .After a thorough investigation it has been determined the Dakins solution 1/2 strength (approx. 30-60 mls) was poured in the 7oz cup by [initials of RN #1 at the treatment cart. [Initials of Resident #1] interrupted the nurse and asked for the pain medication. [RN #1] carried the cup and the wound care supplies over to the medication cart to review the MAR [medication administration record] and placed the cup on top of the cart. The cup was inadvertently handed to [Resident #1] instead of water when [RN #1] administered [Resident #1]'s medication.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/18/2024, a review of the Resident's Admission Record (AR), Resident #1 was admitted to the facility with the following diagnoses that included but not limited to: Fracture of Unspecified Part of Neck of Right Femur, Hypertensive Heart Disease without Heart Failure, Bacteremia, and Repeated Falls.</p> <p>A review of Resident #1's Minimum Data Set (MDS), an assessment tool that provides a comprehensive assessment of a resident's functional capabilities, dated 11/03/2024, indicated Resident #1's Cognitive Skills for Daily Decision Making was independent. The MDS further revealed in Section GG-Functional Abilities, Resident #1 required supervision or touching assistance in his/her completion of Activities of Daily Living (ADLs).</p> <p>A review of Resident #1's Progress Notes (PN) dated 11/03/2024 and documented electronically by Licensed Practical Nurse (LPN) #1, pt educated by primary nurse and this undersign regarding risk of going out on pass without assistance .pt agitated and requested to go AMA [against medical advice] .pt gathered belongings and took personal rolling walker outside facility .pt aware he cannot return upon AMA.</p> <p>On 11/18/2024, the Surveyor was notified by the Director of Nursing (DON) and License Nursing Home Administrator (LNHA) that RN #1 no longer worked in the facility and was terminated effective 11/08/2024. The DON further stated RN #1 stopped communicating with them and never answered their phone calls after the incident.</p> <p>On 11/18/2024, the Surveyor made call to RN#1 and call was not returned.</p> <p>On 11/18/2024 at 10:30 a.m. [morning], the Surveyor in the presence of RN #2 Unit Manager (UM), made a tour of nursing unit [3rd floor Sub Acute]. RN #2 UM stated there were three medications carts and one treatment cart. The Surveyor checked the treatment cart in the presence of the RN #2 UM and observed treatment and wound supplies in the cart and no residents' medications identified. The surveyor didn't observe any residents on the floor wandering near the carts.</p> <p>The Surveyor furthermore checked the medication carts and observed the following findings:</p> <p>At 10:46 a.m., [Med Cart B] - no treatment and wound supplies identified in the cart.</p> <p>At 10:50 a.m., [Med Cart C] - no treatment and wound supplies identified in the cart.</p> <p>At 10:52 a.m., [Med Cart A] - no treatment and wound supplies identified in the cart.</p> <p>On 11/18/2024 at 1:18 p.m. [afternoon], the Surveyor observed LPN #2, the regular nurse with medication cart [Med Cart C], performed wound care to a non-sampled resident [SR].</p> <p>In an interview with the Surveyor on 11/18/2024 at 1:44 p.m. [afternoon], RN #2 Unit Manager (UM) stated medication cart is only for medications, treatment cart used for doing treatments, there should not be any treatment supplies on top of medication cart and take the treatment cart when doing the wound care.</p> <p>(continued on next page)</p>

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview with the Surveyor on 11/18/2024 at 3:36 p.m. [afternoon], the DON in the presence of the Licensed Nursing Home Administrator (LNHA), stated, when asked regarding wound care specifically with use of liquid wound solution such as Dakin's, not normal to pour solution in drinking cup, RN did not follow proper procedure in wound care. RN made a mistake in giving the cup with Dakin's. I tried to reach out to RN to get more information after her initial statement but she never picked up or returned our calls.</p> <p>In an interview with the Surveyor on 11/19/2024 at 6:54 a.m., Resident #1's attending physician (AP), stated he was made aware right away of the Resident's incident and gave orders immediately. He further stated he gave orders based on the poison control recommendations and I went to see and checked [Resident's name] right away.</p> <p>A review of facility's policy on Wound Care, its Purpose .is to provide guidelines for the care of wounds .; under Preparation: .3. Assemble the equipment and supplies as needed . (Note: This may be performed at the treatment cart.); under Steps in the Procedure: 1. Use disposable cloth (paper towel is adequate) to establish clean field on resident's overbed table. Place all items to be used during procedure on the clean field .8. Pour liquid solutions directly on gauze sponges on their papers; 9. Wear exam gloves for holding gauze to catch irrigation solutions that are poured directly over the wound .</p> <p>A review of facility's policy on Administering Medications, its Policy Statement: Medications are administered in a safe and timely manner, and as .; under Policy Interpretation and Implementation: .19. During administration of medications, the medication cart is kept closed .No medications are kept on top of the cart .</p> <p>N.J.A.C. 8:39-27.1(a)</p>		