

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/22/2025
NAME OF PROVIDER OR SUPPLIER Autumn Lake Healthcare at Southgate		STREET ADDRESS, CITY, STATE, ZIP CODE 449 S Pennsville-Auburn Road Carneys Point, NJ 08069	
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)		
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50267</p> <p>Complaint #: NJ186169</p> <p>Based on interviews, review of the Medical Records (MR), and pertinent facility documents on 5/22/2025, it was determined that the facility failed to ensure that the medication ordered by the physician was received and available to be administered for 1 out of 3 sampled residents (Resident #2). The deficient practice was evidenced by the following:</p> <p>According to Resident #2's MR, Resident #2 had diagnoses which included but were not limited to Chronic Kidney Disease, Aneurysm of Artery of Lower Extremity, and Peripheral Vascular Disease, Unspecified.</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated 4/24/2025, Resident #2 had a Brief Interview for Mental Status (BIMS) score of 15/15, indicating Resident #2 was cognitively intact.</p> <p>A review of Resident #2's Order Summary Report (OSR) received on 5/22/2025 from the Director of Nursing (DON), indicated, Xarelto Tablet 20MG (Milligram)(Rivaroxaban) give 1 tablet by mouth one time a day for Afib (Atrial fibrillation - an irregular and often very rapid heart rhythm), with an order date of 9/16/2021.</p> <p>A review of Resident #2's Medication Administration Report (MAR) schedule for 5/2025, indicated a blank and there was no Xarelto Tablet 20MG administered on 5/2/2025 for the 3:00 p.m. to 11:00 p.m. shift.</p> <p>During an interview with the surveyor on 5/22/25 at 1:52 p.m., the Director of Nursing (DON) stated, if a medication was ordered for a resident and it was not available on the medication cart, the nurse is expected to look in the back up Pixes/filing cabinet, contact pharmacy to see if and when the medication was coming. If there is a missed dose, the nurse should call the doctor and make doctor aware.</p> <p>During an interview with the surveyor on 5/22/25 at 2:38 p.m., the Infection Preventionist (IP) nurse stated, we attempted to borrow, but none was available on any other unit.</p> <p>During the Exit Conference with surveyor on 5/22/25, the Administrator indicated that the Agency nurse only worked on 5/2/25.</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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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>A review of Resident #2's progress note revealed no documentation on 5/2/25, that the doctor was notified of the missed dose of Xarelto Tablet 20MG.</p> <p>A review of facility's E-Rx Resupply for Resident #2's Xarelto Tablet 20MG, indicated a Message Type RESUPP (Resupply) with Message Date/Time on 5/3/2025 18:18 from Point Click Care (PCC). The same document revealed that the dispense date from the contracted Pharmacy was on 5/4/25.</p> <p>A review of facility's Manifest: [NAME] Lake at [NAME] - 2nd Floor revealed a staff signed manually that Resident #2's Xarelto Tab 20MG was received from the contracted Pharmacy on 5/3/25.</p> <p>A review of facility's Manifest: [NAME] Lake at [NAME] - 2nd Floor revealed a staff signed electronically that Resident #2's Xarelto Tab 20MG was received from the contracted Pharmacy on 5/4/25.</p> <p>A review of the facility's policy titled Physician Orders updated in April 2024 revealed, All nurses will follow physician orders and recommendations.</p> <p>NJAC 8:39-27.1(a)</p>		