

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315259	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/14/2024
NAME OF PROVIDER OR SUPPLIER Mountainside Skilled Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 1180 US Highway 22 Mountainside, NJ 07092	
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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. 51144 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 encephalopathy, unspecified (a syndrome of overall brain dysfunction); hepatitis A without hepatic coma (an infectious disease of the liver); type 2 diabetes mellitus with hyperglycemia; legal blindness; and chronic pain syndrome. The most recent Minimum Data Set (MDS), an assessment tool, revealed that Resident #1's Brief Interview for Mental Status (BIMS) was 9 out of 15 indicating that Resident #1's cognition was moderately impaired. Review of the facility's document titled Order Summary Report (OSR), dated 12/04/2024, revealed a provider order for Gabapentin Capsule 100 MG Give 1 capsule by mouth three times a day for muscle pain. This order had a start date of 07/31/2024. Review of the facility's document titled Medication Admin Audit Report (MAAR), dated 11/15/2024, revealed the Gabapentin Capsule 100 MG had Schedule Date(s) (SDs) of 11/08/2024 at 9:00AM and 11/08/2024 at 1:00PM. The MAAR further revealed that Gabapentin Capsule 100 MG had Administration Time(s) (ATs) of 11/08/2024 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: paraplegia, unspecified; idiopathic progressive neuropathy (nerve damage that causes weakness, numbness, and pain); restless leg syndrome; and other chronic pain. The most recent MDS revealed that Resident #2's BIMS was 15 out of 15, which indicated that Resident #2's cognition was intact. (continued on next page)		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 315259	Facility ID: 315259 If continuation sheet Page 1 of 3

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility's OSR for Resident #2, dated 12/04/2024, revealed a provider order for Gabapentin Oral Capsule 300 MG Give 2 capsules by mouth three times a day for neuropathy. This order had a start date of 10/17/2024. Review of the facility's MAAR document for Resident #2, dated 11/15/2024 revealed that the Gabapentin Capsule 300 MG had SDs of 11/08/2024 at 9:00AM and 1:00PM. The MAAR further revealed that Gabapentin Capsule 300 MG had ATs of 11/08/2024 at 12:50PM for both the 9:00 AM and 1:00PM doses. Review of the facility's OSR for Resident #2, dated 12/04/2024, revealed a provider order for Carvedilol Oral Tablet 6.25 MG (Carvedilol), Give 1 tablet by mouth two times a day for HTN (hypertension/high blood pressure) HOLD IF SBP (systolic blood pressure) 110. This order had a start date of 07/10/2024. Review of the facility's MAAR document for Resident #2, dated 11/15/2024, revealed that Carvedilol Oral Tablet had a SD of 11/08/2024 at 9:00AM. The MAAR further revealed that Carvedilol Oral Tablet had an AT of 11/08/2024 at 12:53PM for the 9:00 AM dose. Review of the facility's OSR for Resident #2, dated 12/04/2024, revealed a provider order for OxyCONTIN Oral Tablet ER 12 Hour Abuse-Deterrent 10MG (Oxycodone HCl), Give 1 tablet by mouth two times a day for pain. This order had a start date of 05/17/2024. Review of the facility's MAAR document for Resident #2, dated 11/15/2024 revealed that for OxyCONTIN Oral Tablet ER 12 Hour Abuse-Deterrent 10MG had a SD of 11/08/2024 at 10:00AM. The MAAR further revealed that OxyCONTIN Oral Tablet ER 12 Hour Abuse-Deterrent 10MG had an AT of 11/08/2024 at 12:50PM for the 10:00 AM dose. The PN's for Resident #2 revealed no documentation related to the administration times of the Gabapentin, Carvedilol, or Oxycontin on 11/08/2024. During an interview on 11/14/2024 at 11:02 AM, Resident #2 stated last Friday (11/08/2024) 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 Director of Nursing (DON) stated that the SD as shown on the MAAR was the ordered and expected administration time of medications. The DON stated that the AT was the time the medication was administered to the resident. The DON 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 DON confirmed the aforementioned ATs of medications for Resident #1 and Resident #2. The DON confirmed that giving medication at the wrong 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 [.] (continued on next page)		

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

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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)		