| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 315448 | A. Building<br>B. Wing | 09/06/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Riverview Estates Rehab and Senior Living Center | 303 Bank Ave<br>Riverton, NJ 08077 |

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 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure services provided by the nursing facility meet professional standards of quality.<br><br>50919<br><br>Based on interviews, medical record review, and review of other pertinent facility documentation, it was determined that the facility failed to follow professional standards of practice for documenting wound care on the Electronic Treatment Administration Record (TAR). This deficient practice was identified for 1 of 1 resident reviewed for wound care (Resident #15).<br><br>This deficient practice was evidenced by the following:<br><br>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist.<br><br>Reference: New Jersey Statutes Annotated Title 45. Chapter 11. New Jersey Board of Nursing Statutes 45:11-23. Definitions b. The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribe by a licensed or otherwise legally authorized physician or dentist. Diagnosing in the context of nursing practice means that identification of and discrimination between physical and psychosocial signs and symptoms essential to effective execution and management of the nursing regimen. Such diagnostic privilege is distinct from a medical diagnosis. Treating means selection and performance of those therapeutic measures essential to the effective management and execution of the nursing regimen. Human response means those signs, symptoms and processes which denote the individual's health need or reaction to an actual or potential health problem.<br><br>According to the Admission Record (AR), Resident #15 was admitted to the facility with diagnoses which included but were not limited to, Unspecified Dementia (loss of thinking ability, memory, attention, logical reasoning, and other mental abilities), Major Depressive Disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), and Diabetes (high blood sugar levels).<br><br>(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 |
|---|---|---|

| 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 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | A review of Resident #15's most recent Quarterly Minimum Data Set (MDS), an assessment tool dated 06/04/2024 revealed that the resident had a Brief Interview for Mental Status (BIMS) score of 2 out of 15, which indicated the resident's cognition was severely impaired.<br><br>A review of the Order Summary Report (OSR) Active Orders as of 09/05/2024 included but were not limited to the following Physician's Orders (POS):<br><br>-Low Air Loss Scoop Mattress every shift for monitoring.<br><br>-Cleanse right posterior shoulder with wound cleanser, apply zinc and optifoam daily every day shift for wound care.<br><br>-Cleanse right lateral foot with wound cleanser, apply Medi Honey and cover with optifoam daily every day shift for wound care.<br><br>The surveyor reviewed Resident #15's August 2024 TAR on 09/04/2024, and it revealed blank spaces for the following treatment orders on 08/27/2024 and 08/31/2024 for day shift:<br><br>-Low Air Loss Scoop Mattress every shift for monitoring.<br><br>-Cleanse right posterior shoulder with wound cleanser, apply zinc and optifoam daily every day shift for wound care.<br><br>-Cleanse right lateral foot with wound cleanser, apply Medi Honey and cover with optifoam daily every day shift for wound care.<br><br>The surveyor reviewed Resident #15's August 2024 progress notes (PNs) which revealed no documentation that the treatment orders were administered on 08/27/2024 and 08/31/2024.<br><br>During an interview with the surveyor on 09/05/2024 at 1:04 PM, in the presence of the survey team and the Licensed Nursing Home Administrator (LNHA), the Director of Nursing (DON) stated that the expectation for nurses after performing treatments was that they document in the Electronic Medical Record (EMR) on the TAR. The DON further stated that if there were blank spaces on the TAR there should be a reason documented to why the treatment was not given. The DON stated a blank space on the TAR would have indicated that the treatment was not done.<br><br>On 09/06/2024 at 9:10 AM, the DON brought the surveyor an audit report titled Medication Administration Audit Report (MAAR) for Resident #15 with schedule date of 08/27/2024-09/05/2024. The MAAR revealed the following:<br><br>- An order for Low Air Loss Scoop Mattress every shift for monitoring with a scheduled date of 08/27/24 at 07:00 revealed an administration date of 09/05/2024 at 16:02 and documented time of 09/05/2024 at 16:02.<br><br>-An order to cleanse right lateral foot with wound cleanser, apply Medi Honey and cover with optifoam daily every day shift for wound care with a scheduled date of 08/27/2024 at 07:00 revealed an administration date of 09/05/2024 at16:02 and documented time of 09/05/2024 at 16:02.<br><br>(continued on next page) |

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| F 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | -An order to cleanse right posterior shoulder with wound cleanser, apply zinc and optifoam daily every day shift for wound care with a scheduled date of 08/27/2024 at 07:00 revealed an administration date of 09/05/2024 at 16:02 and documented time of 09/05/2024 at 16:02.<br><br>- An order for Low Air Loss Scoop Mattress every shift for monitoring with a scheduled date of 08/31/24 at 07:00 revealed an administration date of 09/05/2024 at 15:40 and documented time of 09/05/2024 at 15:41.<br><br>- An order to cleanse right lateral foot with wound cleanser, apply Medi Honey and cover with optifoam daily every day shift for wound care with a scheduled date of 08/31/2024 at 07:00 revealed an administration date of 09/05/2024 at15:39 and documented time of 09/05/2024 at 15:41.<br><br>- An order to cleanse right posterior shoulder with wound cleanser, apply zinc and optifoam daily every day shift for wound care with a scheduled date of 08/31/2024 at 07:00 revealed an administration date of 09/05/2024 at 15:39 and documented time of 09/05/2024 at 15:41.<br><br>During an interview with the surveyor on 09/06/2024 at 9:12 AM, in the presence of the survey team and the Licensed Nursing Home Administrator (LNHA), the Director of Nursing (DON) stated there were no blank spaces in the TAR that was given to the surveyor because the DON spoke with the nurse assigned to Resident #15 on 08/27/2024 and 08/31/2024 on day shift. DON further stated the nurse told the DON that the treatments for Resident #15 were completed on 08/27/2024 and 08/31/2024 on day shift and the nurse had forgotten to sign the TAR. The DON confirmed that the standard of care was that the nurses were to sign the TAR after treatments were completed.<br><br>A review of facility policy titled Charting and Documentation with revised date of 01/2024, revealed under Policy Interpretation and Implementation,2. The following information is to be documented in the resident medical record: b. Medications administered c. Treatments or services performed 3. Documentation in the medical record will be objective, complete, and accurate. 5. Documentation of the procedures and treatments will include care-specific details, including: a. The date and time the procedure/treatment was provided; b. The name and title of the individual(s) who provided the care.<br><br>NJAC 8:39-29.2(d) |

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| F 0695<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide safe and appropriate respiratory care for a resident when needed.<br><br>34423<br><br>Based on observation, interview, review of the medical record and other facility documentation, it was determined that the facility failed to A.) follow a physician order for PRN (as needed) oxygen use for 1 of 2 residents reviewed for Respiratory Care and B.) failed to implement infection control measures for the handling and storage of respiratory equipment for 2 of 2 residents reviewed for Respiratory Care, (Resident #18 and Resident # 5). This deficient practice was evidenced by the following:<br><br>A. During the initial tour of the unit on 09/03/2024 at 06:55 PM, Surveyor #1 observed nebulizer mask dated 8/29 sitting on top of the nebulizer machine uncovered and exposed in Resident #18's room.<br><br>A review of Resident #18' Electronic Medical Record (EMR) on 09/04/2024 at 11:07 AM revealed the following:<br><br>According to the Admission Record, Resident #18 was admitted to the facility with diagnoses including but not limited to: Chronic Obstructive Pulmonary Disease (COPD).<br><br>A review of the most recent Minimum Data Set (MDS), an assessment tool used to facilitate care dated 08/06/2024, revealed Resident #18 had severely impaired cognition. The MDS further revealed under section O no to oxygen used while a resident.<br><br>A review of an Order Summary Report with Active Orders as of 09/05/2024 revealed a physician order with start date of 6/27/2024 to Administer oxygen PRN 2L (liters) via NC (nasal Cannula) as needed for SOB (shortness of breath), dyspnea (shortness of breath, or the feeling of not being able to breathe well enough), SpO2 (a measurement of the percentage of oxygen in your blood, or oxygen saturation.) <93%.<br><br>A review of the Medication Administration Records (MAR) revealed a physician order for Administer oxygen PRN 2L via NC as needed for SOB, SpO2<93 %. Under the Hours column indicated O2 sats and PRN. A further review of the MARS for June 2024, July 2024, August 2024 and September 2024 did not include documentation that the resident required oxygen.<br><br>A review of the O2 (oxygen) Sats (saturation) Summary revealed that on the following dates Resident #18 used oxygen with a SpO2 above 93%: 6/28/2024, 6/29/2024, 6/30/2024. In July 7/1/2024 through 7/8/2024, 7/15/2024, 7/18/2024 through 7/23/2024, 7/25/2024, 7/27/2024 through 7/31/2024. In August 8/1/2024. 8/2/2024, 8/5/2024 through 8/7/2024, 8/10/2024 through 8/8/22/2024, 8/25/2024 through 8/31/2024. In September 9/3/2024.<br><br>A review of the Nursing Progress notes from 6/28/2024 did not include documentation that Resident #18 had SOB, Dyspnea or SpO2 <93%.<br><br>(continued on next page) |

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| F 0695<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | A review of Resident #18's care plan revealed a focus area of [Resident name] has oxygen therapy r/t (related to) CHF (congestive Heart Failure), COPD, Hx (history) of Aspiration PNA (pneumonia) with a Date Initiated: 05/09/2024 and Revision on: 05/27/2024. Under the Goal section the resident will have no s/sx (signs/symptoms) of poor oxygen absorption through the review date. Interventions included but were not limited to: Monitor for s/sx of respiratory distress and report to MD PRN: Respirations, Pulse oximetry, Increased heart rate (Tachycardia), Restlessness, Diaphoresis, Headaches, Lethargy, Confusion, Atelectasis, Hemoptysis, Cough, Pleuritic pain, Accessory muscle usage, Skin color. OXYGEN SETTINGS: O2 via (SPECIFY: nasal cannula) @ 2L (SPECIFY: Constant).<br><br>A review of a facility policy on 09/05/2024 at 09:26 AM, titled Oxygen Administration with reviewed/revised date of 4/2024 revealed under the Preparation section 1. Verify that there is a physician's order for this procedure. Under the documentation section Under the Documentation section 5. The reason for p,r,n, administration. 6. All assessment data obtained before, during and after the procedure. 9. The signature and title of the person recording the data.<br><br>During an interview with Surveyor #1 on 09/05/2024 at 12:15 PM, Licensed Practical Nurse (LPN #1) was asked What is the facility procedure/policy for storing respiratory equipment such as oxygen or nebulizer when not in use. LPN #1 responded it should be stored in bag, labeled with date. It is changed I want to say every 3 days, but I am not sure, they do it on overnight shift.<br><br>B. On 09/04/2024 at 09:27 AM, Surveyor #2 observed Resident #5 seated in their wheelchair in their room. Resident #5s nebulizer mask was observed on the bedside table. Resident #5 stated he/she had a treatment last night. The mask was on top of the nebulizer machine and was uncovered and exposed while not in use.<br><br>According to the Admission Record, Resident #5 was admitted to the facility with the following but not limited to diagnoses: Malignant neoplasm of unspecified part of unspecified bronchus or lung, unspecified dementia, heart failure, chronic obstructive pulmonary disease, and chronic respiratory failure with hypoxia (a condition in which the body or a region of the body is deprived of adequate oxygen supply at the tissue level).<br><br>A review of the MDS, an assessment tool, dated 8/27/2024, revealed Resident #5 had a Brief Interview for Mental Status score of 11/15, indicating moderate cognitive impairment. Resident #5 was dependent for toileting hygiene. Section O of the MDS revealed Resident #5 received oxygen therapy while a resident at the facility.<br><br>A review of the Order Summary Report with active orders as of 09/06/2024 revealed that Resident #5 had the following physician order: Budesonide Inhalation Suspension 0.5 MG (milligram)/2ML (milliliter) (Budesonide (Inhalation)) 1 vial inhale orally every 12 hours related to chronic obstructive pulmonary disease with (acute) exacerbation (J44.1) Rinse mouth after use. Order Date: 05/29/2024.<br><br>According to the 9/1/2024- 9/30/2024 Medication Administration Record, Resident #5 received Budesonide Inhalation Suspension 0.5 MG/2ML (Budesonide Inhalation)) 1 vial inhale orally every 12 hours on 9/1 through 9/6/2024 at 0900 and 2100.<br><br>(continued on next page) |

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| F 0695<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | A review of the comprehensive care plan revealed that Resident #5 had the following care plan Focus: [resident name] has altered respiratory status/difficulty breathing use of nasal cannula r/t (related to) chronic obstructive pulmonary disease with (acute) exacerbation, chronic respiratory failure with hypoxia, Revision on:04/02/2023. The following was revealed under Interventions/Tasks: Administer medication/puffers as ordered. Monitor for effectiveness and side effects. Revision on: 11/1/2022.<br><br>On 09/05/2024at 09:06 AM Surveyor #2 went to Resident #5's room. Resident #5 was not in their room on this observation. The nebulizer mask was observed on the bed side table and was stored in plastic bag while not in use.<br><br>On 09/05/2024 at 12:17 PM Surveyor #2 entered Resident #5's room after knocking. Resident #5 was out of the room at this time. The surveyor observed the nebulizer mask on bedside table and in a plastic bag while not in use.<br><br>40039<br><br>B. On 09/04/2024 at 09:27 AM, Surveyor #2 observed Resident #5 seated in their wheelchair in their room. Resident #5s nebulizer mask was observed on the bedside table. Resident #5 stated he/she had a treatment last night. The mask was on top of the nebulizer machine and was uncovered and exposed while not in use.<br><br>According to the Admission Record, Resident #5 was admitted to the facility with the following but not limited to diagnoses: Malignant neoplasm of unspecified part of unspecified bronchus or lung, unspecified dementia, heart failure, chronic obstructive pulmonary disease, and chronic respiratory failure with hypoxia (a condition in which the body or a region of the body is deprived of adequate oxygen supply at the tissue level).<br><br>A review of the MDS, an assessment tool, dated 8/27/2024, revealed Resident #5 had a Brief Interview for Mental Status score of 11/15, indicating moderate cognitive impairment. Resident #5 was dependent for toileting hygiene. Section O of the MDS revealed Resident #5 received oxygen therapy while a resident at the facility.<br><br>A review of the Order Summary Report with active orders as of 09/06/2024 revealed that Resident #5 had the following physician order: Budesonide Inhalation Suspension 0.5 MG (milligram)/2ML (milliliter) (Budesonide (Inhalation)) 1 vial inhale orally every 12 hours related to chronic obstructive pulmonary disease with (acute) exacerbation (J44.1) Rinse mouth after use. Order Date: 05/29/2024.<br><br>According to the 9/1/2024- 9/30/2024, Medication Administration Record, Resident #5 received Budesonide Inhalation Suspension 0.5 MG/2ML (Budesonide Inhalation)) 1 vial inhale orally every 12 hours on 9/1 through 9/6/2024 at 0900 and 2100.<br><br>A review of the comprehensive care plan revealed that Resident #5 had the following care plan Focus: [resident name] has altered respiratory status/difficulty breathing use of nasal cannula r/t (related to) chronic obstructive pulmonary disease with (acute) exacerbation, chronic respiratory failure with hypoxia, Revision on:04/02/2023. The following was revealed under Interventions/Tasks: Administer medication/puffers as ordered. Monitor for effectiveness and side effects. Revision on: 11/1/2022.<br><br>(continued on next page) |

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| F 0695<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 09/05/2024 at 09:06 AM, Surveyor #2 went to Resident #5's room. Resident #5 was not in their room on this observation. The nebulizer mask was observed on the bed side table and was stored in plastic bag while not in use.<br><br>On 09/05/2024 at 12:17 PM, Surveyor #2 entered Resident #5's room after knocking. Resident #5 was out of the room at this time. The surveyor observed the nebulizer mask on bedside table and in a plastic bag while not in use.<br><br>On 09/05/2024 at 2:26 PM, Surveyor #2 conducted an interview with Licensed Practical Nurse (LPN #3). The surveyor asked LPN #3 what the facility practice was for residents after they had a received nebulizer treatment. LPN #3 told the surveyor, After a resident receives a nebulizer treatment, we (nurses) go back and check the resident's heart rate, oxygen saturations and lung sounds after the treatment. LPN #3 further stated, The nebulizer mask is cleaned after the procedure with soap and water or a sanitizing wipe, air dried and then it should be stored in a plastic bag on the nebulizer machine. That is completed for each use.<br><br>On 09/05/2024 at 01:22 PM, Surveyor #2 conducted an interview with the facility Director of Nursing (DON) and Licensed Nursing Home Administrator (LNHA). The surveyor asked what the facility policy was for nebulizer masks after treatment and when not in use between treatments. The DON told the surveyors, The policy/practice is to clean the mask with a wipe. After it is cleaned, we store it in a plastic bag between uses. The surveyor then asked the DON what the expectation would be for the nebulizer mask was between treatments. The DON stated, Our expectation is that it would be cleaned and bagged between treatments to make sure it does not get contaminated which could potentially cause contamination to the resident.<br><br>A review of the facility policy titled Nebulizer Administration, reviewed/revised 07/2024, revealed the following under the Purpose heading:<br><br>The purpose of this procedure is to provide guidelines for safe nebulizer administration.<br><br>The following was revealed under the heading Steps in the Procedure:<br><br>18. Rinse nebulizer, mouthpiece, and T piece with tap water and let air dry.<br><br>a. Date and place supplies in a treatment bag.<br><br>NJAC 8:39- 27.1 (a) |

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| F 0727<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.<br><br>34423<br><br>Based on interview and review of Nurse Staffing Report sheets, it was determined that the facility failed to ensure a Registered Nurse (RN) worked 7 days a week for at least 8 consecutive hours a day for 2 of 7 weekends reviewed. This deficient practice was evidenced by the following:<br><br>09/05/24 12:55 PM A review of the Facility Assessment with last reviewed date of 8/7/2024 revealed under the Staffing Plan the following:<br><br>Day RN blank (no numerical indicator)<br><br>LPN 2<br><br>CNA 1 to 8 residents<br><br>Evening RN 0-1<br><br>LPN 2<br><br>CNA 1-10 residents<br><br>Night RN 0-1<br><br>LPN 2<br><br>CNA 3 (no ratio provided)<br><br>A review of the Nurse Staffing Report for the week of 12/3/2023 through 12/9/2023 revealed that on Satuday 12/9/2023 had all zeros for Day, Evening, and Night shift under RN column.<br><br>A review of the Nurse staffing Report for the week of 08/25/2024 through 08/31/2024 revealed that on 08/31/2024 there were zero's for Day, Evening, and Night shift under the RN column.<br><br>A review of the daily nursing schedule for 12/9/2023 revealed there was no RN on the schedule. The Human Resources/Staffing confirmed there was no RN on the schedule.<br><br>A review the daily nursing schedule showed an RN was scheduled on 08/31/2024. When asked why there was a zero on the Nurse Staffing Report submitted to the survey team, Humand Resources/Staffing checked the RN punch card. The punchcard indicated she called out (did not come to work).<br><br>During an interview with the surveyor on 09/06/2024 at 12:08 PM, the Licensed Nursing Home Administrator said yes, when asked if there was a Registered Nurse (RN) in the building on a daily basis.<br><br>During an interview with the sureveyor on 09/06/2024 at 12:22 PM, the Director of Human Resources/Staffing said yes we always have an RN on duty every day.<br><br>(continued on next page) |

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|---|---|
| F 0727<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | The surveyor requested a copy of the nursing daily schedule for 12/9/2023 and<br><br>08/31/2024.<br><br>A review of a facility policy titled Staffing with a reviewed/revised date of 12/2023 under the Policy & Procedure section:<br><br>The purpose of this policy is to ensure that our facility provides adequate and appropriate staffing levels to meet the needs of residents, in compliance with federal, state, and local regulations. The policy is designed to ensure high-quality care, promote resident safety and well-being, and create a supportive working environment for staff.<br><br>This policy applies to all staff involved in direct resident care, including but not limited to Registered Nurses (RNs), Licensed Practical Nurses (LPNs), Certified Nursing Assistants (CNAs), and other healthcare professionals and support staff employed or contracted by the facility.<br><br>Under 2. Staffing Categories Registered Nurses (RNs): RNs will be available 8 hours a day to provide clinical oversight, care planning, and assessment. A designated RN will serve as the Director of Nursing (DON).<br><br>NJAC 8:39-25.2(h) |

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| Riverview Estates Rehab and Senior Living Center | 303 Bank Ave<br>Riverton, NJ 08077 |

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| F 0756<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.<br><br>40039<br><br>Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to respond to the consultant pharmacist (CP) medication regimen review recommendations (MRR) in a timely manner. This deficient practice was identified for 2 out of 5 residents (Resident #5 and Resident #50) reviewed for unnecessary medications. This deficient practice was evidenced by the following:<br><br>1. On 09/04/2024 at 09:33 AM, the surveyor observed Resident #5 in their room during the initial tour of the facility Resident #5 was polite and cooperative and did not display any aberrant behaviors.<br><br>According to the Admission Record, Resident #5 was admitted to the facility with the following but not limited to diagnoses: Depression, anxiety disorder, unspecified dementia, and major depressive disorder, and functional dyspepsia (pain or burning in the stomach, bloating, excessive belching, or nausea after eating).<br><br>A review of the Minimum Data Set (MDS), an assessment tool dated 8/27/2024, revealed that Resident #5 had a Brief Interview for Mental Status score of 11/15, indicating moderate cognitive impairment. Section N revealed that Resident #5 received a daily antipsychotic, daily antidepressant, and daily antiplatelet medication.<br><br>A review of the Order Summary Report with orders active as of: 09/06/2024, revealed the following physician order for Resident #5: Pantoprazole Sodium Oral Tablet Delayed Release 20 MG (milligram) (Pantoprazole Sodium) Give 1 tablet 1 time a day for GERD (gastroesophageal reflux disease). Oder Date: 08/29/2024.<br><br>09/04/2024 at 11:01 AM, during a review of the past 6 months of the CP MRR the following recommendation was observed for Resident #5 during the recommendations created between 5/1 and 5/17/2024 MRR: Protonix (Pantoprazole Sodium) can be administered without regards to meals. Please update time to 9 AM.<br><br>A review of the Medication Administration Records (MAR) for 5/1/2024 - 5/31/2024, 6/1/2024 - 6/30/2024, 7/1/2024 - 7/31/2024, and 8/1/2024 - 8/31/2024 revealed that Resident #5 had the following active order for 5/2024, 6/2024, and 7/2024: Pantoprazole Sodium Oral Tablet Delayed Release 20 MG (milligram) (Pantoprazole Sodium) Give 1 tablet 1 time a day for GERD (gastroesophageal reflux disease). Start Date: 05/01/2024. Review of the 08/1/2024 - 08/31/2024 MAR revealed the following order: Pantoprazole Sodium Oral Tablet Delayed Release 20 MG (milligram) (Pantoprazole Sodium) Give 1 tablet 1 time a day for GERD (gastroesophageal reflux disease) at 0900. Order Date: 08/29/2024.<br><br>2. On 09/03/2024 at 07:00 PM during the initial tour of the facility, the surveyor observed Resident #50 lying in bed in the lowest position. Resident #50 was asleep at the time and had a Wanderguard (an alarm to prevent elopement) applied to their right ankle.<br><br>(continued on next page) |

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| F 0756<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | A review of the Admission Record revealed that Resident #50 was admitted to the facility with the following but not limited to diagnoses: Anxiety disorder, dementia, depression, and protein-calorie malnutrition.<br><br>A review of the MDS, an assessment tool dated 8/6/2024, revealed Resident #50 had a Brief Interview for Mental Status score of 2/15, indicating severe cognitive impairment.<br><br>On 09/04/2024 at 11:42 AM, the surveyor reviewed the past 6 months of MRR by the facility CP. On 5/17/2024 the CP made the following physician/practitioner recommendation: Valproic acid levels are recommended periodically while being maintained on Depakote. Baseline LFT (liver function tests), coagulation, cbc/diff (complete blood count with differential), and then periodically are recommended as well. Coagulation tests are recommended before surgeries. Review of the recommendation sheet revealed that the practitioner responded on 7/29/2024 as indicated by their date and signature on the CP recommendation sheet. Review of the electronic medical record revealed that Resident #50 had not been ordered any laboratory studies since 6/27/2024. The practitioner did not indicate on the response whether they agreed or disagreed with the CP recommendation. When interviewed concerning whether a physician/prescriber should document a rationale if they disagree with the CP recommendation the facility Director of Nursing told the surveyor, Typically a physician should write something if they disagree.<br><br>During an interview with the facility Director of Nursing (DON) and Licensed Nursing Home Administrator (LNHA) on 09/05/2024 at 01:09 PM, the DON told the survey team that the DON is responsible for monthly pharmacist reports and physician notification. Nursing recommendations from the CP are handled by the DON, unit managers and staff nurses. The DON further stated, The DON is responsible to ensure that the recommendations are completed in a timely manner. When the surveyor asked the DON what they considered a timely manner the DON told the surveyors, I would expect a timely manner to be a couple days depending on the order, a week maximum. A recommendation made in May should be completed in May.<br><br>The surveyor reviewed the facility policy titled Pharmacy Consultant Policy & Procedure, revised 07/2024. The following was observed under the heading OBJECTIVES:<br><br>6. To have the pharmacist find and identify apparent irregularities or potential drug therapy problems i.e. drug interactions with medication and food, laboratory services needed, and recommended drug therapeutic levels. The following was revealed under the heading PROCEDURE:<br><br>8. The pharmacist will provide the DON with Pharmacy recommendation reports on an on-going basis each month. The DON will act upon these recommendations by bringing them to the attention of the attending physician and ensuring any changes are implemented in a timely manner.<br><br>NJAC 8:39-29.3(a)(1) |

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| F 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.<br><br>39460<br><br>Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to properly label, store, and date medication in accordance with manufacturer recommendations. This deficient practice was observed in 1 of 2 medication carts (B/C cart) inspected during the medication storage and labeling task and was evidenced by the following:<br><br>On 9/6/24 at 10:59 AM, in the presence of Licensed Practical Nurse (LPN #2), the surveyor inspected cart B/C. In the third drawer on the left side of the cart the surveyor observed a brown sticky substance stuck to the bottom of the drawer. In addition, while inspecting the remainder of the cart the surveyor found seven and a half loose tablets. Lastly upon controlled substance reconciliation the surveyor located a lorazepam liquid being stored on the medication cart. Inspection of the lorazepam medication container revealed a pharmacy sticker with the word refrigerate as well as on the manufactured box instructions to store at cold temperature. Refrigerate at two degrees to eight degrees Celsius or thirty six to forty six degrees Fahrenheit. At that time, LPN #2 stated she was aware of the sticky substance and had tried to remove it but was unsuccessful. LPN #2 also stated she had checked the medication cart at the start of her shift but did not see the loose tablets. LPN #2 further stated the lorazepam liquid should be stored in the refrigerator and that the lorazepam had probably been delivered by the pharmacy the night before.<br><br>On 9/6/24 at 11:18 AM, the surveyor interviewed the Licensed Practical Nurse Unit Manager (LPN/UM) who stated the lorazepam should have been stored in the locked frigerator in the medication room.<br><br>The LPN/UM acknowledged the loose tablets found in the cart and stated every shift was responsible to make sure there were no loose medications and that there should be no spills of liquids in the cart, that the cart should be need and clean. The LPN/UM acknowledged the third drawer down on left side of med cart had visible brown spillage and should be cleaned immediately. The loose tablets should be disposed of in the drug disposal bottle located on the medication cart. Lastly the LPN/UM stated she would call the provider pharmacy and have the lorazepam replaced.<br><br>On 9/6/24 at 12:16 PM, the surveyor interviewed the Director of Nursing (DON) who stated if there were a spill it should be wiped immediately, and maintenance should be contacted for further cleaning if needed. The carts should not look visibly dirty and should be kept neat and organized, any loose tablets should be placed in the mediation destruction container. The DON acknowledged lorazepam should stored in the refrigerator in the locked box.<br><br>A review of the facility's Storage of Medications policy dated revised 1/2024 included . The nursing staff shall be responsible for maintaining medication storage and preparation areas in a clean, safe and sanitary manner . Medications requiring refrigeration must be stored in a refrigerator located in a refrigerator located in the drug room at the nurses' station or other secured location .<br><br>NJAC 8:39-29.4(h) |

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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>40039<br><br>Based on observation, interview, and review of other facility documentation, it was determined that the facility failed to handle potentially hazardous food and maintain sanitation in a safe and consistent manner to prevent food borne illness. This deficient practice was evidenced by the following:<br><br>On 9/4/2024 from 8:14 to 9:04 AM, the surveyors, accompanied by the Food Service Director (FSD) observed the following in the kitchen:<br><br>1. On an upper shelf in the dry storage room, a can of Pizza Sauce with Basil had a dent on the upper seam of the can. The FSD stated to the surveyors that it will be moved to designated dented can area.<br><br>2. A quarter pan in the walk-in freezer was placed on top of cardboard boxes. The quarter pan contained frozen puree moldings for lunch, according to the FSD. The pan was covered with plastic wrap. The plastic wrap was torn, and the puree moldings were exposed to the air.<br><br>3. In the walk-in refrigerator in the kitchen, a one eighth pan on a middle shelf contained fresh coriander, according to the FSD. The coriander was dated 8/16/24. The coriander was brown on appearance and wilted. The FSD removed the coriander to the trash.<br><br>On 9/05/2024 from 9:44 to 9:53 AM, the surveyors, accompanied by the Licensed Practical Nurse (LPN #2), observed the following in the designated resident pantry:<br><br>1. A red Wawa cloth bag in the refrigerator contained an unidentified food in a black plastic take out style container with a clear plastic lid. The bag and container had no name or date labeled on it. When interviewed, LPN #2 stated, That should have been labeled and dated by nursing. I'm removing it from the refrigerator. LPN #2 further stated, I think it came in last night because I did not see it yesterday. On interview LPN #2 confirmed that nursing staff was responsible for labeling and dating foods provided/received from out of the facility.<br><br>A review of the facility policy titled Food Receiving and Storage, reviewed/revised 12/2023, revealed the following:<br><br>2. When food is delivered to the facility it will be inspected for safe transport, quality, and dents before being accepted and stored.<br><br>3. Dented cans shall be separated and discarded from general food stock.<br><br>4. Should cans become dented during the course of regular operations, they shall be removed and placed in a designated area at the moment they are identified.<br><br>8. All foods stored in the refrigerator or freezer will be covered, labeled, and dated.<br><br>13. Food items and snacks kept on the nursing units must be maintained as indicated below:<br><br>(continued on next page) |

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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | b. All foods belonging to residents must be labeled with the resident's name, the item, and the date.<br><br>A review of the facility policy titled Monitoring of Cooler/Freezer Temperature, date reviewed/revised: 3/24/2024, The following was revealed under Policy Explanation and Compliance Guidelines:<br><br>11. Refrigerated foods shall be labeled, dated, and monitored so that it is used by the use by date, frozen, or discarded, whichever is applicable.<br><br>NJAC 18:39-17.2(g) |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide and implement an infection prevention and control program.<br><br>50919<br><br>Based on observation, interviews, review of the medical record and review of other facility documentation, it was determined that the facility failed to: a.) ensure appropriate infection control practices were maintained during wound care; and b.) implement enhanced barrier precautions (EBP) for a resident with open wounds. This deficient practice was identified for 1 of 1 resident (Resident #15) reviewed for wound care and was evidenced by the following:<br><br>1. During the initial tour on 09/03/2024 at 6:42 PM, the surveyor observed Resident #15 lying in bed, which had a pressure relieving device attached to the end of the bed. Resident #15 was unable to be interviewed regarding wounds and wound care.<br><br>According to the Admission Record (AR), Resident #15 was admitted to the facility with diagnoses which included but were not limited to, Unspecified Dementia (loss of thinking ability, memory, attention, logical reasoning, and other mental abilities), and Diabetes (high blood sugar levels).<br><br>A review of Resident #15's most recent Quarterly Minimum Data Set (MDS), an assessment tool dated 06/04/2024, revealed that the resident had a Brief Interview for Mental Status (BIMS) score of 2 out of 15, which indicated the resident's cognition was severely impaired. The MDS further revealed under section M that Resident #15 was at risk for pressure ulcers/injury. The MDS did not indicate that resident had a pressure ulcer or injury at that time.<br><br>A review of the Order Summary Report (OSR) Active Orders as of 09/04/2024 included but were not limited to the following Physician's Orders (POS):<br><br>-Cleanse right posterior shoulder with wound cleanser, apply zinc and optifoam daily every day shift for wound care.<br><br>-Cleanse right lateral foot with wound cleanser, apply Medi Honey and cover with optifoam daily every day shift for wound care.<br><br>-Skin Prep Spray Miscellaneous: Apply to bilateral inner ankles topically every day shift for preventative.<br><br>On 09/04/2024 at 11:01 AM, the surveyor observed no signage on Resident #15's door that indicated resident was on EBP.<br><br>On 09/04/2024 at 1:55 PM, the surveyor observed Licensed Practical Nurse (LPN #2) perform wound care on Resident #15. The surveyor observed that LPN #2 did not wear a gown during wound care. The surveyor observed that LPN#2 did not change gloves after removing dirty dressing from Resident #15's right lateral foot wound. LPN #2 then proceeded to clean right lateral foot wound with same gloves used to remove dirty dressing. LPN #2 opened foam dressing packaging and dated dressing with same gloves used to remove dirty dressing.<br><br>(continued on next page) |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 09/04/2024 at 1:57 PM, the surveyor observed LPN #2 apply Skin Prep to Resident #15's bilateral inner ankles. The surveyor observed that LPN #2 did not change gloves or perform hand hygiene prior to or after applying skin prep to bilateral ankles.<br><br>On 09/04/2024 at 1:59 PM, the surveyor observed LPN #2 remove a dirty dressing from Resident#15's right shoulder without changing gloves and did not perform hand hygiene prior to removing dressing or after removal of dressing. LPN #2 then proceeded to put wound cleanser on Resident #15's right shoulder and then rubbed right shoulder area with gauze with same gloves used to remove dirty dressing. LPN #2 then opened foam dressing packaging and placed dressing on resident's right shoulder with same gloves used to remove dirty dressing.<br><br>During an interview with the surveyor on 09/04/2024 at 2:02 PM, LPN #2 stated that they forgot to change gloves after removing dirty dressings and before cleaning wounds. LPN #2 further stated that gloves should have been removed and hand hygiene performed after removal of dirty dressing and before cleaning each wound.<br><br>During an interview with the surveyor on 09/05/2024 at 10:03 AM, the Infection Preventionist (IP) stated that EBP were instituted if a resident had a Multi-Drug Resistant Organism (MDRO) (a germ that is resistant to many antibiotics) or a catheter. The IP stated that when a resident was placed on EBP, staff were made aware by signage on resident door and an isolation cart would be located outside of resident room. The IP further stated that if a resident had an open wound, the expectation was that staff would wear gowns, gloves, and goggles when providing wound care. The IP stated that Resident #15 was not placed on EBP because resident did not require wound irrigation (steady flow of a solution across an open wound surface). The IP further stated that standard precautions were implemented for wounds if resident did not have a MDRO.<br><br>On 09/05/2024 at 12:04 PM, the surveyor observed a white four drawer cart outside of resident #15's room. The cart consisted of gowns, gloves, disinfectant, eye protection, and gloves inside of it. The surveyor observed no signage near resident's door indicating that Resident #15 was on EBP.<br><br>During an interview with the surveyor on 09/05/2024 at 12:04 PM, the IP confirmed placing white four drawer cart outside of Resident #15's room. The IP further stated that no signage for EBP was placed because the resident did not have an MDRO in their wound.<br><br>During an interview with the surveyor on 09/05/2024 at 1:04 PM, in the presence of the survey team and the Licensed Nursing Home Administrator (LNHA), the Director of Nursing (DON) stated he was unsure of when EBP would be indicated for residents. The DON stated that staff would be made aware of any resident being on EBP during daily huddles. The DON further stated that the expectation was that an isolation cart and signage should be outside of resident room that is on EBP. The DON stated that staff should be wearing gowns, gloves, goggles, and if appropriate masks when providing wound care.<br><br>(continued on next page) |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | A review of a facility policy titled Enhanced Barrier Precautions with revised date of 03/2024 revealed under Policy Statement, To minimize the transmission of germs transferring from residents to staff hands and clothing, staff will wear gown and gloves when providing care to residents that require significant physical contact and are at high risk of acquiring or spreading Multidrug Resistance Organisms (MDRO). Under Policy Interpretation and Implementation revealed 1. Enhanced barrier precautions will be applied to: c. Residents with a chronic wound, regardless of their MDRO status. 2. High-contact resident care activities include: h. Performing wound care (for example, any skin opening requiring a dressing). Under Procedure revealed, 1. Signage will be displayed outside of resident rooms specifying the type of PPE needed and will clarify high -contact resident care activities.<br><br>A review of a facility policy titled Wound Care with revised date of 04/2024 revealed under Steps in the Procedure, 5. Pull glove over dressing and discard into appropriate receptacle. Wash and dry your hands thoroughly. 6. Put on gloves.<br><br>A review of a facility policy titled Infection Control (IC) Guidelines for all Nursing Procedures with revised date of 08/2024, under General Guidelines, 7. Employees must wash their hands for twenty (20) seconds using antimicrobial or non-antimicrobial soap and water under the following conditions: e. After handling items potentially contaminated with blood, body fluids, or secretions; 8. In most situations, the preferred method of hand hygiene is with an alcohol-based hand rub. If hands are not visibly soiled, use an alcohol-based hand rub containing 60-95% ethanol or isopropanol for all the following situations: e. Before handling clean or soiled dressings, gauze pads, etc.; f. Before moving from a contaminated body site to a clean body site during resident care; h. After handling used dressings, contaminated equipment.<br><br>NJAC 8:39-19.4 (a) (1) (n) |