

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315465	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/08/2023
NAME OF PROVIDER OR SUPPLIER  Manhattanview Ctr for Rehabilitation and Healthcar		STREET ADDRESS, CITY, STATE, ZIP CODE 3200 Hudson Avenue Union City, NJ 07087	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40823</p> <p>C #: NJ00166740</p> <p>Based on observation, interviews, and record review, as well as review of pertinent facility documents on 9/8/23, it was determined that the facility staff failed to document that the medication was administration in accordance with the professional standards of practice and to follow the facility policy Medication Administration for 1 of 3 sampled residents (Resident #2) reviewed medication administration documentation.</p> <p>This deficient practice is evidenced by the following:</p> <p>According to the ADMISSION RECORD, Resident #2 was admitted to the facility on [DATE], with diagnosis that included but were not limited to: Anemia.</p> <p>The Minimum Data Set (MDS), an assessment tool dated 8/2/23, indicated the Brief Interview for Mental Status (BIMS) interview was not conducted due to Resident #2 was rarely/never understood. The MDS also indicated that the Resident required assistance from staff with Activities of Daily Living (ADLs).</p> <p>According to Resident #2's Care Plan (CP), initiated on 3/31/23, indicated that Resident #2 had Anemia. The CP included interventions not limited to: Give medications are ordered.</p> <p>A review of the form Order Summary Report (OSR), dated 9/8/23, revealed an order for Epoetin Alfa Injection Solution 1000 unit/ millimeter (ml), inject 1 ml subcutaneously in the evening every Monday, Wednesday, Friday for Anemia.</p> <p>A review of the Resident #1's Medication Administration Record (MAR), for the month of 9/2023, confirmed the aforementioned order from the OSR. The MAR also confirmed that the medication was administered on 9/6/23 at 6:00 pm.</p> <p>Review of the form Location of Administration Report (LAR) from 9/1/2023 thru 9/30/2023 revealed the abovementioned medication had Scheduled Time of 6:00 pm and Administered Time was on 9/8/23 at 11:30 am documented by the Unit Manager Licensed Practical Nurse (UMLPN) which was not according to the MAR schedule.</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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315465	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/08/2023
NAME OF PROVIDER OR SUPPLIER  Manhattanview Ctr for Rehabilitation and Healthcar		STREET ADDRESS, CITY, STATE, ZIP CODE  3200 Hudson Avenue Union City, NJ 07087	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The surveyor reviewed the Resident's progress notes (PN) from 9/6/23 to 9/8/23, there was no indication in the PN the reason why the medication was not administered or documented on 9/6/23.</p> <p>The surveyor conducted an interview with the UMLPN on 9/8/23 at 12:56 pm, the UMLPN stated that the facility administration protocol was according to the Physician order. In addition, the UMLPN stated that the nurse should document that the medication was administered right away prior to moving to the next resident. The UMLPN also stated that when the nurse signed the MAR, it indicates that the medication was administered as scheduled. The UMLPN was unable to explain the reason as to why her signature appeared on the LAR on 9/8/23 at 11:30 am.</p> <p>The surveyor conducted on interview with the Director of Nursing (DON) in the presence of the License Nursing Home Administrator on 9/8/23 at 3:29 p.m. The DON stated that the protocol for the administering nurse was to sign the MAR to show that the medication was administered according to the doctor's order. The DON was unable to explain that the medication was scheduled to be given on 9/6/23 at 6:00 pm and the UMLPN signed the LAR on 9/8/23 at 11:30 am.</p> <p>A review of the facility policy titled, Medication Administration, revised on 4/2023, indicated PURPOSE To administer the following: Right documentation .15. Document the following as applicable: Administration of medication on the MAR [Medication Administration Record] as soon as medications are given .</p> <p>NJAC 8:39-35.2 (d) (6)</p>		