STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315479	A. Building B. Wing	03/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Careone at Livingston	68 Passaic Avenue Livingston, NJ 07039

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 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46889 Based on the interview and record review, it was determined that the facility failed to a.) electronically transmit the Minimum Data Set (MDS), an assessment tool used to facilitate the management of care of all residents, within 14 days of completing the resident's assessment and in accordance with the Center's for Medicare and Medicaid Services (CMS) Resident Assessment Instrument (RAI) Manual. This deficient practice was identified for 3 of 24 residents (Resident #25, 26, and #39), and b.) complete the discharge assessment for 1 of 24 residents (Resident #48) reviewed for resident assessment. The deficient practice was evidenced by the following: 1. On 3/4/24 at 10:30 AM, the surveyor observed Resident #25 out of bed in a wheelchair, alert and oriented, sitting in the activity room. The surveyor reviewed Resident #25's medical record. A review of the Admission Record (an admission summary) (AR) documented that Resident #25 was admitted to the facility with diagnoses that included but were not limited to dementia (loss of memory). The resident's most recent Quarterly MDS (QMDS) assessment, dated 12/11/23, reflected that Resident #25 had a Brief Interview for Mental Status (BIMS) score of 12 out of 15, indicating moderate cognition impairment. Resident #25 was observed to have a QMDS with an Assessment Reference Date (ARD) on 12/11/23. The assessment was completed and will be transmitted no later than 12/25/23. However, the QMDS was not submitted until 1/9/24. A review of the undated Final Validation Report for Resident #25, provided by the MDS Coordinator/RN (MDSC/RN), revealed that Warning Assessment Completed Late: is more than 14 days after ARD. 2. On 3/4/24 at 11:42 AM, the surveyor observed Resident #26 sitting in a wheelchair inside the room beside the spouse. The surveyor reviewed Resident #26's medical record. (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

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F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the AR documented that Resident #26 was admitted to the facility with diagnoses that included but were not limited to pneumonia (infection of the lungs). The resident's Admission MDS (AMDS) assessment, dated 2/13/24, reflected that Resident #26 had a BIMS score of 12 out of 15, indicating moderate cognition impairment. A review of AMDS with an ARD on 2/13/24. The assessment was completed and will be transmitted no later than 2/26/24. However, the AMDS was not submitted until 2/29/24. A review of the undated Final Validation Report for Resident #26, provided by the MDSC/RN, revealed Warning Assessment Completed Late: for this admission assessment is more than 13 days after the entry date. 3. On 3/4/24 at 10:00 AM, the surveyor observed Resident #39 standing beside the bed fixing the bedsheet. The resident declined to speak with the surveyor. The surveyor reviewed Resident #39's medical record. A review of the AR documented that Resident #39 was admitted to the facility with diagnoses which included but was not limited to unspecified dementia (loss of memory). The resident's most recent QMDS assessment, dated 12/11/23, reflected that Resident #39 had a BIMS score of 3 out of 15, indicating severe cognition impairment. Resident #39 was observed to have an Annual MDS with an ARD on 10/21/23. The assessment was completed and will be transmitted no later than 11/3/23. However, the Annual MDS was not submitted until 11/16/23. A review of the undated Final Validation Report for Resident #39, provided by the MDSC/RN, revealed that Warning Assessment Completed Late: is more than 14 days after ARD. Resident #39 was observed to have a QMDS with an ARD on 1/21/24. The assessment was completed and will be transmitted no later than 2/3/24. However, the QMDS was not submitted until 2/8/24. A review of the undated Final Validation Report for Resident #39, provided by the MDSC/RN, revealed Warning Assessment Completed Late: is more than 14 days after ARD. On 3/8/24 at 11:20 AM, the surveyor interviewed the MDSC/RN, who stated that he is working part-time. The MDSC/RN stated that they had not had a full time MDS Coordinator since December 2023 and added that the position is still not filled. On 3/11/24 at 11:24 AM, the surveyor interviewed the Regional MDSC/RN over the phone and stated she was aware that the assessments were all late. She is the one who pulled out the final validated reports, and they showed late. They haven't had a full MDS Coordinator since December 2023. There's one part-time MDS coordinator who is doing remote work. The full-time regionals look at the assessments and check if there are some due. 49078 4. On 3/7/24 at 10:39 AM, the surveyor reviewed the electronic medical record for Resident #48. (continued on next page)

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F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The medical record reflected the resident was admitted to the facility on [DATE] and was discharged home with a family member on 11/30/24. The surveyor reviewed the resident's electronic MDS records. The records reflected Entry/MDS 3.0 accepted 11/17/23, Admission - None PPS/MDS 3.0 accepted 11/24/23, Medicare-5 day/MDS 3.0 Completed 11/24/23. The record did not reflect a discharge MDS. On 3/11/24 at 11:26 AM, the surveyor interviewed the Regional MDSC/RN by phone and stated she is accessed the record now and agreed that there was no discharge MDS present. She stated that she would open a discharge MDS right away. On 3/11/24 at 01:35 PM, the survey team met with the Licensed Nursing Home Administrator and Director of Nursing, and the facility management provided no additional information. According to the Long-Term Care Facility RAI 3.0 User's Manual Version 1.18.11, updated October 2023, the MDS is a comprehensive tool that is a federally mandated process for clinical assessment of all residents that must be completed and transmitted to the Quality Measure System. The facility must electronically transmit the MDS within 14 days of the assessment being completed. After the transition of the MDS, a quality measure will be transmitted to enable a facility to monitor the resident's decline or progress. page 2-11 Discharge refers to the date a resident leaves the facility . There are two types of OBRA (Omnibus Budget Reconciliation Act) required discharges: return anticipated and return not anticipated. A Discharge assessment is required with all types of discharges. The manual on Pages 2-17, A Discharge Assessment - return not anticipated MDS must be completed not later than discharge date + 14 days. The assessment must also be transmitted to the QIES (Quality Improvement and Evaluation System) ASAP (Assessment Submission and Processing) system not later than the MDS completion + 14 days. NJAC 8:39 - 11.1

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 34033 Based on observation, interview and record review, it was determined that the facility failed to provide pharmaceutical services in accordance with professional standards by not ensuring administration of a medication, (Procrit)(an injectable medication used to stimulate bone marrow to produce more red blood cells), according to a physician's order. This occurred for one (1) of five (5) residents, (Resident #21), reviewed for medication management. 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 registered professional nurse is defined as diagnosing and treating human responses to actual and 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 prescribed by a licensed or otherwise legally authorized physician or dentist. 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. The deficient practice was evidenced by the following: On 3/4/24 at 11:53 AM, the surveyor observed Resident #21 in the facility lobby area self-propelling him/herself and talking with the receptionist. At that time, the surveyor interviewed Resident #21 at a nearby private area in the lobby. The resident stated that he/she was very happy with the care at the facility. The surveyor reviewed the medical record for Resident #21. A review of the most recent comprehensive Minimum Data Set (MDS), an assessment tool used to facilitate the management of care dated 2/21/24, reflected the resident had a brief interview for mental status (BIMS) score of 15 out of 15, indicating that the resident had an intact cognition. A review of the Admission Record revealed diagnoses which included anemia and chronic kidney disease. A review of the Order Summary Report (OSR) revealed a physician's order (PO) with a start date of 11/8/23 for Procrit solution 20000 unit/milliliter (ML), (Epoetin Alfa), Inject 1 ML subcutaneously in the evening every Wednesday for anemia of chronic disease hold for hemoglobin (Hgb) 10 or greater. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the February electronic Medication Administration Record (eMAR) revealed the corresponding above PO for Procrit scheduled for administration at 6 PM on Wednesdays. The administration documentation on the dates of 2/7/24, 2/14/24, 2/21/24 and 2/28/24 indicated the number nine (9) which correlated with the Chart Codes for Other/See Nurses Notes. There was no indication on the eMAR as to the Hgb laboratory results that corresponded to the PO. A review of the electronic nursing Progress Notes (ePN) for Procrit administration for the dates of 2/7/24 and 2/14/24 revealed Held HGB 10.5. In addition, the ePN for Procrit administration for the dates of 2/21/24 and 2/28/24 indicated Waiting for supply. A review of the resident's February laboratory results for the following dates revealed: - a collection dated of 2/14/24 and received date of 2/15/24 had a Hgb result of 8.6. - a collection date of 2/21/24 and a received date of 2/21/24 had at Hgb result of 9.4. - a collection date of 2/26/24 and a received date of 2/26/24 had a Hgb result of 8.5. There were no Hgb laboratory results found corresponding to the 2/7/24 Procrit administration day which was contradictory to the ePN for 2/7/24. In addition, the 2/14/24 collection date with a received date of 2/15/24 Hgb results had not correlated with the 2/14/24 ePN. A review of the March eMAR revealed the corresponding above PO for Procrit scheduled for administration at 6 PM. The administration documentation on 3/6/24 indicated that the Procrit was administered at 6 PM. There were no corresponding Hgb laboratory results indicated on the eMAR. A review of the resident's March laboratory results collected on 3/6/24 indicated that the Hgb was 8.1. On 3/7/24 at 1:21 PM, the survey team met with the Licensed Nursing Home Administrator (LNHA) and Director of Nursing (DON). The surveyor requested that the DON provide documentation of the Hgb laboratory results and nurses notes that correlated with the administration documentation of Procrit for the month of February. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 3/13/24 at 12:50 PM, the survey team met with the LNHA and DON. The DON stated that the Hgb lab results would usually be obtained the day before or day of the date of administration of Procrit to fulfill the PO. The DON explained that on 2/6/24 there were no lab results obtained because Resident #21 had gone to the hospital and had returned the next day so there were no results to base whether the Procrit should have been administered according to the PO. The DON added that she would have expected the nurse to call the physician for follow up orders. The DON also explained that the lab results for the administration of Procrit on 2/14/24 were obtained on 2/14/24 but were not posted until 2/15/24. The DON added that she would have expected the nurse to call the physician and move the PO to 2/15 for administration. The DON further explained that the LPN had indicated in the EPN that the Procrit was held for a Hgb greater than 10 because the LPN was using the Hgb results from 1/30/24. The DON acknowledged that the LPN had made an error. The DON also stated that there were Hgb lab results that were less than 10 for 2/21 and 2/28 which indicated according to the PO that the Procrit should be administered. The DON also stated that according to the EPN the LPN had documented that there was no supply of the medication and therefore the medication was not administered. The DON added that she would have expected the LPN to follow up with the pharmacy to obtain the Procrit or call the physician for follow up orders. The DON was unable to speak to what the issue was with obtaining the Procrit from the provider pharmacy because the LPN had not documented the reason the medication was not available or followed up with the pharmacy or gave a report to the next shift to follow up. The DON stated that the LPN was the same LPN for all the dates in February for the Procrit administration. The DON acknowledged that the LPN had not followed proper procedure for making sure the lab results were obtained according to the PO and ensuring the Procrit was administered according to the PO. In addition, the DON stated that on 2/12/24 there was an inservice explaining the procedure to follow when a medication was not available that the LPN had attended but had not followed the procedure. The DON and LNHA stated that moving forward any medication that was not available from the provider pharmacy was to be reported by the nurses to administration so that additional follow up would be able to be completed to ensure either obtaining the medication or follow up by a physician. A review of the current facility policy for Administering Medications with an edited date of 5/21/19 provided by the DON reflected that Medications are administered in a safe and timely manner, and as prescribed. The Policy Interpretation and Implementation included; Staffing schedules are arranged to ensure that medications are administered without unnecessary interruptions. In addition, Medications are administered in accordance with prescriber orders, including time frame. Also, As required or indicated for a medication, the individual administering the medication records in the resident's medical record: .Any results achieved and when those results were observed. NJAC 8:39-11.2(b), 29.2 (a)(d), 29.3(5)

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. 49078 Based on observation, interview, and record review, it was determined that the facility failed to ensure that all medications were administered without error of 5% or more. During the medication administration observation on 3/6/24, the surveyor observed four (4) nurses administer medications to six (6) residents. There were 25 opportunities, and three (3) errors were observed which calculated to a medication administration error rate of 12%. This deficient practice was identified for two (2) of six (6) residents, (Resident #26 and an unsampled resident), that were administered medications by two (2) of four (4) nurses that were observed. The deficient practice was evidenced by the following: 1. On 3/6/24 at 7:56 AM, during the medication administration observation, the surveyor observed the Licensed Practical Nurse #1 (LPN #1) preparing to administer medications to an unsampled resident which included a tablet of Glipizide 5 milligrams (mg) (a medication used to treat diabetes). The surveyor observed LPN #1 administer the medication to the resident and observed there was no meal tray at the resident's bedside. At 8:04 AM, the surveyor observed LPN #1 preparing to administer remaining medications with an administration time of 9:00 AM to the same unsampled resident. Upon re-entering the resident's room in the presence of LPN #1, the surveyor observed the resident with a meal tray and consuming food. The surveyor reviewed the electronic Medication Administration Record (eMAR) which reflected the physician's order as Glipizide 5mg 1 tablet by mouth one time a day for DM Give before meals, 30mins before meals, with an administration time of 7:00 AM. The surveyor asked LPN #1 if the Glipizide was given thirty (30) minutes before the residents AM meal as reflected in the physician's order. LPN #1 stated the Glipizide was not given thirty (30) minutes before the meal as stated in the physician's order. 2. On 3/6/24 at 8:39 AM, during the medication administration observation, the surveyor observed LPN #2 preparing to administer medications to resident #26. The surveyor observed the resident's eMAR which reflected an order for Colace oral capsule (a medication used to soften the stool), give 2 capsules by mouth one time a day for constipation. The order did not indicate a strength or dosage. The surveyor observed LPN #2 prepare two (2) capsules of Docusate (the generic equivalent to Colace) 100mg. The surveyor asked LPN #2 how they knew that was the correct dose. LPN #2 stated that those were the standard ones the facility always uses. 3. The surveyor continued to observe LPN #2 prepare medications for Resident #26. The surveyor observed the resident's eMAR which reflected an order for Lidocaine External Patch 5% (a topical anesthetic medication used to treat pain). The surveyor observed LPN #2 remove and prepare a Lidospot patch 4%/1% for administration. The surveyor asked LPN #2 if that was the correct item and strength. LPN #2 stated was since 4% plus 1% equals 5%. (continued on next page)

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The surveyor observed the packaging for the Lidospot patch which indicated active ingredients of lidocaine 4% and menthol 1% (a topical analgesic used to treat pain). The surveyor asked LPN #2 if the Lidospot patch contained 5% lidocaine. LPN #2 stated the package label says it contains 4% lidocaine. The surveyor did not observe any lidocaine 5% external patches present in the medication cart. On 03/6/24 at 12:13 PM, the surveyor interviewed the Consultant Pharmacist (CP) by phone and asked if a Lidospot 4%/1% patch was equivalent to a lidocaine 5% patch. The CP stated they are not equivalent. They are different products. The surveyor asked the CP what the appropriate administration timing for Glipizide would be in relation to meals. The CP stated that Glipizide should be given at least 30 minutes before the meal. The surveyor reviewed the medication information sheet for Colace capsules (docusate sodium). The information indicated Colace capsules are available in multiple strengths, including 50mg, 100mg and 250mg. The information also indicated the daily dose can be from 50mg to 300mg per day. The surveyor reviewed the packaging and ingredient list for Lidospot patch and the medication information sheet for lidocaine 5% patch. The surveyor observed the Lidospot patch contains 4% lidocaine and 1% menthol as active ingredients, while the lidocaine 5% patch contains only lidocaine 5% as the active ingredient. On 3/6/24 at 12:30 PM, the Director of Nursing (DON) provided the surveyor with the facility policy on Administering Medications, revised April 2019, edited 5/21/19. The policy indicated at line 4. Medications are administered in accordance with prescriber orders, including any required time frame. It also indicated at line 7. Medications are administered within one (1) hour of their prescribed time, unless otherwise specified (for example, before and after meal orders). And line 10. indicated The individual administering the medication checks the label THREE (3) times to verify the right resident, right medication, right dosage, right time and right method (route) of administration before giving the medication. N.J.A.C 8:39-29.2 (d)