STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315291	A. BUILDING _____ B. WING _____	09/30/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ATRIUM POST ACUTE CARE OF WAYNEVIEW	2020 ROUTE 23 NORTH WAYNE, NJ 07470

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 0695 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Provide safe and appropriate respiratory care for a resident when needed.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, it was determined that the facility failed to: a.) provide oxygen therapy in accordance with the physician's order and b.) date oxygen equipment weekly when changed. This deficient practice was identified for 1 of 3 residents (Resident # 21) reviewed for respiratory therapy and was evidenced by the following: On 9/23/20 at 11:15 AM, the surveyor observed Resident #21 in bed. The resident had a [MEDICAL CONDITION] (a surgical opening in the windpipe). There was a [MEDICAL CONDITION] mask over the [MEDICAL CONDITION] that was attached to ribbed tubing which was connected to a humidification compressor (a machine that humidifies oxygen) which was attached to oxygen tubing and connected to the oxygen concentrator (a machine that delivers oxygen). The oxygen concentrator was set to deliver 5 liters of oxygen per minute (lpm). The humidification compressor was set at 35%. There was no date written on the cannister of sterile water and no date on the tubing to indicate when they were changed last. The the resident's eyes were open but the resident did not make eye contact and did not answer when spoken to, On 9/28/20 at 9:16 AM, the surveyor entered the resident's room with the Licensed Practical Nurse (LPN) who was assigned to the resident. The surveyor observed the [MEDICAL CONDITION] tubing dated 9/28, the oxygen tubing dated 9/28, the sterile water bottle dated 9/27, the oxygen was set at 5 lpm, the humidification compressor was set at 35%. The LPN confirmed the settings. The surveyor asked the LPN how often the tubing was to be changed. She stated weekly on Sunday by the 11 PM to 7 AM shift. The surveyor asked if they usually dated the oxygen tubing and sterile water bottles and she replied yes. The surveyor reviewed Resident #21's medical record which revealed the following: According to the face sheet Resident # 21 was admitted to the facility with [DIAGNOSES REDACTED]. The current physician's order sheet (POS) had an order which read; Change O2 tubing one time a day every 7 days. The order had a start date of 2/1/20. There was also an order which read; Oxygen 5 lpm [MEDICAL CONDITION] with humidifier 40% every shift. The September 2020 Electronic Treatment Administration Record was initialed every day from 9/1/20 to 9/27/20 to indicate the setting for the humidifier was at 40%. The care plan, which had an initiation date of 6/5/19 and a revision date of 2/5/20 revealed the following: The Focus was; TRACH: Resident is oxygen dependent [MEDICAL CONDITION] [REDACTED]. The second intervention on that care plan read; Administer oxygen [MEDICAL CONDITION]@ 5 L/min continuous with humidifier 40%. On 9/29/20 at 9:40 AM, the surveyor reviewed the facility's policy and procedure titled Oxygen Administration which read; 1. Verify that there is a physician's order for this procedure. Review the physician's orders or facility protocol for oxygen administration. 2. Review the resident's care plan to assess for any special needs of the resident. There was no mention in the policy and procedure of labeling or dating the oxygen tubing or sterile water bottle. On 9/28/20 at 10:00 AM, the surveyor asked the Assistant Director of Nursing (ADON) about the order on the POS for the Humidifier to be set at 40% and added that when the surveyor observed the resident with the LPN earlier that day and on 9/23/20 it was set at 35%. The LPN overheard the conversation and stated I fixed it. After you asked me to verify the setting I checked the order and I changed it to 40%. On 9/28/20 at 1:30 PM, the survey team met with the Administrator, the Director of Nursing, the ADON, and the Regional Nurse to discuss the concern with the oxygen humidification set incorrectly and the oxygen tubing not having been dated when changed. The Administrator said the dating of the oxygen tubing and bottles of sterile water was not in their policy but it was their protocol. NJAC 8:38-27.1 (a)
F 0761 **Level of harm -** Minimal harm or potential for actual harm **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.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview and review of pertinent facility documentation, it was determined that the facility failed to a.) label and date Glucometer strips when opened in 2 of 5 medication carts inspected, b.) remove antibiotic medications from the medication cart that had no label in 1 of 5 medication carts inspected, and c.) replace the second floor emergency kit #2 (E-kit) when expired for 1 of 2 E-kits inspected. The deficient practice was evidenced by the following observed during the unit inspections: 1. On [DATE] 9:30 AM, the surveyor inspected the middle cart on the unit 2 B with Licensed Practical Nurse #1 (LPN#1) and observed a Glucometer strip container that was opened but not dated. LPN #1 stated she wasn't aware when the Glucometer strips container was opened and that the Glucometer strips would expire in three months once opened. In addition, the surveyor observed inside the top drawer of the medication cart five [MEDICATION NAME] (an antibiotic) 500 mg capsules in a blister pack with no resident's name. LPN #1 stated she floats the different units and did not know where the medication came from. 2. On [DATE] 9:40 AM, the surveyor inspected the top medication cart on unit 2 B with the Registered Nurse (RN). The surveyor observed the Glucometer strip container opened and not dated. The RN stated she had only been back to work approximately two weeks prior to the survey and did not know when the Glucometer strip container was opened. The manufacturer specifications for the Glucometer strips indicated to use the Glucometer strips within three months of opening. On [DATE] at 2:25 PM, the surveyor asked the Administrator (LNHA) and Director of Nursing (DON) who was doing the unit inspections since the Consultant Pharmacist was unable to come into the facility to perform this function. The LNHA stated that the nurse managers were performing the unit inspections daily and monthly. On [DATE] at 9 AM, the LNHA provided the audit tool used by the nurse managers for the unit inspections from [DATE]-[DATE] and the policy for Storage of Medications. According to the audit tool for [DATE], the nurse managers documented that the unit inspections were performed every shift from [DATE] to [DATE]. Included in the audit tool instructions under #1 and #3 the following: 1. Check all open vials/flex pens for date of expiration, and IV solutions and antibiotics for expiration. 3. Check E-kit for expiration and proper lock and replacement. The facility policy titled Storage of Medications with a revision date of [DATE], indicated under Policy Interpretation and Implementation #3 the following: Drug containers that have been missing, incomplete, improper, or incorrect labels shall be returned to the pharmacy for proper labeling before storing. Medications that are stored in more than one layer of packaging will have both the medication containers as well as the outer medication box/wrapper labeled with appropriate date opened on a II layers of storage. 3. The surveyor inspected the B 3 medication storage room in the presence of the unit LPN #2 on [DATE] at 10:02 AM. The E-kit #2 located in the B 3 storage room was noted to have expired on [DATE]. LPN #2 confirmed the expiration date. The surveyor interviewed the Unit Manager LPN (UMLPN) on [DATE] at 12:02 PM. The UMLPN stated she had identified the expired E-kit prior to the surveyor identifying that the kit had expired on [DATE]. The UMLPN stated she called the pharmacy for a replacement and the new kit had been delivered to the facility. The surveyor interviewed the LNHA on [DATE] at 1:00 PM regarding the expired E-kit #2. The LNHA stated there was always a 'swing kit' available in the facility to replace an expired or incomplete E-kit. The LNHA stated nurse managers were responsible for inspecting unit medication storage rooms

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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.

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F 0761 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	(continued... from page 1) during the time that Consultant Pharmacists were not permitted to enter the facility due to the COVID 19 pandemic. The LNHA provided the surveyor with the undated Provider Pharmacy policy regarding Emergency Pharmacy Service and Emergency Kits on [DATE] at 11:52 AM. The policy indicated the following: kits are monitored/inventoried by the consultant pharmacist at least every thirty days for completeness and expiration dating of the contents. the opened emergency kit is exchanged for the unopened 'swing kit' in the nursing office and the pharmacy is notified that a replacement kit is needed. NJAC 8:,[DATE].3 and 29.4(h)