STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315104	A. BUILDING _____ B. WING _____	**09/21/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
CORNELL HALL CARE & REHABILITATION CENTER	**234 CHESTNUT STREET UNION, NJ 07083**

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 ensure 1.) oxygen administration equipment was maintained in accordance with the prescriber's order and facility policy, and 2.) the resident's care plan reflected the prescriber's order for oxygen therapy. The deficient practice was identified for Resident #45, 1 of 2 residents reviewed for oxygen therapy and was evidenced by the following: On 09/16/20 at 10:27 AM, the surveyor observed Resident #45 sitting up in bed. The resident was awake and alert and responsive to questions. The resident was wearing a nasal cannula (NC) that had tubing attached to an oxygen concentrator. The oxygen concentrator was set to deliver oxygen at a rate of 2 liters per minute (LPM). The tubing was dated 08/20/20. On 09/17/20 at 8:46 AM, the surveyor observed Resident #45 sitting up in bed, eating breakfast. The resident was wearing a NC that had tubing attached to an oxygen concentrator. The oxygen concentrator was set to deliver oxygen at a rate of 2 LPM. The tubing was dated 09/17/20. The surveyor reviewed Resident #45's medical record which revealed the following: According to the Order Summary Report, the resident was admitted to the facility with [DIAGNOSES REDACTED]. The current physician's orders [REDACTED].@ 2LPM every 24 hours as needed for SOB (shortness of breath) or SPO2 (oxygen saturation) less than 92%. There was also a physician's orders [REDACTED]. The resident's active care plan, initiated on 09/12/19 and last reviewed on 08/02/20, read, (The resident) uses continuous oxygen at 3LPM via nasal cannula r/t (related to) [MEDICAL CONDITIONS]. Review of the August and September 2020 Nurses Notes (NN) revealed a NN, dated 09/13/20 at 2:27 PM, with documentation that the resident Refused am care, no sob, continue on O2 at 3LPM NC. The August and September 2020 Electronic Treatment Administration Record revealed that the order for the oxygen administration set up (tubing, nasal cannula/mask, etc.), was signed on 08/19/20, 08/26/20, 09/02/20, 09/09/20, and 09/16/20, indicating that the oxygen set up was changed as ordered. On 09/18/20 at 12:00 PM, the surveyor asked the Licensed Practical Nurse (LPN), how often the oxygen tubing and nasal cannulas were changed. She said every week on Wednesdays. The surveyor explained to the LPN that on 09/16/20 the oxygen tubing was dated 08/20 and on 09/17, it was dated 09/17. The LPN stated it was the night shift's responsibility to change the oxygen tubing weekly. The surveyor confirmed with the LPN that the oxygen was supposed to be set at 2 LPM. The surveyor reviewed the facility's policy and procedure titled, Oxygen Administration, with a reviewed date of 11/2017. The policy indicated, under the heading, Policy Explanation and Compliance Guidelines, that 1. Oxygen is administered under orders of a physician, except in the case of an emergency. In such case, oxygen is administered and orders for oxygen are obtained as soon as practicable when the situation is under control. . 4. The resident's care plan shall identify the interventions for oxygen therapy, based upon the resident's assessment and orders, such as, but not limited to: a. The type of oxygen delivery system. b. When to administer, such as continuous or intermittent and/or when to discontinue. c. Equipment settings for the prescribed flow rates. d. Monitoring of SPO2 (oxygen saturation) levels and/or vital signs, as ordered. e. Monitoring for complications associated with the use of oxygen. . 5. b. Change oxygen tubing and mask/cannula weekly and as needed if it becomes soiled or contaminated. On 09/21/20 at 8:37 AM, the surveyor discussed the above concern with the Administrator and Director of Nursing. There was no additional information provided. NJAC 8:39-27.1 (a)
F 0756 **Level of harm** - Minimal harm or potential for actual harm **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.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, it was determined that the facility failed to act on or respond to the monthly recommendations made by the Consultant Pharmacist. This deficient practice was identified for Resident #14, 1 of 5 residents reviewed for as needed (PRN) psychoactive medication orders and was evidenced by the following: The surveyor reviewed Resident #14's medical record that revealed the following: According to the Admission Record, the resident was admitted to the facility with a [DIAGNOSES REDACTED]. [MEDICATION NAME] is a psychoactive medication used to treat anxiety. The physician's order did not include a stop date. The June, July, August, and September 2020 Electronic Medication Administration Records indicated the resident received [MEDICATION NAME] three times in 06/2020, once in 07/2020, once in 08/2020, and did not receive any doses in 09/2020. According to the Consultant Pharmacist Therapeutic Suggestions, the CP made the following recommendations on 06/22/2020, 07/15/2020, and 08/27/2020: A duration must be specified for PRN psychoactive medications. First order is limited to only 14 days, but if rationale documented by the prescriber to continue order, then next duration may be for longer . Please update order for [MEDICATION NAME] per CMS regulations. According to the primary medical physician (PMP) progress notes of June, July, August, and September 2020, the PMP had not addressed the therapeutic suggestions of the CP. On 09/17/20 at 11:26 AM, the surveyor interviewed the Registered Nurse Unit Manager (RNUM) who confirmed the resident had the same, initial, [MEDICATION NAME] order from 06/14/20 to 09/17/20. She also confirmed that an initial PRN psychoactive order should be written with a stop date for 14 days. The surveyor interviewed the DON on 09/21/20 at 8:48 AM. The DON confirmed the initial [MEDICATION NAME] order should have been for a duration of no longer than 14 days. The DON provided the surveyor with the facility policy and procedure regarding Pharmacy Consultant Services, revised 03/2020. The policy indicated, the pharmacist must report any irregularities to the attending physician, the facility's medical director and director of nursing, and the reports must be acted upon. On 09/21/20 at 8:37 AM, the surveyor discussed the above concern with the Administrator and Director of Nursing. There was no additional information provided. NJAC 8:39-29.3(a)1

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