

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 315244	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/09/2020
NAME OF PROVIDER OF SUPPLIER PREFERRED CARE AT ABSECON		STREET ADDRESS, CITY, STATE, ZIP 1020 PITNEY ROAD ABSECON, NJ 08201	
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 0761 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, record review and review of other facility documentation, it was determined that the facility failed to properly store controlled-dangerous substances, in accordance with acceptable standards of professional practice. This deficient practice was identified for 1 of 2 medication rooms reviewed as part of the the medication storage and labeling task and was evidenced by the following: On 3/5/20 at 12:25 PM, the surveyor observed the presence of seven boxes of [MEDICATION NAME] 2 milligrams (mg) per 1 milliliter (ml), each containing one bottle with a total volume of 30 mls, in the presence of the Registered Nurse (RN). [MEDICATION NAME] is a medication used to treat anxiety and [MEDICAL CONDITION] disorders and is classified as a Schedule IV controlled-dangerous substance (CDS) by the Drug Enforcement Agency (DEA). A Schedule IV drug, substance, or chemical is defined as a drug with a potential for abuse and risk of dependence, whose use is restricted and accounted for closely as a result. On 3/6/20 at 9:40 AM, the surveyor observed the presence of the seven boxes of [MEDICATION NAME] 2 mg/1 ml in the same refrigerator. The surveyor confirmed that the refrigerator was not permanently affixed to any of the surrounding structures, in the presence of the Assistant Director of Nursing (ADON). The surveyor's additional observation revealed that the seven bottles referenced were assigned to a total of four different residents, as indicated on the label attached to each of the boxes and this was confirmed by the ADON. On 3/6/20 at 9:55 AM, the surveyor obtained and reviewed copies of the controlled drug record for each of the seven bottles as assigned to each of the four referenced residents. A controlled drug record sheet is one on which nursing staff records all quantities of medication given to an individual resident in order to account for the remaining quantities. The documentation revealed that the seven bottles, for the four residents contained a total volume of 163.5 mls, which was the equivalent 327 mg of [MEDICATION NAME] in storage. During an interview on 3/6/20 at approximately 10:10 AM, the ADON acknowledged that the referenced bottles and quantities were present in stock, and confirmed that they were classified as controlled-dangerous substances, and verified the accuracy of the quantities present with the surveyor. When asked by the surveyor, the ADON stated that there used to be a separate compartment with a lockbox, that was permanently affixed within the refrigerator. The ADON went on to say that the compartments were removed from the storage refrigerators approximately 3 years ago, when the facility staff decided to store CDS in one, separate refrigerator from non-controlled medication. The separate compartment was used when all medication (non-controlled substances and controlled-dangerous substances) were stored in a single refrigerator. The storage practices were changed to accommodate a larger quantity of medication in kept in stock. On 3/6/20, the surveyor obtained and reviewed physician's orders [REDACTED]. A review of the documentation revealed that each of the four residents had an order for [REDACTED]. When asked, the DON confirmed that the facility used separate, permanently affixed, and locked storage areas in their refrigerators in the past. NJAC 8:39-29.4(h)</p>		

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.