STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	82471	A. BUILDING: _____ B. WING _____	C 01/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLEGRIA ASSISTED LIVING	70 STOCKTON AVENUE OCEAN GROVE, NJ 07756

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments Initial Comments: TYPE OF SURVEY: Complaint COMPLAINT #: NJ 00142139 CENSUS: 100 SAMPLE SIZE: 4 The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. The facility must submit a plan of correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.	A 000		
A 310	8:36-3.4(a)(1) Administration (a) The administrator or designee shall be responsible for, but not limited to, the following: 1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;	A 310		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 02/25/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 310	Continued From page 1 This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00142139 Based on observation, interview and record review it was determined that the facility failed to implement and enforce its policy and procedure on "Medication Delegation, Certified Medication Aide" for Resident #1, Resident #3 and Resident #4, 3 of 4 residents reviewed for medication administration error. This deficient practice was evidenced by the following: At 8:50 a.m., the surveyor observed a Certified Medication Aide (CMA) in the Wellness office on the [redacted] floor who stated that she was about to administer medications to the residents. The surveyor informed the CMA that she would be followed to observe how she (CMA) administered medications to the residents. 1. At 9 a.m., the surveyor observed the CMA review the Electronic Medication Administration Record (eMAR) for Resident #1 and retrieved two "Bingo" cards from the medication cart. She informed the surveyor that Resident #1 would be administered [redacted] medications. The CMA then retrieved two small souffle cups and in between the souffle cups were [redacted] pre-poured medications. The medications were [redacted] tablet [redacted] daily and [redacted] by mouth twice daily. The CMA administered the two medications to Resident #1. The surveyor did not observe the CMA remove the medications from the "Bingo" pack. During	A 310		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 310	Continued From page 2	A 310		

interview, the surveyor asked the CMA when Resident #1 medications were poured. The CMA confirmed that the two medications were pre-poured. She explained that she was in the middle of administering the medications to Resident #1 when two other residents attempted to start a fight. The CMA added that she was aware that medications should not be pre-poured.

At 10:05 a.m., the surveyor reviewed Resident #1's medical record which revealed that the resident was admitted to the facility NJ Ex Order 26.4b1 with diagnosis which included but was not limited to NJ Ex Order 26.4b1. The "Physician's Order Form Between NJ Ex Order 26.4b1" indicated that the resident was prescribed NJ Ex Order 26.4(b)(1) tablet NJ Ex Order 26.4(b)(1) by mouth daily at 9 a.m., and NJ Ex Order 26.4(b)(1) by mouth twice daily at 9 a.m., and 5 p.m. Resident #1 was not able to be interviewed due to NJ Ex Order 26.4(b)(1). Medication Administration Record/Treatment Administration Record, is a document used to show when and whom administered medications to a resident.

2. At 9:05 a.m., the CMA proceeded to Resident #3's room and administered medications to the resident while the Executive Director (ED) was introducing herself to the surveyors. The surveyor observed that the CMA reached into the medication cart and handed Resident #3 a souffle cup with medications. The surveyor did not observe the CMA remove the medications from the bingo pack.

At 11:55 a.m., the surveyor review of Resident #3's medical record indicated that the resident was admitted to the facility NJ Ex Order 26.4(b)(1) with diagnosis which included but was not limited to NJ Ex Order 26.4(b)(1). The "Physician's Order Form Between NJ Ex Order 26.4(b and NJ Ex Order 26.4(b)(1" revealed

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLEGRIA ASSISTED LIVING	70 STOCKTON AVENUE OCEAN GROVE, NJ 07756

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A 310	Continued From page 3	A 310		

that Resident #3 was prescribed the following medications: [redacted] oral tablet [redacted] daily, [redacted] by mouth daily and [redacted] by mouth daily. The surveyor was not able to interview Resident #3 due to [redacted]

3. At 9:10 a.m., the CMA proceeded to Resident #4's room to administer medication(s) to him/her. The CMA again retrieved two souffle cups from the medication cart that contained pre-poured medications. The CMA stated that she was sorry for pre-pouring the medications and that she had never pre-poured medications for residents before. The CMA then administered the following pre-poured medications to Resident #4 after identification of the medications with the surveyor: [redacted], [redacted] and [redacted] one tablet.

During interview with the CMA, the surveyor asked her when the medications were poured. The CMA admitted that she pre-poured the medications just before the surveyors arrived on the unit but she could not recall the exact time.

At 12:45 p.m., the surveyor reviewed Resident #4's medical record and according to the "Admission Face Sheet," the resident was admitted to the facility [redacted] with diagnosis which included but was not limited to [redacted] The surveyor was not able to interview the resident due to [redacted].

The "The Physician's Order Form dated [redacted] and [redacted]" revealed the following medications: [redacted] oral tablet [redacted] by mouth daily, [redacted] by

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLEGRIA ASSISTED LIVING	70 STOCKTON AVENUE OCEAN GROVE, NJ 07756

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A 310	Continued From page 4 mouth daily, NJ Ex Order 26.4(b)(1) twice daily, one daily NJ Ex Order 26.4(b)(1) one tablet by mouth daily, NJ Ex Order 26.4(b)(1) one tablet by mouth daily, NJ Ex Order 26.4(b)(1) by mouth daily, NJ Ex Order 26.4(b)(1) one capsule by mouth daily, NJ Ex Order 26.4(b)(1) one capsule by mouth twice daily, NJ Ex Order 26.4(b)(1) one tablet by mouth 3 times daily. At 1:30 p.m., the surveyor informed the ED regarding the aforementioned concerns and she stated that she was not aware that medications were being pre-poured and would have the new Director of Nursing address the concern. The new DON was not available for interview. The surveyor reviewed the facility's policy and procedure titled, "Medication Delegation, Certified Medication Aide" which revealed under purpose 3. iii, "The certified medication aide shall not: Pre-pour medications for more than one resident at a time.	A 310		
A 935	8:36-11.4(b) Pharmaceutical Services (b) All medications shall be administered by qualified personnel in accordance with prescriber orders, facility or program policy, manufacturer's requirements, cautionary or accessory warnings, and all Federal and State laws and regulations.	A 935		

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A 935	Continued From page 5 This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00142139 Based on interview and record review it was determined that the facility failed to ensure medications were administered in accordance with prescriber orders to Resident #2, 1 of 4 residents reviewed for medication error. This deficient practice was evidenced by the following: On 1/7/21 at 8 a.m., the Department of Health (DOH) received a Reportable Event Report (RER) regarding medications that were administered to Resident #2 without a physician's order at the facility on [NJ Ex Order 26.4(b)]. At 9:30 a.m., during tour of the second floor secured unit the surveyor observed Resident #2 in his/her room sitting on a chair, groomed and appropriately dressed. The resident stated that he/she was [NJ Ex Order 26.4(b)(1)] but the surveyor was not able to complete an interview with the due to the resident's [NJ Ex Order 26.4(b)(1)]. At 10 a.m., the surveyor reviewed Resident #1's medical record and according to the "Admission Face Sheet," the resident was admitted to the facility [NJ Ex Order 26.4(b)(1)] with diagnoses which included but were not limited to [NJ Ex Order 26.4(b)(1)] [NJ Ex Order 26.4(b)(1)] and [NJ Ex Order 26.4] The "General Service Evaluation-Level of Care" dated [NJ Ex Order 26.4] completed by a Registered Nurse (RN) who was also the Director of Nursing (DON) revealed that the resident required "[NJ Ex Order 26.4(b)(1)]" with [NJ Ex Order 26.4(b)(1)] In addition, the DON documented that staff administered medications to the resident. Surveyor review of the electronic "Progress Notes" dated [NJ Ex Order 26.4(b)], "Late entry" for [NJ Ex Order 26.4(b)]	A 935		

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A 935	Continued From page 6	A 935		

written by the DON documented, "On [redacted] evening shift meds were received and administered to ... [Resident #1]. The medications: [redacted] and [redacted] were administered. [redacted] was written but not administered as it was not transcribed. Meds were sent by mistake from pharmacy for another resident with the same name and same spelling, using the same pharmacy. ... [pharmacy] did not confirm DOB [Date of Birth] before sending. Med tech administered as she knew that this resident was experiencing [redacted] that was not [redacted] by current NJ Ex Order 26.4(b)(1). Valid script with name spelled the same was discovered when writer called pharmacy to see who prescribed the meds as Dr. ... [Resident #1's physician] stated he did not."

The surveyor reviewed Resident #2's "Physician Orders Form dated [redacted] and [redacted]" and observed the following medications: [redacted] oral tablet [redacted] by mouth daily as needed, [redacted] oral tablet [redacted] daily, [redacted] oral tablet [redacted] twice daily, NJ Ex Order 26.4(b)(1) oral capsule [redacted] daily, NJ Ex Order 26.4(b)(1) oral capsule [redacted] daily, [redacted] oral tablet [redacted] at bedtime.

Further, the surveyor reviewed the electronic "Monthly MAR/TAR dated [redacted] and a handwritten "Routine Medications" form dated [redacted]. Medication Administration Record/Treatment Administration Record, is a document used to show when and whom administered medications to a resident. The surveyor observed that Resident #2 was administered the additional following medications without a physician's order: NJ Ex Order 26.4(b)(1) [redacted] at 9 a.m., and 5 p.m., [redacted] by mouth at 9 a.m.; NJ Ex Order 26.4(b)(1)

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one tablet by mouth at 8 a.m. and 2 p.m., and NJ Ex Order 26.4(b)(1) at 9 a.m.

At 10:30 a.m., the surveyor interviewed the Executive Director (ED) regarding the medications that were administered to the resident on NJ Ex Order 26.4(b) without a physician's order. The ED stated that she was notified of the incident the next day, NJ Ex Order 26.4(b). She stated that she received a telephone call from the Assisted Living Coordinator (ALC) that Resident #2 was administered medications without an order from a physician.

The ED continued that her investigation revealed that the medications were prescribed by a different physician for a resident with the same name as Resident #2 that resided at another facility. The ED stated that the DON was notified of the new medications but she [DON] failed to clarify the medications with Resident #2's physician before she (DON) approved the medications to be administered to Resident #2. The ED stated that the DON was NJ Ex Order 26.4b1 at the facility and was not available for interview.

At 11:10 a.m., the surveyor interviewed the ALC regarding the medication error that she reported to the ED and the DON. The ALC stated that on NJ Ex Order 26.4(b) at approximately 10:30 a.m., that Certified Medication Aide (CMA) #1 notified her of possible medication error. The ALC stated that CMA #1 informed her that Resident #2 was administered medications that he/she did not have orders for. The ALC stated that she immediately notified the ED/DON via telephone.

At 11:45 a.m., the surveyor interviewed a Licensed Practical Nurse (LPN) charge nurse that

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A 935	Continued From page 8	A 935		

was on duty on [NJ Ex Order 26.4(b)] via telephone. The LPN stated that on [NJ Ex Order 26.4(b)] on the 7-3 shift [could not recall the time] that CMA #1 notified her that she could not administer the new medications delivered to Resident #2. The LPN stated that CMA #1 informed her that the medications were in the medication cart but were not on the eMAR [electronic Medication Administration Record] to be administered to the resident.

The LPN stated that she was [US FOIA (b)(6)] the facility and was not familiar with the eMAR system. She explained that she placed a telephone call to the DON because she had difficulty transcribing Resident #2's new medications in the eMAR. The LPN stated that she informed the DON that she was able to transcribe the [NJ Ex Order 26.4(b)] but that the system restricted her [LPN] from transcribing the rest of the medications. The LPN stated that the DON instructed her [LPN] to transcribe the other medications onto a paper Medication Administration Record [Routine Medications] and administer the medications to the resident.

At 1:30 p.m., the surveyor informed the ED about the aforementioned concern. She acknowledged that there was a medication error and stated that the DON should have called the resident's physician to clarify the medications.

On 1/14/21 at 12:30 p.m., post survey, the surveyor interviewed CMA #1 and she stated that the facility received about three to four "Bingo" cards of "Routine" medications and a pack of [NJ Ex Order 26.4(b)(1)] on [NJ Exec Orde] night, [NJ Ex Order 26.4(b)] for Resident #2. CMA #1 stated that on [NJ Exec Order 26.4(b)] morning, [NJ Ex Order 26.4(b)] on the 7-3 shift [could not recall time] that she approached the LPN on duty to inform her that Resident #2's new medications were not on the eMAR to be administered to the

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A 935	Continued From page 9	A 935		

resident.

CMA #1 explained that she told the LPN to call and notify the DON of the new medications and for delegation. CMA #1 stated that the LPN browsed the system and informed her [CMA #1] that the medications were in the system but she [LPN] was not able to transcribe the medications to the eMAR. CMA #1 stated that later the LPN returned to her [CMA #1] that she [LPN] spoke with the DON and that she [LPN] was instructed to transcribe the new medications to a paper MAR. CMA #1 stated that she did not administer the medications because the DON did not directly delegate the new medications to her to be administered to Resident #2.

On 1/19/20 at 3:15 p.m., post survey, the surveyor interviewed CMA #2 who administered and signed out the new medications to Resident #2 on NJ Ex Order 26.4(b). She confirmed that she administered the NJ Ex Order 26.4(b) NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) to Resident #2. CMA #2 stated that she administered the medications because they were on the eMAR and paper MAR to be administered.

Surveyor review of the facility's policy and procedure titled, "Medication Delegation, Certified Medication Aide" revealed under section v. "Administer medications that have been dispensed by a pharmacy, in accordance with N.J.S.A. 45:14 et seq ..., and the requirements of this chapter; or" under iv. "Contact prescriber for changes in medication, to clarify an order, or contact the pharmacist for questions regarding a dispensed medication; or" under 4. " The certified medication aide shall contact the registered professional nurse for any questions or clarification regarding medication administration."

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ALLEGRIA
AT OCEAN GROVE

POC A 310 Policies and Procedures

Facility failed to implement and enforce its policy and procedure on "Medication Delegation, Certified Medication Aide"

Residents 1, 3 and 4 were NJ Ex Order 26.4(b)(1) by the alleged deficiency.

1. Corrective action will be accomplished through the development of a staff education program directed to ensure accurate and safe medication and treatment administration as delegated by the RN to the certified medication aide.

2. All residents are at risk pursuant the deficient practice.

3. Measures to prevent recurrence as it pertains to:

Medication Administration

a. Certified medication aide #1 was suspended from Administering Medications. Required to have 3 med pass observations and re-education on administration medication policies.

b. All certified medications aides were re-educated on the fundamental principles of safe medication administration.

4. Monitoring of corrective action will be achieved by monthly medication administration observation for 3 consecutive months. Personnel that do not complete the med pass observation successfully will be required to complete additional training and will not be permitted to administer medications until a subsequent and successful medication administration pass be conducted. The Director of Nursing will provide the med pass observations every three months.

Date of completion: January 21, 2021

70 Stockton Avenue
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ALLEGRIA
AT OCEAN GROVE

POC A 935 Pharmaceutical Services

Facility failed to ensure medications were administered in accordance with prescriber orders.

Residents #2 was NJ Ex Order 26.4(b)(1) by the alleged deficiency.

1.Corrective action will be accomplished through a facility wide audit of all medication records ensuring administration is in accordance with the prescriber's orders,

2. All residents are at risk pursuant the deficient practice.

3. Measures to prevent recurrence as it pertains to:

Receipt of Pharmaceutical Supplies

a. Upon receipt of pharmaceutical supplies the RN or designee shall verify accuracy using a check system to include: Name, Date of Birth, Prescribing Physician and medication order.

b. Following initial verification the RN or designee shall enter receipt of medications into the EMAR.

c. The RN or designee shall distribute medications to the floor and along with the LPN or medication aide perform a third check against the EMAR before medications are put on the cart.

4. Monitoring of corrective action will be achieved by quarterly audits by Director of Nursing and Assistant Director of Nursing.

Date of completion: January 21, 2021

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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
82471		2/26/2021

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLEGRIA ASSISTED LIVING	70 STOCKTON AVENUE OCEAN GROVE, NJ 07756

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0310 Reg. # 8:36-3.4(a)(1) LSC	Correction Completed 01/21/2021	ID Prefix A0935 Reg. # 8:36-11.4(b) LSC	Correction Completed 01/21/2021	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	**REVIEWED BY (INITIALS)**	**DATE**	**SIGNATURE OF SURVEYOR**	**DATE**
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON
1/7/2021

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ **YES** ☐ **NO**