

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/01/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315179	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/01/2023
NAME OF PROVIDER OR SUPPLIER AUTUMN LAKE HEALTHCARE AT OCEANVIEW			STREET ADDRESS, CITY, STATE, ZIP CODE 2721 ROUTE 9 OCEAN VIEW, NJ 08230		
(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) COMPLETION DATE
F 000	INITIAL COMMENTS COMPLAINT#: NJ163054, NJ165615 CENSUS: 96 SAMPLE SIZE: 5 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000			
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: COMPLAINT#: NJ163054 Based on interviews, medical records review, and review of other pertinent facility documentation on 7/25/2023, 7/31/2023, and 8/1/2023, it was determined that the facility failed to follow standards of clinical practice for medications and treatments administration as ordered by the Physician as being administered for 2 of 5 residents (Resident #2 and #4) reviewed for documentation. The facility also failed to follow its policy titled "Charting and Documentation."	F 658	CORRECTIVE ACTION: Resident number 2 and 4 MARs (medication administration record) and TARs (treatment administration records) have been reviewed for deficient practice. Neither resident have not had any negative outcomes from the deficient practice. On August 2, 2023, an audit was completed by the Director of Nursing, supervisors, and unit managers on all residents on the MARs and TARs to ensure that documentation is completed		9/13/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

08/23/2023

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 658	<p>Continued From page 1</p> <p>This deficient practice was evidenced by the following:</p> <p>1. According to the Admission Record (AR), Resident #2 was admitted to the facility on [REDACTED] and readmitted on [REDACTED] with diagnoses which included but were not limited to [REDACTED].</p> <p>A review of the Minimum Data Set (MDS), an assessment tool dated [REDACTED], Resident #2 had a Brief Interview of Mental Status (BIMS) score of [REDACTED], indicated the Resident was [REDACTED]. The MDS also revealed Resident #2 needed [REDACTED] physical assistance with most ADLs.</p> <p>A review of the "Order Summary report (OSR)" Active Orders as of [REDACTED] included the following Physician's Orders (POs):</p> <p>Air mattress check placement and [REDACTED] (every) shift, dated [REDACTED].</p> <p>[REDACTED] Topical)). Apply to [REDACTED] every shift for prevention, dated [REDACTED].</p> <p>[REDACTED] (Topical)). Apply to [REDACTED] topically every shift for prevention, dated [REDACTED].</p>	F 658	<p>by licensed professionals on each shift to prevent further repeat of the deficient practice.</p> <p>Resident number 2 and 4 included in sample still reside at the facility.</p> <p>IDENTIFICATION OF THE RESIDENTS AT RISK: All residents have potential to be at risk for deficient practice. This can be identified by reviewing the residents' medication and treatment administration records.</p> <p>SYSTEMIC CHANGE: To ensure the deficient practice does not re-occur, On August 2, 2023, all nursing staff were in-serviced on medication and treatment administration policies and the importance of documenting directly upon administration. In-service completed on August 7, 2023.</p> <p>Audits will be conducted on every shift by unit managers and shift supervisors to ensure completion of documentation. The facility has and shall continue to educate staff on the need to document MARs and TARs upon administration as it pertains to facility policy. All new hires will be educated upon date of hire of the facility policy of medication and treatment administration to include completion and accuracy of documentation on MARs and TARs.</p> <p>QUALITY ASSURANCE: The DON/ designee will audit all the MARs and TARs for accuracy and timely documentation daily on all shifts for twelve weeks, then twice daily for eight weeks and once daily for four weeks. Any findings from the audit will be addressed immediately and will be reported to the Administrator as well as</p>		

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F 658	<p>Continued From page 2</p> <p>A review of the OSR for Resident #2 Active Orders as of [REDACTED] included the following POs:</p> <p>[REDACTED] every day and evening shift for [REDACTED] apply in am (a.m), off at hs [REDACTED] dated [REDACTED]</p> <p>[REDACTED] Apply to [REDACTED] topically every shift for prevention, dated [REDACTED]</p> <p>[REDACTED] while in bed every shift for [REDACTED], dated [REDACTED]</p> <p>[REDACTED] every shift, dated [REDACTED]</p> <p>[REDACTED] every shift for wound healing, dated [REDACTED]</p> <p>[REDACTED] Give [REDACTED] tablets by mouth in the evening for [REDACTED], dated [REDACTED]</p> <p>A review of the Medication Administration Record (MAR) dated [REDACTED] for Resident # 2 revealed the following POs were not administered because there was no documented evidence that the staff gave the medication to the Resident, as evidenced by the following:</p> <p>[REDACTED] (milligrams)</p> <p>[REDACTED] Give [REDACTED] tablets by mouth in the evening for [REDACTED] tabs (tablets) = [REDACTED] mg at [REDACTED]</p>	F 658	<p>the QA/QAPI committee quarterly for six months or until compliance is met.</p>		

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F 658	<p>Continued From page 3</p> <p>10:00 p.m. on [REDACTED] were blank.</p> <p>A review of the Treatment Administration Record (TAR) dated [REDACTED] revealed the following POs were not administered because there was no documented evidence that the staff gave the treatment to the Resident as evidenced by the following:</p> <p>[REDACTED] placement and [REDACTED] shift on the Night [shift] on [REDACTED] was blank.</p> <p>[REDACTED] while in bed every shift for [REDACTED] on the Night [shift] on [REDACTED] was blank.</p> <p>[REDACTED] every Night [shift] on [REDACTED] was blank.</p> <p>[REDACTED] every shift for [REDACTED] on the Night [shift] on [REDACTED] 2 was blank.</p> <p>[REDACTED] Topical)). Apply to [REDACTED] every shift for prevention on the Night [shift] on [REDACTED] was blank.</p> <p>[REDACTED] (Topical)). Apply to [REDACTED] ks topically every shift for prevention on the Night [shift] on [REDACTED] was blank.</p> <p>A review of the Treatment Administration Record (TAR) dated [REDACTED] for Resident #2 revealed the following POs were not administered because there was no documented evidence that the staff gave the treatment to the Resident as</p>	F 658			

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F 658	<p>Continued From page 4 evidenced by the following:</p> <p>[REDACTED] every day and evening shift for [REDACTED] apply in am (a.m), off at [REDACTED] on the [REDACTED] shift on [REDACTED] was blank.</p> <p>[REDACTED] Apply to [REDACTED] topically every shift for prevention on the [REDACTED] shift on [REDACTED] was blank.</p> <p>[REDACTED] while in bed every shift for [REDACTED] on the Day shift on [REDACTED] was blank.</p> <p>[REDACTED] every shift on the Day shift on [REDACTED] was blank.</p> <p>[REDACTED] every shift for [REDACTED] on the Day shift on [REDACTED] was blank.</p> <p>At the time of the survey, the Licensed Practice Nurse (LPN) and the Registered Nurse (RN) who cared for Resident #2 in [REDACTED] and [REDACTED] were unavailable for interviews.</p> <p>2. According to the AR, Resident #4 was admitted to the facility on [REDACTED] and readmitted on [REDACTED] with diagnoses which included but were not limited to [REDACTED] [REDACTED].</p> <p>According to the MDS, an assessment tool dated [REDACTED], Resident #4 had a BIMS score of</p>	F 658			

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F 658	<p>Continued From page 5</p> <p>██████████, which indicated the Resident was ██████████. The MDS also showed Resident #4 needed ██████████ with most ADLs.</p> <p>A review of Resident #4 's OSR, Active Orders as of ██████████, revealed the following POs:</p> <p>██████████ Check function and use q (every) shift for safety precaution, dated ██████████</p> <p>██████████ under ██████████ q shift, dated ██████████</p> <p>██████████ and ██████████ (p.m.) every day and evening shift for prevention, dated ██████████</p> <p>██████████) every day and evening shift, dated ██████████</p> <p>██████████ Topical)). Apply to ██████████ topically every shift for preventive, dated ██████████</p> <p>A review of the TAR dated ██████████ for Resident #4 revealed the following POs were not administered because there was no documented evidence that the staff gave the treatment to the Resident as evidenced by the following:</p> <p>██████████. Check function and use q shift for ██████████ on the evening [shift] on ██████████ was blank.</p> <p>Check the function of ██████████. Location: ██████████, every shift on the evening [shift] on</p>	F 658			

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F 658	<p>Continued From page 6</p> <p>██████ was blank.</p> <p>██████ under ██████ q shift on the evening [shift] on ██████ was blank.</p> <p>████████████████████ (p.m.) every day and evening shift for prevention on the evening [shift] on ██████ was blank.</p> <p>██████ every day and evening shift on the evening [shift] on ██████ was blank.</p> <p>████████████████████ Topical)). Apply to ██████ topically every shift for preventive on the evening [shift] on ██████ was blank.</p> <p>During an interview on 7/25/2023 at 10:38 a.m., when the Surveyor asked about the blank spaces on the MAR/TAR, the Unit Manager/Licensed Practice Nurse (UM/LPN) stated "[A] blank space on [the] MAR/TAR means [the medication/treatment is] not signed out and if [it is] not documented then it's not done."</p> <p>During a telephone interview on 8/1/2023 at 1:13 p.m., when the Surveyor asked about the blank spaces on the TAR on ██████ on the evening shift, the Licensed Practice Nurse (LPN) who cared for Resident #4 stated, "[A] blank space may have meant that I did not complete the treatment. I don't know why I wouldn't sign it [the treatment] out."</p> <p>During an interview on 8/1/2023 at 1:19 p.m., when the Surveyor asked about the blank spaces on the MAR/TAR, the DON stated, "I need to review the blanks on the MAR. The expectation is</p>	F 658			

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F 658	<p>Continued From page 7</p> <p>to complete, to document; there should not be any blanks on the MAR/TAR. There should be a reason why the medication/treatment was not given is [the] expectation." The DON continued to say, "If [the] medication/treatment was done, it would show a checkmark [as] done. To me, the nurse didn't document means nothing, even though [there was] no reason given ..."</p> <p>During a second interview on 8/1/2023 at 3:00 p.m., the DON stated, "I know Nursing 101 is if [it is] not documented, [it is] not done, but I can't assume that's what happened ..."</p> <p>A review of the updated facility policy titled "Charting and Documentation" revealed Under "Policy Statement," "All services provided to the Resident, progress toward the care plan goals, or any changes in the Resident's medical, physical, functional or psychosocial condition, shall be documented in the Resident's medical record. The medical record should facilitate communication between the interdisciplinary team regarding the Resident's condition and response to care." Under "Policy Interpretation and Implementation," included "1. Documentation in the medical record may be electronic, manual or a combination. 2. The following information is to be documented in the resident medical record: ...b. Medications administered; c. Treatments or services performed; ..." 3. Documentation in the medical record will be objective (not opinionated or speculative), complete, and accurate ...7. Documentation of procedures and treatments will include care-specific details, including: a. the date and time the procedure/treatment was provided; b. the name and title of the individual(s) who provided the care; c. the assessment data and/or any unusual findings obtained during the</p>	F 658			

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F 658	Continued From page 8 procedure/treatment; d. how the Resident tolerated the procedure/treatment; e. whether the Resident refused the procedure/treatment; f. notification of family, Physician or other staff, if indicated; and g. the signature and title of the individual documenting."	F 658			
F 677 SS=D	N.J.A.C.: 8.39-27.1 (a) ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: COMPLAINT#: NJ163054 Based on observation, interviews, review of the medical record, and other pertinent facility documentation on 7/25/2023, 7/31/2023, and 8/1/2023, it was determined that the facility failed to consistently document Activities of Daily Living (ADL) care as being provided to 1 of 5 residents (Resident #2). The facility also failed to follow its policy titled "Charting and Documentation," as required by the Job Description for the Certified Nursing Assistant (CNA). This deficient practice was evidenced by the following: According to the Admission Record (AR), Resident #2 was admitted to the facility on [REDACTED] and readmitted on [REDACTED] with	F 677	CORRECTIVE ACTION: Resident number 2 medical records have been reviewed for deficient practice. The resident has not had any negative outcomes from the deficient practice. On August 2, 2023, an audit was completed by the Director of Nursing, supervisors and unit managers on all residents on ADLs to ensure that documentation is completed by certified nursing assistants on each shift to prevent further repeat deficient practice. Resident number 2 is still residing at facility. IDENTIFICATION OF THE RESIDENTS AT RISK: All residents have potential to be at risk for deficient practice. This can be identified by reviewing the residents' activities of daily living records/Medical records.		9/13/23

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F 677	<p>Continued From page 9</p> <p>diagnoses which included but were not limited to</p> <p>[REDACTED]</p> <p>A review of the Minimum Data Set (MDS), an assessment tool dated [REDACTED] Resident #2 had a Brief Interview of Mental Status (BIMS) score of [REDACTED], indicated the Resident was [REDACTED]. The MDS also revealed Resident #2 needed [REDACTED] assistance with most ADLs.</p> <p>A review of Resident#2's "ADL" Sheet dated [REDACTED] through [REDACTED] revealed the following:</p> <p>A review of the ADL tasks for [REDACTED] revealed blank spaces which indicated the task was not documented as being completed as follows on 7:00 a.m.-3:00 p.m. shift on [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED] and</p> <p>[REDACTED]</p>	F 677	<p>SYSTEMIC CHANGE: On August 2, 2023, in-servicing began by Director of Nursing for all nursing staff to review the ADL documentation policy and the importance of documenting in a timely manner. In-service completed on August 7, 2023. Audits will be conducted on every shift by unit managers and shift supervisors to ensure completion of documentation. The facility has and shall continue to educate staff on the need to document ADLs as it pertains to facility policy. All new hires will be educated upon date of hire of the facility policy of ADL documentation to include completion and accuracy. Agency staff will be educated on ADL documentation policy prior to the start date.</p> <p>QUALITY ASSURANCE: The DON or designee will audit all the ADL documentation for accuracy and timely completion daily on all shifts for twelve weeks, then twice daily for eight weeks and once daily for four weeks. Any findings from the audit will be addressed immediately and will be reported to the Administrator and to the QA/QAPI committee quarterly for six months or until compliance is met.</p>		

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F 677	<p>Continued From page 10</p> <p>A review of Resident #2's "ADL" for [REDACTED] through [REDACTED] revealed no ADL Task for [REDACTED] and no documentation for [REDACTED] for the task noted on the ADL.</p> <p>A review of Resident #2's "Documentation Survey Report v2 (DSR)", an ADL care task provided to the Resident and documented by the CNA during their assigned shift, revealed the following:</p> <p>A review of the DSR form used for documentation of Intervention/Task (I/T), [REDACTED], dated [REDACTED] through [REDACTED] revealed blank spaces which indicated the task was not documented as being completed as follows: on Q (every) shift, Day (POC (plan of care)) 7:00 a.m.-3:00 p.m. on [REDACTED] through [REDACTED] through [REDACTED] and on shift Evening (POC) 3:00 p.m.-11:00 p.m. on [REDACTED] and [REDACTED].</p> <p>A review of the DSR form used for documentation of I/T, [REDACTED], dated [REDACTED] through [REDACTED] revealed blank spaces which indicated the task was not documented as being completed as follows: on shift, Day (POC) 7:00 a.m.-3:00 p.m. on [REDACTED] through [REDACTED] through [REDACTED]; on shift Evening (POC) 3:00 p.m.-11:00 p.m. on [REDACTED] through [REDACTED] through [REDACTED].</p>	F 677			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315179	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/01/2023
NAME OF PROVIDER OR SUPPLIER AUTUMN LAKE HEALTHCARE AT OCEANVIEW			STREET ADDRESS, CITY, STATE, ZIP CODE 2721 ROUTE 9 OCEAN VIEW, NJ 08230		
(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) COMPLETION DATE	
F 677	<p>Continued From page 11</p> <p>_____ and shift Night (POC) 11:00 p.m.-7:00 a.m. on _____ through _____</p> <p>A review of the DSR form for I/T, _____ dated _____ through _____ revealed blank spaces, which indicated the task was not documented as being completed as follows: on Shift Day (POC) 7:00 a.m.-3:00 p.m. on _____ through _____ on 3:00 p.m.-11:00 p.m. on _____ through _____ and _____, on 11:00 p.m.-7:00 a.m. on _____ through _____</p> <p>A review of the DSR form for _____ and _____ dated _____ through _____, revealed blank spaces which indicated the task was not documented as being completed as follows: on Shift Day (POC) at 7:00 a.m.-3:00 p.m. on _____ through _____, on Shift Evening (POC) 3:00 p.m.-11:00 p.m. on _____ through _____</p>	F 677			

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F 677	<p>Continued From page 12</p> <p>and [REDACTED] and on Shift Night (POC) 11:00 p.m.-7:00 a.m. on [REDACTED] through [REDACTED]</p> <p>A review of the DSR form for I/T, Bathing, dated [REDACTED] through [REDACTED] revealed blank spaces which indicated the task was not documented as being completed as follows; Shift Day (POC) 7:00 a.m.-3:00 p.m. on 1/1/2023 through [REDACTED] and [REDACTED]; on shift Evening (POC) 3:00 p.m.-11:00 p.m. on [REDACTED]</p> <p>A review of the DSR form for [REDACTED], dated [REDACTED] through [REDACTED] revealed blank spaces, which indicated the task was not documented as being completed as follows; shift Day (POC) 7:00 a.m.-3:00 p.m. on [REDACTED] through [REDACTED] and [REDACTED], on shift Evening (POC) 3:00 p.m.-11:00 p.m. on [REDACTED] and [REDACTED] and on shift Night (POC) 11:00 p.m.-7:00 a.m. on [REDACTED]</p> <p>A review of the DSR form for [REDACTED], dated [REDACTED] through [REDACTED] revealed blank spaces which indicated the task</p>	F 677			

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F 677	<p>Continued From page 13</p> <p>was not documented as being completed as follows; shift Day (POC) 7:00 a.m.-3:00 p.m. on [REDACTED] through [REDACTED], shift Evening (POC) 3:00 p.m.-11:00 p.m. on 1/2/2023, [REDACTED], shift on Night (POC): 11:00 a.m. -7:00 p.m. on [REDACTED] and [REDACTED].</p> <p>A review of the DSR form for [REDACTED], dated [REDACTED] through [REDACTED] revealed blank spaces which indicated the task was not documented as being completed as follows; shift Day (POC) 7:00 a.m.-3:00 p.m. on [REDACTED] and [REDACTED] shift Evening (POC) 3:00 p.m. - 11:00 p.m. on [REDACTED] through [REDACTED] and [REDACTED] on shift Night (POC) 11:00 p.m.-7:00 a.m. on [REDACTED] and [REDACTED].</p> <p>A review of the DSR form for [REDACTED], dated [REDACTED] through [REDACTED], revealed blank spaces, which indicated the task was not documented as being completed as follows: shift Day (POC) 7:00 a.m. - 3:00 p.m. on [REDACTED] and [REDACTED], on shift Evening (POC) 3:00 p.m.-11:00 p.m. on [REDACTED].</p> <p>A review of the DSR form for [REDACTED], dated [REDACTED] through [REDACTED]</p>	F 677			

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F 677	<p>Continued From page 14</p> <p>revealed blank spaces, which indicated the task was not documented as being completed as follows; shift Day (POC) 7:00 a.m.-3:00 p.m. on [REDACTED] and [REDACTED], shift Evening (POC) 3:00 p.m.-11:00 p.m. [REDACTED] and shift Night (POC) 11:00 a.m. -7:00 p.m. on 2/1/2023, [REDACTED] and [REDACTED].</p> <p>A review of the DSR form for [REDACTED], dated [REDACTED] through [REDACTED], revealed blank spaces which indicated the task was not documented as being completed as follows; shift Day (POC) 7:00 a.m.-3:00 p.m. on [REDACTED] and [REDACTED] on shift Evening (POC) 3:00 p.m.-11:00 p.m. on [REDACTED], on shift Night (POC) 11:00 p.m.-7:00 a.m. on [REDACTED] through [REDACTED] and [REDACTED].</p> <p>A review of the DSR form for [REDACTED], dated [REDACTED] through [REDACTED], revealed blank spaces, which indicated the task was not documented as being completed as follows; shift Day (POC) 7:00 a.m.-3:00 p.m. on [REDACTED] and [REDACTED], shift Evening (POC) 3:00 p.m.-11:00 p.m. on [REDACTED] and on shift Night (POC) 11:00 p.m.-7:00 a.m. on [REDACTED] and [REDACTED].</p> <p>A review of the DSR form for [REDACTED], dated [REDACTED] through [REDACTED], revealed blank spaces which indicated the task was not documented as being completed as follows; shift</p>	F 677			

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F 677	<p>Continued From page 15</p> <p>Day (POC) 7:00 a.m.-3:00 p.m. on [REDACTED] [REDACTED] and [REDACTED] and shift Evening (POC) 3:00 p.m.-11:00 p.m. on [REDACTED], [REDACTED] and [REDACTED].</p> <p>A review of the DSR form for [REDACTED] Continence, dated [REDACTED] through [REDACTED] revealed blank spaces which indicated the task was not documented as being completed as follows; shift Day (POC) 7:00 a.m.-3:00 p.m. on [REDACTED] and [REDACTED] and shift Evening (POC) 3:00 p.m.-11:00 p.m. on [REDACTED] and [REDACTED] and shift Night (POC) 11:00 p.m.-7:00 a.m. on [REDACTED] [REDACTED] and [REDACTED]</p> <p>A review of the DSR form for [REDACTED] Continence, dated [REDACTED] through [REDACTED] revealed blank spaces which indicated the task was not documented as being completed as follows; shift Day (POC) 7:00 a.m.-3:00 p.m. on [REDACTED] and shift Evening (POC) 3:00 p.m.-11:00 p.m. on [REDACTED] and shift Night (POC) 11:00 p.m.-7:00 a.m. on [REDACTED] [REDACTED] and [REDACTED]</p> <p>A review of the DSR form for [REDACTED] dated [REDACTED] through [REDACTED] revealed blank spaces which indicated the task was not documented as being completed as follows; shift Day (POC) 7:00 a.m.-3:00 p.m. on [REDACTED] [REDACTED] and [REDACTED] and shift Evening (POC) 3:00 p.m.-11:00 p.m. on [REDACTED] [REDACTED] and [REDACTED] and shift</p>	F 677			

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F 677	<p>Continued From page 16</p> <p>Night (POC) 11:00 p.m.-7:00 a.m. on [REDACTED] [REDACTED] and [REDACTED].</p> <p>A review of the "Task Schedule (TS) for [REDACTED], dated [REDACTED] through [REDACTED], [REDACTED]'s schedule Tuesday and Friday 7-3 shift revealed blank spaces, which indicated the task was not documented as being completed as follows: shift on [REDACTED] and [REDACTED].</p> <p>A review of T's for [REDACTED] for [REDACTED], dated [REDACTED] through [REDACTED], revealed blank spaces, which indicated the task was not documented as being completed as follows: shift [REDACTED] and [REDACTED].</p> <p>A review of Ts for [REDACTED] for [REDACTED] and [REDACTED], dated [REDACTED] through [REDACTED], revealed blank spaces, which indicated the task was not documented as being completed on [REDACTED].</p> <p>During an interview on 7/25/2023 at 10:38 a.m., the Unit Manager/Licensed Practice Nurse stated, "The aides turn and reposition [the residents] every 2 hours and ask [the] nurse for assistance. [The] Turn and Reposition [task] triggers on [the] aide's kiosk [plan of care]."</p> <p>During an interview on 8/1/2023 at 12:44 p.m., when the Surveyor showed the printout of the ADL Tasks sheet with the blank spaces, the CNA replied, "I never saw the printout. I document throughout the day. It [the ADL task] should not be blank; we [the] CNAs are expected to document throughout the day. Showers are documented on the ADL sheet as showers ..."</p>	F 677			

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F 677	<p>Continued From page 17</p> <p>She continued to say, "A blank space is possible [the] shower or task [was] not done or signed off ..."</p> <p>During an interview on 8/1/2023 at 1:19 p.m., when the Surveyor asked about why the T&R ADL task does not show on the [REDACTED] ADL [sheet], the Director of Nursing (DON) stated, "...not sure why [the task is] not on [REDACTED] tasks sheet, [I will need] to reprint."</p> <p>During the same interview, when the Surveyor asked about the blank spaces on the ADL sheet, the DON stated, "For a blank space on the ADL, I have to check, is unanswered, if no documentation, there's no way to know if [the] task was done ...I'm not knowledgeable about the ADLs ..."</p> <p>During a second interview on 8/1/2023 at 3:00 p.m., the DON stated, "The blanks are undocumented on [the] ADL sheet, not documented [so] it was done or not done, so I don't know. I can't say with certainty if [the] ADL was done or not done. My expectation is for the ADL [sheets] to be documented..."</p> <p>At the time of the survey, the [REDACTED] through [REDACTED] ADL task sheet for T&R was not provided.</p> <p>A review of the updated facility policy titled "Charting and Documentation" revealed Under "Policy Statement," "All services provided to the Resident, progress toward the care plan goals, or any changes in the Resident's medical, physical, functional or psychosocial condition, shall be documented in the Resident's medical record. The medical record should facilitate</p>	F 677			

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F 677	<p>Continued From page 18</p> <p>communication between the interdisciplinary team regarding the Resident's condition and response to care." Under "Policy Interpretation and Implementation" included "1. Documentation in the medical record may be electronic, manual or a combination. 2. The following information is to be documented in the resident medical record ...c ...services performed; ..." 3. Documentation in the medical record will be objective (not opinionated or speculative), complete, and accurate. 4 ...Certified nursing assistants may only make entries in the Resident's medical chart as permitted by facility policy ..."</p> <p>A review of the undated job description titled "Certified Nursing Assistant" revealed Under "Purpose of Your Job Position" "The primary purpose of your job position is to provide each of your assigned residents with routine daily nursing care and services in accordance with the resident's assessment and care plan, and as may be directed by your supervisors." Under "Delegation of Authority," included "As a Certified Nursing Assistant, you have delegated the administrative authority, responsibility, and accountability necessary for carrying out your assigned duties."</p> <p>N.J.A.C.: 8:39-27.1(a) N.J.A.C.: 8:39-35.2 (g)</p>			F 677			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060505	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/01/2023
NAME OF PROVIDER OR SUPPLIER AUTUMN LAKE HEALTHCARE AT OCEANVIEW		STREET ADDRESS, CITY, STATE, ZIP CODE 2721 ROUTE 9 OCEAN VIEW, NJ 08230		
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S 000	Initial Comments COMPLAINT#: NJ163054, NJ165615 CENSUS: 96 SAMPLE SIZE: 5 The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities. 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 the Provisions of the New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: COMPLAINT#: NJ163054, NJ165615 Based on interviews and review of facility documents on 7/25/2023, 7/31/2023 and 8/1/2023, it was determined that the facility failed to ensure staffing ratios were met for 16 of 28 day shifts reviewed. This deficient practice had the potential to affect all residents. Findings include:	S 560	CORRECTIVE ACTION: Efforts to hire facility staff will continue until there is adequate staff to serve all residents. Until that time, facility will utilize staffing agencies to fill any open spots in the schedule. IDENTIFICATION OF THE RESIDENTS AT RISK: All residents have the potential to be at risk for deficient practice.	9/13/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

08/23/23

New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.</p> <p>1. A review Nursing Staffing reports for the 2 weeks of staffing from 10/30/2022 to 11/12/2022, the facility was deficient in CNA staffing for residents on 7 of 14 day shifts as follows:</p> <p>On 10/30/22 had 8 CNAs for 89 residents on the day shift, required 11 CNAs. On 10/31/22 had 10 CNAs for 88 residents on the day shift, required 11 CNAs. On 11/02/22 had 10 CNAs for 88 residents on the day shift, required 11 CNAs. On 11/06/22 had 10 CNAs for 88 residents on the day shift, required 11 CNAs. On 11/07/22 had 9 CNAs for 88 residents on the day shift, required 11 CNAs.</p>	S 560	<p>SYSTEMIC CHANGE: The facility has contracted with a new portal online to hire more facility staff. Hiring and recruitment efforts including wage analysis and adjustments, pay for experience, shift differentials and referral bonuses are being utilized to become more competitive in the marketplace. Open shifts are posted in advance for facility staff and agency staff to pick up to help comply with staffing ratios. Bonuses are offered to facility staff and agency staff to incentivize working open shifts. Ongoing job fairs held to continue the effort to find and retain staff. Most recent job fair held on June 28th, 2023. Facility has teamed up with multiple new agencies in an effort to meet staffing ratios appropriately. In addition, the Director of Nursing will meet daily with the staffing coordinator to ensure appropriate staffing.</p> <p>QUALITY ASSURANCE: The Director of Nursing or designee will review staffing schedules daily to ensure adequate staffing for all shifts. Findings from the review will be reported to the Administrator. Any issue from the findings will be addressed immediately. The results of the staffing review will be submitted to the QA/QAPI Committee quarterly until compliance is met.</p>	

New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER AUTUMN LAKE HEALTHCARE AT OCEANVIEW		STREET ADDRESS, CITY, STATE, ZIP CODE 2721 ROUTE 9 OCEAN VIEW, NJ 08230		
(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
S 560	<p>Continued From page 2</p> <p>On 11/09/22 had 10 CNAs for 88 residents on the day shift, required 11 CNAs. On 11/12/22 had 9 CNAs for 87 residents on the day shift, required 11 CNAs.</p> <p>2. A review of Nursing Staffing reports for the 2 weeks of staffing from 07/09/2023 to 07/22/2023, the facility was deficient in CNA staffing for residents on 9 of 14 day shifts as follows:</p> <p>On 07/10/23 had 10 CNAs for 93 residents on the day shift, required 12 CNAs. On 07/11/23 had 10 CNAs for 93 residents on the day shift, required 12 CNAs. On 07/14/23 had 10 CNAs for 94 residents on the day shift, required 12 CNAs. On 07/15/23 had 11 CNAs for 94 residents on the day shift, required 12 CNAs. On 07/17/23 had 11 CNAs for 94 residents on the day shift, required 12 CNAs. On 07/18/23 had 9 CNAs for 94 residents on the day shift, required 12 CNAs. On 07/20/23 had 11 CNAs for 96 residents on the day shift, required 12 CNAs. On 07/21/23 had 11 CNAs for 95 residents on the day shift, required 12 CNAs. On 07/22/23 had 11 CNAs for 95 residents on the day shift, required 12 CNAs.</p>	S 560		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315179	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 9/13/2023
NAME OF FACILITY AUTUMN LAKE HEALTHCARE AT OCEANVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 2721 ROUTE 9 OCEAN VIEW, NJ 08230	

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, 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 CMS-2567 (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 F0658	Correction	ID Prefix F0677	Correction	ID Prefix	Correction
Reg. # 483.21(b)(3)(i)	Completed	Reg. # 483.24(a)(2)	Completed	Reg. #	Completed
LSC	09/13/2023	LSC	09/13/2023	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
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 8/1/2023		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 060505	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 9/13/2023
NAME OF FACILITY AUTUMN LAKE HEALTHCARE AT OCEANVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 2721 ROUTE 9 OCEAN VIEW, NJ 08230	

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 S0560	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	09/13/2023	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

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 8/1/2023	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO
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