


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

PRINTED: 06/12/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315179</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/11/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN LAKE HEALTHCARE AT OCEANVIEW</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2721 ROUTE 9</b> <b>OCEAN VIEW, NJ 08230</b>		
(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 #: NJ163840, NJ166936, NJ168638  Census: 97  Sample Size: 4  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 # 166936  Based on interviews, medical records review, and review of other pertinent facility documentation on 12/11/2023, it was determined that the facility failed to follow standards of clinical practice for notification of the physician in a timely frame for laboratory results of a resident (Resident #2) that was received. The facility also failed to follow its policy titled "Notification of Change."  This deficient practice was evidenced by the following:  Reference: New Jersey Statutes Annotated, Title	F 658	1. Immediate action(s) taken for the resident(s) found to have been affected include:  Resident(s) #2 On <b>NJ Exec Order 26.4b1</b> at 2:46 P.M., facility received an order via fax from MD to start <b>Ex Order 26.4B1</b>   2. Identification of other residents having the potential to be affected:  The facility has determined that all residents have the potential to be		12/25/23

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

TITLE

(X6) DATE

Electronically Signed

12/26/2023

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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NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN LAKE HEALTHCARE AT OCEANVIEW</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2721 ROUTE 9</b> <b>OCEAN VIEW, NJ 08230</b>		
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F 658	<p>Continued From page 1</p> <p>45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p> <p>Reference: New Jersey Statutes Annotated Title 45, Chapter 11. New Jersey Board of Nursing Statutes 45:11-23. Definitions " b. The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribe by a licensed or otherwise legally authorized physician or dentist. Diagnosing in the context of nursing practice means that identification of and discrimination between physical and psychosocial signs and symptoms essential to effective execution and management of the nursing regimen. Such diagnostic privilege is distinct from a medical diagnosis. Treating means selection and performance of those therapeutic measures essential to the effective management and execution of the nursing regimen. Human response means those signs, symptoms and processes which denote the individual's health need or reaction to an actual or potential health problem.</p>	F 658	<p>affected.</p> <p>3. Actions taken/systems put into place to reduce the risk of future occurrence include:</p> <p>On December 12th, 2023 the Director of Nursing Services provided in-service education programs for all licensed staff regarding the standards of clinical practice for notification to the physician in a timely frame for laboratory results of a resident as soon as the laboratory results are readily available, and policy titled "Notification of Change.</p> <p>4. How the corrective action(s) will be monitored to ensure the practice will not recur:</p> <p>The Director of Nursing Services will monitor the Services Provided to Meet Professional Standards to ensure notification to the physician in a timely frame for laboratory results provided for residents; ten (10) records per week for one (1) month then five (5) records every two (2) weeks for two (2) months, then five (5) randomly monthly. Discrepancies will be promptly reported to the Director of Nursing and Administrator. This plan of correction will be monitored at the Quality Assurance meeting for four (4) quarters or until such a time consistent substantial compliance has been met.</p>		

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F 658	<p>Continued From page 2</p> <p>According to the Admission Record (AR), Resident #2 was admitted to the facility on <b>Ex Order 26.4B1</b> with diagnoses which included but were not limited to <b>Ex Order 26.4B1</b></p> <p>A review of the Minimum Data Set (MDS), an assessment tool dated <b>NJ Exec Order 26.4b1</b>, Resident #2 had a Brief Interview of Mental Status (BIMS) score of <b>Ex Order 26.4</b>, indicated the Resident was <b>Ex Order 26.4B1</b>.</p> <p>Review of the "Order Summary report (OSR)" Active Orders as of <b>NJ Exec Order 26.4b1</b> included the following Physician's Orders (POs): <b>Ex Order 26.4</b> <b>Ex Order 26.4B1</b> one time only for 1 day.</p> <p>Review of Resident #2's progress notes revealed the following: On <b>NJ Exec Order 26.4b1</b> at 11:43 A.M., awaiting <b>Ex Order 26.4</b>. On <b>NJ Exec Order 26.4b1</b> at 10:04 P.M., Resident <b>Ex Order 26.4</b> came back faxed to MD (Medical Doctor) awaiting response. On <b>NJ Exec Order 26.4b1</b> at 8:45 A.M., NP (Nurse Practitioner) from MD office called this AM to review <b>Ex Order 26.4</b> results. States no treatment at this time due to number of <b>Ex Order 26.4B1</b> <b>Ex Order 26.4B1</b> not requiring treatment. On <b>NJ Exec Order 26.4b1</b> at 2:46 P.M., Received a fax from MD office this afternoon with new orders for <b>Ex Order 26.4B1</b> <b>Ex Order 26.4B1</b></p> <p>Review of Resident #2's Laboratory results report</p>	F 658			

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F 658	<p>Continued From page 3</p> <p>for <b>Ex Order 26.4B1</b> revealed the following information: <b>Ex Order 26.4B1</b>., Received date: <b>Ex Order 26.4B1</b> at 11:52 A.M., Reported date: <b>Ex Order 26.4B1</b> at 12:18 P.M.,</p> <p>During an interview on 12/11/2023 at 11:47 A.M., the Assistant Director of Nursing (ADON) stated it usually takes 2-3 days to obtain the completed results of <b>Ex Order 26.4B1</b> from the laboratory. She further stated once the lab is completed, it automatically shows up in Point Click Care (PCC) under the lab section of each resident and all the nurses have access to check a resident's lab results. The ADON stated, if there was a pending <b>Ex Order 26.4B1</b>, it should be captioned on the shift -to-shift report for all nurses to follow up. She further stated, it is the responsibility of the nurse caring for a resident to follow up on their lab results. She also informed the Surveyor that her expectation is for all Nurses to notify the MD once the completed <b>Ex Order 26.4B1</b> is received, and it should all be documented in PCC. When asked by the Surveyor if the MD was notified of Resident #2's <b>Ex Order 26.4B1</b> prior to <b>Ex Order 26.4B1</b>, the ADON said "I am not sure why the nurse didn't call the MD, I personally would call the MD for a <b>Ex Order 26.4B1</b>."</p> <p>During an interview on 12/11/2023 at 1:49 P.M., the Director of Nursing (DON) in the presence of the ADON confirmed that the reported date on Resident #2's lab results (<b>Ex Order 26.4B1</b>) is the date the lab results were received by the facility and the MD/NP should have been notified of the lab results on <b>Ex Order 26.4B1</b>.</p> <p>During an off-site interview on 12/12/2023 at 12:00 P.M., the NP acknowledge Resident #2</p>	F 658			

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F 658	<p>Continued From page 4</p> <p>was their patient at the time. She further stated an order for [REDACTED] was given once the faxed [REDACTED] Ex Order 26.4B1 was reviewed on [REDACTED] NJ Exec Order 26.4B1. The NP stated, "the facility should have notified the MD's office of the [REDACTED] Ex Order 26.4B1 that was received on [REDACTED] NJ Exec Order 26.4B1 and document.</p> <p>The Surveyor attempted to reach the MD caring for Resident #2 during this period but was unable to reach the MD for an interview.</p> <p>Review of the updated facility policy titled "Notification of Changes" revealed Under "Policy Statement," "The purpose of this policy is to ensure the facility promptly informs the residents, consults the resident's physician; and notifies, consistent with his or her authority, the resident's representative when there is a change requiring notification. Under "Policy Interpretation" 3. Circumstances that require a need to alter treatment. This may include a. new treatment. I. Onset of communicable or infectious disease (such as Covid-19)</p> <p>N.J.A.C.: 8.39-27.1 (a)</p>	F 658			

New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN LAKE HEALTHCARE AT OCEANVIEW</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2721 ROUTE 9</b> <b>OCEAN VIEW, NJ 08230</b>		
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S 000	Initial Comments  Complaint #: NJ163840, NJ166936, NJ168638  Census: 97  Sample Size: 4  The facility was not in compliance with the standards in the New Jersey Administrative code, 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 #: NJ163840, NJ166936, NJ168638  Based on interviews and review of facility documents on 12/11/2023, it was determined that the facility failed to ensure staffing ratios were met for 7 of 14-day shifts reviewed. This deficient practice had the potential to affect all residents.  Findings include:	S 560	1. 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.  2. IDENTIFICATION OF THE RESIDENTS AT RISK: All residents have the potential to be at risk for deficient	12/25/23

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

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(X6) DATE

Electronically Signed

12/26/23

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>The facility was deficient in CNA staffing for residents on 7 of 14 day shifts as follows:</p> <p>On 11/27/23 had 10 CNAs for 88 residents on the day shift, required at least 11 CNAs. On 11/28/23 had 10 CNAs for 88 residents on the day shift, required at least 11 CNAs. On 12/03/23 had 10 CNAs for 90 residents on the day shift, required at least 12 CNAs. On 12/04/23 had 11 CNAs for 93 residents on the day shift, required at least 12 CNAs. On 12/06/23 had 11 CNAs for 93 residents on the day shift, required at least 12 CNAs.</p> <p>On 12/08/23 had 11 CNAs for 95 residents on the day shift, required at least 12 CNAs.</p>	S 560	<p>practice.</p> <p>3. 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 Nov 30th 2023 in addition to meeting with a nursing school and their students. 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>4. 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>	

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S 560	Continued From page 2  On 12/09/23 had 11 CNAs for 95 residents on the day shift, required at least 12 CNAs.	S 560			

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315179	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/23/2024
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	Correction	ID Prefix	Correction
Reg. # 483.21(b)(3)(i)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	12/25/2023	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	
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 12/11/2023		<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 1/23/2024
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	12/25/2023	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 12/11/2023		<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			