STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	90115	A. BUILDING: _____ B. WING _____	C 02/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAYSIDE MANOR	7 LAUREL AVENUE KEANSBURG, NJ 07734

(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 #: NJ00153449 & NJ00165823 CENSUS: 116 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		

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A 310	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview, record review and pertinent facility documentation, it was determined that the facility Administrator (AD) failed to implement and enforce the policies and procedure titled, "Missing Resident/Elopement Policy/Procedure Statement," "Incident Report Policy," and "Investigation Policy and Procedure" regarding a resident NJ Ex Order 26.4(b)(1) for 1 of 4 residents reviewed, Resident #3. This deficient practice was evidenced by the following: On 2/12/24 at 11:37 a.m., the surveyor reviewed Resident #3's medical record (MR) which revealed the resident's move-in date was NJ Ex Order 26.4(b)(1) with diagnoses which included NJ Ex Order 26 and NJ Ex Order 26.4(b)(1) . At 11:11 a.m., the surveyor observed the resident in bed asleep in NJ Ex Order 26.4(b)(1) unit, a NJ Ex Order 26.4(b)(1) unit. Surveyor review of the resident's MR observed progress notes written by a Licensed Practical Nurse (LPN) which revealed that Resident #3 NJ ex or , on NJ ex order 26.4 and on NJ ex order 26 , on the 3:00-11:00 p.m. shift. At 11:53 a.m., the surveyor interviewed the Director of Nursing who was also a Licensed Practical Nurse (DON/LPN) regarding the above incident that occurred on NJ ex orde and NJ ex order 26 and in addition, requested the facility's policy on NJ Ex Order 26.4(b)(1) During the interview, the DON NJ ex order 26.4b1	A 310		

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A 310	Continued From page 2 NJ Ex Order 26.4(b)(1) on NJ Ex Order 26 The surveyor reviewed the policy and procedure titled, "Missing Resident/Elopement Policy/Procedure Statement" which indicated, " ... Highest Ranking personnel will complete an 1. elopement alert notice and provide a picture of the missing resident, and 2. an elopement incident report form. Administrator /Director of Nursing /or Designee will notify the D.O.H. [Department of Health] as per requirements." Further review of the policy titled, "Incident Report Policy" revealed, "1. Upon a incident that involves a resident, nursing personnel will assess the situation, and inform the R.N. [Registered Nurse] on duty, in the even there is no R.N. in the building nursing will telephone the R.N. on call. The R.N. will then direct the situation. ... An incident report is to be completed in full by nursing staff on duty at the time of the incident. The incident report and chart must include the following: a) ... full body check, resident's mental status pre and post incident, resident's statement as to cause of the incident, nursing staff must indicate what they perceived happened. e). Interventions must be added to the resident's service plan ..." In addition, the surveyor reviewed the policy titled, "Investigation Policy and Procedure" which revealed, "Incident Reporting and Investigation Policy is to make certain that any occurrence of incidents are investigated according to injury potential of an event ..." At 12:26 p.m. the surveyor interviewed the DON who acknowledged the facility's policy was not completely implemented for Resident #3's when the resident NJ ex order 26. on NJ ex ord. and NJ ex order 26.	A 310		

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A 310	Continued From page 3 The facility failed to follow the missing resident [NJ Ex Order 26.4(b)(1)] policy, failed to complete an incident report and failed to complete an investigation when the resident [NJ Ex Order 26] on the above dates. Refer to: 8:36-4.1(a)(22)	A 310		
A 401	8:36-4.1(a)(22) Resident Rights (a) Each assisted living provider will post and distribute a statement of resident rights for all residents of assisted living residences, comprehensive personal care homes, and assisted living programs. Each resident is entitled to the following rights: 22. The right to live in safe and clean conditions in a facility that does not admit more residents than it can safely accommodate while providing services and care; This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to ensure a safe environment while providing care and services to a resident in the Assisted Living unit for 1 of 4 residents reviewed, Resident #3. This deficient practice is evidenced by the following: On 2/12/24 at 11:37 a.m., the surveyor reviewed Resident #3's medical record (MR) which revealed the resident's [NJ ex order 26.4b1] was [NJ Ex Order 26.4] with diagnoses which included [NJ Ex Order 26.] and [NJ Ex Order 26.4] [redacted] At 11:11	A 401		

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A 401	Continued From page 4 a.m., the surveyor observed the resident in bed asleep in NJ Ex Order 26.4(b)(1) unit, a NJ Ex Order 26.4(b)(1) unit. The Care Plan dated NJ ex order 26.4b1 indicated the resident NJ ex order 26.4b1 During continued surveyor review of the MR, a Progress Note (PN) dated NJ ex order 26.4b written by a Licensed Practical Nurse (LPN), who was also the shift supervisor, revealed, NJ ex order 26.4b1 8:45 p.m.. At 10 p.m. NJ ex order 26.4b At 3:30 p.m. the surveyor located a document titled, "RN Progress Notes"(RPN) in Resident #3's MR. Upon review of the RPN the surveyor observed a note by the Registered Nurse (RN) dated NJ ex order 26.4b which revealed, NJ ex order 26.4b1 - NJ ex order 26.4b1 Further review of Resident #3's MR revealed on NJ ex order 26.4b and NJ ex order 26.4b the resident NJ ex order 26.4b1 timeframe during the 3:00 p.m - 11:00 p.m. per the following documentation. Review of the PN written by an LPN revealed the first was on NJ ex order 26.4b. The LPN documented "NJ ex order 26.4b1	A 401		

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A 401	Continued From page 5	A 401		

NJ ex order 26.4b1 . NJ ex order 26 t. NJ ex order 26.4b1 [NJ ex order 26.4b1 Resident had his/her glasses and jacket on with walker. Writer walked resident NJ Ex Order 26.4(b)(1) without any difficulties." In addition, the LPN documented the Resident #3 was last seen by a Certified Medication Aide (CMA) at 8:15 p.m., when the CMA administered medication to the resident. Continue review of this PN revealed upon return to the facility, vital signs were completed, APN was notified, and NJ Ex Order 26.4(b) ordered, a voicemail was left for the resident's POA, a NJ ex order 26.4b1 and the DON and Administrator (AD) was notified. Further review of PNs revealed observations were only documented for the morning and evening shifts for NJ ex order 26.4b and NJ ex order 26.4b and did not include the night time shift 11:00 p.m. - 7:00 a.m. or include NJ ex order 26.4b to meet the NJ ex order 26.4b1 . On NJ ex order 26.4b the local NJ ex order 26.4b1

A PN documented by the same LPN above revealed the second NJ ex order 26.4b1 The PN revealed "Noted during 10:30 p.m. rounds resident NJ Ex Order 26.4(b)(1) . NJ ex order 26.4b1 . Staff member NJ ex order 26.4b1] NJ ex order 26.4b1 NJ ex order 26.4b1 . NJ ex order 26.4b1 [route] NJ ex order 26.4b1 . NJ Ex Ord updated." Continue review of the PN revealed NJ ex order 26.4b1 NJ ex order 26.4b1 the DON and Administrator were notified, vitals were completed, and NJ ex order 26.4b1 1:18 p.m. the surveyor conducted a

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A 401	Continued From page 6 telephone interview with the LPN/Shift Supervisor, the same LPN who had documented both of Resident #3's NJ ex order 26.4b1 The LPN/Shift Supervisor informed the surveyor the resident NJ ex order 26.4b1 The LPN stated the resident NJ ex order 26.4b1 After the resident NJ ex order 26.4b1 the NJ ex order 26.4b1 Per the LPN, the HHA had NJ Ex Order 26.4(b)(1)], onto NJ Ex Order 26.4(b)(1) and NJ Ex Order Resident #3 NJ ex order 26.4b1 On NJ ex order 26 the NJ Ex Order 26.4(b)(1) was a NJ Ex Order 26.4(b)(1) and a NJ Ex Order 26.4(b)(1) . Continued MR review revealed a document titled, "Resident Assessment" dated NJ ex order 26.4b1. On page 3 of 4 of the "Resident Assessment" the nurse completing the form checked NJ ex ord to the question NJ ex order 26.4b1" despite the resident NJ ex order 26.4b1 NJ ex order 26.4b on NJ ex order 26.4b.	A 401		
A 563	8:36-5.10(a)(2) General Requirements (a) The facility shall notify the Division of Health Facility Survey and Field Operations immediately by telephone at (609) 633-9034 (609) 392-2020 if after business hours, followed within 72 hours by written confirmation, of the following: 2. Any major occurrence or incident of an unusual nature, including, but not limited to, all fires, disasters, any elopements; and all deaths resulting from accidents or incidents in the facility or related to facility services. Reports of such incidents shall	A 563		

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A 563	Continued From page 7 contain information about injuries to residents and/or personnel, disruption of services, and extent of damages; This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to notify the Department of Health (DOH) of multiple [NJ Ex Order 26.4(b)(1)] for 1 of 4 residents reviewed, Resident #3. This deficient practice was evidenced by the following: On 2/12/24 at 11:37 a.m., the surveyor reviewed Resident #3's [NJ ex order 26.4b1] with diagnoses [NJ ex order 26.4b1]. At 11:11 a.m., the surveyor observed the resident [NJ ex order 26.4b1]. The surveyor continued review of the medical record observed Progress Note (PN) dated [NJ ex order 26.4b1] on the 3-11 p.m., shift by a Licensed Practical Nurse (LPN). At 10:05 p.m., the LPN documented, [NJ ex order 26.4b1]	A 563		

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A 563	Continued From page 8 say stated NJ ex order 26.4b1 Resident NJ ex order 26.4b1 NJ ex order 26.4b1 ." In addition, the LPN documented that Resident #3 was last seen by a Certified Medication Aide (CMA) at 8:15 p.m., when the CMA administered medication to the resident. Further review of the resident's medical record, observed another PN dated NJ ex order 26 on the 3-11 shift by the same above LPN which indicated, "Noted during 10:30 p.m., rounds, resident NJ Ex Order . Staff NJ Ex Order 26.4(b)(1) could not NJ Ex Order 2 resident. Staff member NJ Ex Order resident walking NJ Ex Order 26.4(b)(brought NJ Ex Order 26. At 11:53 a.m., the surveyor interviewed the Director of Nursing (DON) regarding the NJ Ex Order 26.4(b)(1) that occurred on NJ ex order 26.4 and NJ ex order 26 and inquired if the DOH was notified. The DON stated that she did not and acknowledged that the NJ ex order 26.4b1 The surveyor reviewed the facility's policy titled, "Missing Resident/Elopement Policy/Procedure Statement" with effective date of 7/2012, which revealed, "...Administrator/Director of Nursing/or Designee will notify the D.O.H, as per requirements." Refer to 8:36-4.1(a)(22)	A 563		
A 753	8:36-7.3(c) Resident Assessments and Care Plans (c) Documentation in the resident's record shall indicate review and any necessary revision of the	A 753		

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A 753	Continued From page 9 resident service plan and/or health service plan. This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to revise, develop and implement intervention(s) on Care plan (CP) for a resident who was identified as an NJ Ex Order 26.4(b)(1) risk for 1 of 4 residents, Resident #3. This deficient practice was evidenced by the following: On 2/12/24 at 11:37 a.m., the surveyor reviewed Resident #3's medical records (MR) and according to the resident's Progress Notes (PN) written by a Licensed Practical Nurse (LPN), the resident NJ ex order 26.4b1 on NJ ex order 26.4b and NJ ex order 26. The PN dated NJ ex order 26.4b indicated the facility was notified during the 3-11 shift by the NJ Ex Order 26.4(b)(1) that the resident was NJ Ex Order 26.4(b) The LPN documented Resident #3 was last seen at 8:15 p.m., on NJ ex order 26.4b. The PN dated NJ ex order 26. indicated the resident was NJ Ex Order 26.4(b)(during 10:30 p.m., rounds and was NJ Ex Order 26.4 NJ ex order 26.4b1 At 3:30 p.m., during surveyor continued review of the medical record, observed an "RN Progress Notes" dated NJ ex order 26.4b, written by a Registered Nurse (RN) which revealed, "Referral received that resident NJ ex order 26.4b1 -he/she NJ ex order 26.4b1 @ [at] 8:45 pm. NJ ex order 26.4b1 .	A 753		

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A 753	Continued From page 10 NJ Ex Order 26.4(b)(1) resident to NJ Ex Order 26.4 The surveyor also reviewed the Resident #3's NJ ex o [redacted] However, there was no documented evidence that the CP was updated with intervention(s) to address the resident's NJ ex orde [redacted] and the NJ ex order 26.4b1 [redacted] Refer to 8:36-4.1(a)(22)	A 753		
A 779	8:36-7.5(c) Resident Assessments and Care Plans (c) The registered professional nurse shall be called at the onset of illness, injury or change in condition of any resident to arrange for assessment of the resident's nursing care needs or medical needs and for needed nursing care intervention or medical care. This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that a Licensed Practical Nurse (LPN) failed to notify a Registered Nurse (RN) of a resident's NJ Ex Order 26.4(b)(1) /change in condition, and need for the resident to be evaluated for 1 of 4 residents reviewed, Resident #3. This deficient practice was evidenced by the following: On 2/12/24 at 11:11 a.m., during surveyor tour of the NJ Ex Order 26.4(b)(1) unit, a secured unit, the	A 779		

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A 779	Continued From page 11 surveyor observed Resident #3 NJ ex order 26.4b1 [redacted] According to the Care Plan (CP) dated NJ ex order 26.4b, the resident's NJ ex order 26.4b1 [redacted] At 11:37 a.m., the surveyor reviewed the resident's medical record and observed Progress Note (PN) dated NJ ex order 26.4b written by a Licensed Practical Nurse (LPN) which indicated Resident #3 NJ ex order 26.4b1 [redacted], and NJ ex order 26.4b1 [redacted] On NJ ex order 26.4b the PN indicated the resident NJ ex order 26.4b1 [redacted] At 12:26 p.m., the surveyor interviewed the Director of Nursing who was also a Licensed Practical Nurse (DON/LPN) and inquired about notification of an RN for assessment of the resident's medical/nursing care needs. The DON stated that the RN was notified of the NJ Ex Order 26.4(b)(1) on NJ ex order 26.4b and NJ ex order 26. However, the surveyor did not find documented evidence that an RN was notified for an assessment of the resident's nursing care needs and intervention(s). Refer to 8:36-4.1(a)(22)	A 779		
A1057	8:36-15.4 Resident Records All records shall be maintained for a period of 10 years after the discharge of a resident from the assisted living residence, comprehensive personal care home or assisted living program.	A1057		

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A1057	Continued From page 12 This REQUIREMENT is not met as evidenced by: Complaint # NJ00153449 Based on interview and record review, it was determined that the facility failed to provide the surveyor with a closed medical record for 1 of 4 residents reviewed, Resident #4. This deficient practice was evidenced by the following: On 2/12/2024 at 9:30 a.m., during the entrance conference with the Director of Nursing (DON) the surveyor requested the facility's current census including admission and discharged list of the residents from NJ ex order 26.4b1, survey date. At 10:31 a.m., the surveyor requested Resident #4's closed medical record for review. According to the RIS, the resident was admitted to the facility NJ ex order 26.4b1 and NJ ex order 26.4b1 [redacted]. At 12:50 p.m., during interview, the DON stated the facility was unable to locate the resident's closed medical record and provided the surveyor with the "Resident Information Sheet" (RIS). The surveyor was unable to complete the survey investigation due to the facility's failure to maintain Resident #4's closed medical record for the period of NJ Ex Order 26.4(b)(1) from the facility as required by the State regulation.	A1057		

New Jersey Department of Health

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{A 000}	Initial Comments Initial Comments: TYPE OF SURVEY: Revisit survey of 2/12/24 CENSUS: 109 SAMPLE SIZE: 1 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}		

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

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
90115 Y1	A. Building B. Wing Y2	2/27/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
BAYSIDE MANOR	7 LAUREL AVENUE KEANSBURG, NJ 07734

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	Correction	ID Prefix A0401	Correction	ID Prefix A0563	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-4.1(a)(22)	Completed	Reg. # 8:36-5.10(a)(2)	Completed
LSC	03/15/2024	LSC	03/15/2024	LSC	03/15/2024
ID Prefix A0753	Correction	ID Prefix A0779	Correction	ID Prefix A1057	Correction
Reg. # 8:36-7.3(c)	Completed	Reg. # 8:36-7.5(c)	Completed	Reg. # 8:36-15.4	Completed
LSC	03/15/2024	LSC	03/15/2024	LSC	03/15/2024
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	
2/27/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
90115 (Y1)	A. Building B. Wing (Y2)	2/27/2024 (Y3)

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
BAYSIDE MANOR	7 LAUREL AVENUE KEANSBURG, NJ 07734

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ITEM (Y4)	DATE (Y5)	ITEM (Y4)	DATE (Y5)	ITEM (Y4)	DATE (Y5)
ID Prefix A0563 Reg. # 8:36-5.10(a)(2) LSC	Correction Completed 03/15/2024	ID Prefix A1073 Reg. # 8:36-15.6(b) LSC	Correction Completed 03/25/2024	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	
2/27/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

 EVENT ID: ZZSQ12