STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	D35007	A. BUILDING: _____ B. WING _____	C 09/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLENNIUM MEMORY CARE AT OCEAN	111 BOWNE ROAD OCEAN, NJ 07712

(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
R 000	Initial Comments Complaint #: NJ 00157979 Census: 16 Sample: 4 THE FACILITY IS NOT IN COMPLIANCE WITH ALL OF THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE N.J.A.C 8:37 STANDARDS FOR LICENSURE OF DEMENTIA CARE HOMES.	R 000		
R 100	8:37-2.3(a) Licensing: Administrator Each dementia care home shall have an administrator who is responsible for the day-to-day operations of the dementia care home. This STANDARD is not met as evidenced by: Complaint #: NJ 00157979 Based on observation, interview, and record review, it was determined that the facility failed to implement its policies and procedures regarding the following: 1. "Outbreak Response Plan" when the facility failed to consistently screen staff and visitors for possible symptoms of [redacted]. 2. Failed to ensure that staff and visitors were donning face masks appropriately while at the facility. 3. Failed to ensure staff utilized hair restraints when preparing food in the kitchen 4. Failed to ensure devices identified in the "[redacted]" policy met the facility intent to serve as "a gentle reminder" rather restricting the	R 100		

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resident's mobility and preventing the resident from EX. Order 26.(4) B1
5. Failed to provide training to staff on the use of EX. Order 26.(4) B1" for 1 of 4 residents reviewed, Resident #1.

This deficient practice was evidenced by the following:

1. On 9/15/22 at 9:40 a.m. and on 9/16/22 at 9:30 a.m., during entrance into the building with a Certified Medication Assistant (CMA) and the Director of Operations (DO), the facility failed to screen the surveyor for possible signs and symptoms of EX. Order 26.(4) B1 during the two-day survey. The surveyor did not observe any screening tool on the table at the entrance lobby.

In addition, the surveyor observed the DO, a House Manager (HM), a Registered Nurse (RN), a Certified Home Health Aide (CHHA) and visitors failing to wear masks in the building. The surveyor observed the Activity Aide (AA) wearing a mask but the mask was worn incorrectly below the AA's nose.

On 9/15/22 at 10:50 a.m., 11:05 a.m., and 11:15 a.m. and on 9/16/22 at 10:15 a.m. and 10:25 a.m., the surveyor interviewed a CMA, AA and three CHHAs and inquired if they were screened for symptoms of EX. Order 26.(4) B1 and their temperatures obtained prior to starting their shifts. The five staff members indicated that they had not been screened for a period of time nor their temperature obtained prior to starting their shifts.

On 9/16/22 at 12:15 p.m., the surveyor interviewed the DO regarding the facility's policy on EX. Order 26.(4) B1 screening and the wearing of

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masks in the building. The DO acknowledged that staff and visitors were not screened and did not wear their masks. He told the surveyor that the EX. Order 26.(4) B1 screening and mask mandate was lifted in New York and that he thought it was lifted in New Jersey as well. The surveyor then requested the facility's Outbreak Response Plan policy for review.

The surveyor reviewed the facility's policy and procedure titled, "Outbreak Response Plan" dated 4/15/20 and revised on 2/16/21 provided by the DO at 11:45 a.m., revealed,
"During use of the outbreak response plan, all staff are to be screened for symptoms of the disease, and their temperature to be taken in the beginning and end of their shift. All staff are to be wearing appropriate PPE such as gloves, masks ... for the assistance they are providing to the residents. All visitors to the community should be wearing masks and stay in their designated area of the community."

2. On 9/15/22 at 10 a.m., the surveyor observed Resident #1 calm and seated in a Merry Walker with a EX. Order 26.(4) B1 stored EX. Order 26.(4) B1 of the resident's EX. Order 26.(4) B1. (EX. Order 26.(4) B1 is an ambulation device/chair designed to increase independent ambulation. A EX. Order 26.(4) B1 t is a EX. Order 26.(4) B1 .

At 10:30 a.m., the surveyor reviewed Resident #1's medical record which revealed that the resident's move-in date was EX. Order 26.(4) B1 with diagnoses which included EX. Order 26.(4) B1. The surveyor was unable to conduct an interview with Resident #1 due to the the resident's EX. Order 26.(4) B1. The surveyor observed a physician order for, "EX. Order 26.(4) B1

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prn EX. Order 26.(4) B1 while in chair."

At 10:40 a.m., the surveyor observed the AA remove the EX. Order 26.(4) B1 from the EX. Order 26.(4) B1 of the resident's EX. Order 26.(4) B1. The surveyor then inquired about the EX. Order 26.(4) B1 The AA indicated that the EX. Order 26.(4) B1 was used by the 11-7 staff for safety to secure and prevent Resident #1 from sliding off the EX. Order 26.(4) B1 seat. During interview with a CMA, AA, and three CHHAs regarding EEX. Order 26.(4) B1, they told the surveyor that they received in-service on EX. Order 26.(4) usage.

The surveyor reviewed the facility policy and procedure titled, 'EX. Order 26.(4) B1," with a revision date of 3/7/19, which indicated under procedure:
"3. Staff must be trained on thee correct usage of the EX. Order 2
8. The only approved type of EX. Order 26.(4) is one with EX. Order 26.(4) B1."

During continued interview on 9/16/22 at 12:15 p.m. with the DO, the surveyor inquired about the EX. Order 26.EX. Order tied to the EX. Order 26.(4) B1 of Resident #1's EX. Order 26.(4) B1 and the training provided to staff on the usage of EX. Order 26.(4) B1. The DO stated that EX. Order 26.(4) EX. Ord was also used and should have been included in the procedure. The EX. Order 26.(4) B1 tied to the EX. Order 26.(4) B1 of the EX. Order 26.(4) B1 was however not in compliance with the facility policy. In addition, the DO was not able to provide the surveyor documented evidence of in-service education provided to show that the staff were trained on the use of EX. Order 26.(4) B1.

At 1:20 p.m., the surveyor interviewed the facility's Owner via telephone regarding the use of EX. Order 26.(4) B1 instead of the EX. Order 26.(4) B1 in accordance with the facility policy. The Owner

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R 100	Continued From page 4 explained to the surveyor that the residents' representatives preferred the EX. Order 26.(4) B1 to the EX. Order 26.(4) B1. Also, she indicated that the EX. Order 26.(4) B1 were not well secured and detached easily. 3. On 9/15 and 9/16/22 at 11:30 a.m., and 11:45 a.m.., the surveyor observed a CMA in the kitchen preparing the residents' meals. The CMA wore a mask and gloves but was not wearing a hair cover or hairnet. During interview with the CMA, she told the surveyor that she only worked part-time at the facility and that a hairnet was not available. On 9/16/22 at 12:15 p.m., during interview with the DO, the surveyor inquired about the CMA that was observed in the kitchen preparing food for the residents without a hair cover or hairnet. The DO acknowledged that the CMA should have worn a hairnet and told the surveyor that he ordered some hairnets last week and that the hairnets have not yet been received. Refer to Chapter 8:24-2.4 Hygienic practices which revealed, "..., food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food, clean equipment ..."	R 100		

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Millennium
Memory Care

R 100

I. Corrective action(s)accomplished for resident(s)affected:

- All staff were in-serviced on policy and procedure [redacted]".
- Resident #1 and all others were assessed with no concerns noted.

II. Residents identified having the potential to be affected and corrective action taken:

- All residents have the potential to be affected by this deficient practice.

III. Measures will be put into place to ensure the deficient practice will not reoccur:

- The policy "[redacted]" was reviewed and revised.
- All Staff were educated by the Administrator/designee regarding the policy and procedure [redacted]".
- All staff will be in-serviced annually on the policy and procedure "[redacted]
- The Director of Operations/designee will conduct weekly meetings with the site manager times 4 weeks to ensure all staff are following the policy and procedure [redacted]".

IV. Corrective actions will be monitored to ensure the deficient practice will not reoccur:

- The Director of Operations/designee will report all findings to the Executive Administrator immediately. The Executive Administrator will follow-up upon hire and quarterly.

Completed Date: 10/20/22

Millennium
Memory Care

R 100

I. Corrective action(s)accomplished for resident(s)affected:

- All staff were in-serviced on policy and procedure "Hair Restraints".
- All residents were assessed with no concerns noted.

II. Residents identified having the potential to be affected and corrective action taken:

- All residents have the potential to be affected by this deficient practice.
- All residents were evaluated and no adverse effects were noted.

III. Measures will be put into place to ensure the deficient practice will not reoccur:

- Hair nets were purchased and provided for use by designated staff.
- All Staff were educated by the Administrator/designee regarding the policy and procedure "Hair Restraints".
- All staff will be in-serviced annually on the policy and procedure "Hair Restraints".
- The Director of Operations/designee will conduct weekly meetings with the site manager times 4 weeks to ensure all staff are following the policy and procedure "Hair Restraints".
- The site manager/designee will monitor staff daily to ensure compliance.

IV. Corrective actions will be monitored to ensure the deficient practice will not reoccur:

- The Director of Operations/designee will report all findings to the Executive Administrator immediately. The Executive Administrator will follow-up upon hire and quarterly.

Completed Date: 10/20/22


Millennium
Memory Care

Millennium
Memory Care

R 100

- **Corrective action(s)accomplished for resident(s)affected:**
  - All staff were in-serviced on policy and procedure "Outbreak Response Plan".
  - All residents were assessed with no concerns noted.

- **Residents identified having the potential to be affected and corrective action taken:**
  - All residents and visitors have the potential to be affected by this deficient practice.

- **Measures will be put into place to ensure the deficient practice will not reoccur:**
  - All Staff were educated by the Administrator/designee regarding the policy and procedure "Outbreak Response Plan".
  - All staff will be in-serviced annually on the policy and procedure "Outbreak Response Plan".
  - The Director of Operations/designee will conduct weekly meetings with the site manager times 4 weeks to ensure all staff are following the policy and procedure "Outbreak Response Plan".
  - All employees and visitors will complete a [redacted] questionnaire with body temperature reading while wearing a face mask covering their nose and mouth upon entering the facility. The manager will review the log weekly to ensure proper documentation.

- **Corrective actions will be monitored to ensure the deficient practice will not reoccur:**

  - The Director of Operations/designee will report all findings to the Executive Administrator immediately. The Executive Administrator will follow-up upon hire and quarterly.
  - The site manager/designee will monitor the "Outbreak Response Plan" daily to ensure that all visitors and employees are following the plan.

Completed Date: 09/17/22