

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

PRINTED: 12/03/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315469	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/02/2020
NAME OF PROVIDER OR SUPPLIER CONTINUING CARE AT SEABROOK			STREET ADDRESS, CITY, STATE, ZIP CODE 3002 ESSEX ROAD TINTON FALLS, NJ 07753		
(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	F 000			
	COMPLAINT # NJ 138164				
	CENSUS: 50				
	SAMPLE SIZE: 5				
F 610 SS=D	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4)	F 610		10/13/20	
	§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:				
	§483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated.				
	§483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.				
	§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Complaint # NJ 138164				
	Based on interviews, review of Medical Records (MR), and review of other pertinent facility documents on 8/20 and 9/2/20, it was determined		1. Resident #3 no longer resides in the community 2. All residents have the potential to be affected. All active medical records reviewed to ensure the presence of an incident report and investigation following any resident incident from the previous 30 days. Incidents will be identified though a		

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

TITLE

(X6) DATE

Electronically Signed

10/02/2020

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 610	<p>Continued From page 1</p> <p>that the facility staff failed to investigate an accident/incident when a resident had an NJ Ex Order 26.4(b)(1). The facility also failed to follow their policies titled "Incident Report and Investigation Policy" and "Fall Management," for 1 of 5 residents (Resident #3) sampled NJ Ex Order 26.4(b)(1). This deficient practice was evidenced by the following:</p> <p>1. According to the Face Sheet (FS), Resident #3 was admitted to the Facility on NJ Ex Order 26.4(b)(1), with diagnoses which included but were not limited to: NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1).</p> <p>Review of the Minimum Data Set (MDS), an assessment tool dated NJ Ex Order 26.4(b)(1), Resident #3 had a Brief Interview for Mental Status (BIMS) score of NJ Ex Order 26.4(b)(1)/15, indicating the resident had NJ Ex Order 26.4(b)(1). The MDS also indicated that Resident #3 required NJ Ex Order 26.4(b)(1) assistance with Activities of Daily Living (ADLs).</p> <p>Review of the Care Plan (CP) undated, revealed Resident #3 was Care Planned for NJ Ex Order 26.4(b)(1) interventions included but were not limited to: NJ Ex Order 26.4(b)(1) while in NJ Ex Order 26.4(b)(1) room, proper NJ Ex Order 26.4(b)(1) in place, remind resident to use the NJ Ex Order 26.4(b)(1), and a low bed. Resident #3 was also CP for NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) and was care planned for NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) and had NJ Ex Order 26.4(b)(1) and needed NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1).</p> <p>Review of the progress notes dated NJ Ex Order 26.4(b)(1) at 3:59 P.M., revealed documentation by the Licensed Practical Nurse (LPN#1) reporting that</p>	F 610	<p>review of clinical notes, 24 hour report, and resident observation.</p> <p>3. Staff development coordinator/designee will re-educate licensed nursing staff on fall management policy/incident report and investigation policy. Resident incidents identified from the previous day will be reviewed at clinical meetings to ensure compliance.</p> <p>4. Clinical manager/designee will conduct daily audits of 24 hour reports to ensure an incident report and investigation was completed as per facility policy for 2 weeks and then 10 random audits will be conducted weekly for 14 weeks. Results will be submitted monthly to QAPI for 4 months.</p>		

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F 610	<p>Continued From page 2</p> <p>Resident #3 ^{NJ Ex Order 26.4(b)} throughout this shift and ^{NJ Ex Order 26.4(b)(1)} and ^{NJ Ex Order 26.4(b)} applied to ^{NJ Ex Order 26.4(b)(1)} Resident placed in hallway with staff nurse, ^{NJ Ex Order 26.4(b)(1)} checks refused, residents' behavior ^{NJ Ex Order 26.4(b)(1)}</p> <p>Review of the progress notes dated ^{NJ Ex Order 26.4(b)} at 10:32 p.m., revealed documentation by the Licensed Practical Nurse (LPN#2) reporting the following: ^{NJ Ex Order 26.4(b)(1)} with ^{NJ Ex Order 26.4(b)(1)} checks in place. At 4:20 p.m., during checks noted resident sitting at the side of the bed, ^{NJ Ex Order 26.4(b)(1)} for ^{NJ Ex Order 26.4(b)(1)} due to ^{NJ Ex Order 26.4(b)(1)}, noted with ^{NJ Ex Order 26.4(b)(1)} around the ^{NJ Ex Order 26.4(b)(1)} of the ^{NJ Ex Order 26.4(b)(1)}, assist into bed comfortable ^{NJ Ex Order 26.4(b)(1)} with ^{NJ Ex Order 26.4(b)(1)} and apply ^{NJ Ex Order 26.4(b)(1)} .."</p> <p>Review of the progress notes dated ^{NJ Ex Order 26.4(b)} at 9:56 p.m., revealed the following documentation by the ^{U.S. FOIA (b) (6)}: " ...recent ^{NJ Ex Order 26.4(b)(1)} is seen today after ^{NJ Ex Order 26.4(b)(1)} yesterday. He/she was ^{NJ Ex Order 26.4(b)(1)}, sustained a ^{NJ Ex Order 26.4(b)(1)} & ^{NJ Ex Order 26.4(b)(1)} to the ^{NJ Ex Order 26.4(b)(1)}</p> <p>During an interview on 8/20/20 at 1:56 p.m., the ^{U.S. FOIA (b) (6)} reported that Resident #3 had ^{NJ Ex Order 26.4(b)(1)} while at the facility and interventions were put in place including a ^{NJ Ex Order 26.4(b)(1)}, then placing the ^{NJ Ex Order 26.4(b)(1)}.</p> <p>During an interview on 8/20/20 at 3:20 p.m., the ^{U.S. FOIA (b) (6)} reported that Resident #3 ^{NJ Ex Order 26.4(b)(1)} on ^{NJ Ex Order 26.4(b)(1)} on day shift, however, she was unable to find an incident report.</p> <p>During an interview on 9/2/20 at 9:50 a.m., the ^{U.S. FOIA (b) (6)} reported that the facility</p>	F 610			

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F 610	<p>Continued From page 3</p> <p>staff did a late entry on 8/20/20, for Resident #3's [REDACTED] on [REDACTED], since an incident report was never done. The [REDACTED] further stated; when a resident [REDACTED] the charge nurse on the unit should complete an incident report, body assessment, and document in the progress notes the [REDACTED] resident's condition, vital signs, [REDACTED] checks if applicable and notify the doctor and the family member.</p> <p>During an interview on 9/2/20 at 11:25 a.m., the [REDACTED] US FOIA (b)(6) reported, it was her responsibility to complete the incident report after Resident #3 [REDACTED] on [REDACTED] and stated she was in-serviced on incident reports when hired [REDACTED] NJ Ex Order 26.4b1, and again on [REDACTED] NJ Ex Order 26.4b1.</p> <p>During an interview on 9/2/2020 at 11:59 a.m., the [REDACTED] U.S. FOIA reported she was the nursing supervisor on [REDACTED] NJ Ex Order 26.4b1, when Resident #3 [REDACTED] and completed the physical assessment, however, she was unable to locate the assessment for any documentation that she completed on [REDACTED] NJ Ex Order 26.4b1.</p> <p>Review of the Facility's Policy titled policy's titled "Fall Management" dated 6/30/2013 and 2/2020, revealed the following under "Policy:" To minimize and/or decrease the risk of falls through an interdisciplinary review of guest/resident and to develop individualized care/service plan approaches. Under "definitions:" Any event resulting in the resident coming to rest unintentionally on the floor or other lower level but not as result of an overwhelming external force (e.g., resident pushes another resident) Under "Procedure:" section 6.e. Initiate and complete incident report and investigative protocols.</p>	F 610			

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F 610	Continued From page 4 Review of the Facility's Policy titled "Incident Report and Investigation Policy" dated 8/2004 and 9/2017, revealed the following under "Policy:" All incidents which meet the definition of a reportable event as contained in this document will be recorded on an Incident Reporting form and reported as indicated. Under "Continuing Care" section 1. When an incident, near miss or an adverse event (as defined herein) takes place, the licensed employee on the scene will complete the "Resident incident Report Form (CareMedX) and electronically notify the individual responsible for performance improvement within 24 hours of the staff person having knowledge that this event occurred."	F 610			
F 657 SS=D	N.J.A.C. 8:39- 13.4(c)(2)(iv) Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's	F 657		10/13/20	

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F 657	<p>Continued From page 5</p> <p>medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint # NJ 138164</p> <p>Based on observation, interviews, review of medical records and other pertinent facility documents on 8/20 and 9/2/20, it was determined that the facility failed to review, update, and revise the Care Plan (CP) to reflect changes in the residents condition for 1 of 5 residents (Resident #3) sampled for [REDACTED] The facility staff also failed to follow their policy titled "Care/Service Plans." This deficient practice was evidenced by the following:</p> <p>1. According to the Face Sheet (FS), Resident #3 was admitted to the Facility on [REDACTED], with diagnoses which included but were not limited to: [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] and [REDACTED]</p> <p>Review of the Minimum Data Set (MDS), an assessment tool dated [REDACTED] Resident #3 had a Brief Interview for Mental Status (BIMS) score of [REDACTED]/15, indicating the resident had [REDACTED]</p>	F 657	<p>1. Resident #3 no longer resides in the community.</p> <p>2. All residents have the potential to be affected. Active medical records reviewed to ensure the presence of updated individualized care plans following any resident incident from the past 30 days.</p> <p>3. Staff development coordinator/designee will re-educate IDCP team on care plans/service plans policy. Care plans will be reviewed during clinical meetings to ensure they are updated as per facility policy.</p> <p>4. Clinical manager/designee will conduct daily audits of the care plans for 2 weeks and then 10 random audits will be conducted weekly for 14 weeks to ensure compliance. Results will be submitted monthly for 4 months to QAPI.</p>		

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F 657	<p>Continued From page 6</p> <p>NJ Ex Order 26.4(b)(1). The MDS also indicated that Resident #3 required NJ Ex Order 26.4(b)(1) assistance with Activities of Daily Living (ADLs).</p> <p>Review of the CP undated, revealed Resident #3 was Care Planned NJ Ex Order 26.4(b)(1) with interventions which included but were not limited to: NJ Ex Order 26.4(b)(1) while in NJ Ex Order 26.4(b)(1) room, NJ Ex Order 26.4(b)(1) in place, remind resident to use NJ Ex Order 26.4(b)(1), and a NJ Ex Order 26.4(b)(1). Resident #3 was also CP for NJ Ex Order 26.4(b)(1) and expressions and was care planned for NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) and had NJ Ex Order 26.4(b)(1) and needed NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1).</p> <p>According to the progress notes dated NJ Ex Order 26.4(b)(1), the U.S. FOIA (b) (6) documented under "Reason for visit," was NJ Ex Order 26.4(b)(1). Under "Assessments," was the diagnosis of NJ Ex Order 26.4(b)(1). Under "Treatment," was NJ Ex Order 26.4(b)(1) detected and the U.S. FOIA documented that the resident had a NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1)), and a NJ Ex Order 26.4(b)(1).</p> <p>Interventions included but were not limited to the following: NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) were ordered. The CP failed to reflect these changes.</p> <p>Review of the medical records, progress notes revealed the following documentation by the U.S. FOIA on NJ Ex Order 26.4(b)(1), "...recent NJ Ex Order 26.4(b)(1) is seen today after NJ Ex Order 26.4(b)(1) yesterday. He/she was NJ Ex Order 26.4(b)(1), sustained a NJ Ex Order 26.4(b)(1) & NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1).</p> <p>During an interview on 9/2/20 at 11:59 a.m., the U.S. FOIA stated that the CP should be revised after a</p>	F 657			

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F 657	<p>Continued From page 7</p> <p>change of status, [REDACTED] or a diagnosis of [REDACTED] however, she was not sure if the CP was revised on Resident #3.</p> <p>Review of the CP failed to show any documentation or dates that the CP was reviewed, or revised [REDACTED] incidents, and after a "Significant Change" when the resident contacted [REDACTED] and when placed on [REDACTED] on [REDACTED]</p> <p>Review of the Facility's Policy titled "Care/Service Plans" dated 9/2012 and revised date of 4/2019, revealed the following under "Policy;" Each guest/resident will have an individualized care/service plan developed at time of admission/readmission. Each guest/resident individualized care/service plan will be revised to reflect any changes in condition and will be reviewed at designated intervals at a minimum based on service line ...</p> <p>NJAC 8:39-11.2 (3)(i)</p>	F 657			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315469	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/13/2020
NAME OF FACILITY CONTINUING CARE AT SEABROOK	STREET ADDRESS, CITY, STATE, ZIP CODE 3002 ESSEX ROAD TINTON FALLS, NJ 07753	

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 F0610	Correction	ID Prefix F0657	Correction	ID Prefix	Correction
Reg. # 483.12(c)(2)-(4)	Completed	Reg. # 483.21(b)(2)(i)-(iii)	Completed	Reg. #	Completed
LSC	10/13/2020	LSC	10/13/2020	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 9/2/2020

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