STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315518	A. BUILDING _____ B. WING _____	C 11/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VENETIAN CARE & REHABILITATION CENTER, THE	**275 JOHN T O'LEARY BOULEVARD SOUTH AMBOY, NJ 08879**

(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 #: NJ146622, NJ146629, NJ147247, NJ147957, NJ149172 Census: 128 Sample Size: 7 The facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.	F 000		
F 561 SS=D	Self-Determination CFR(s): 483.10(f)(1)-(3)(8) §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f)(1) through (11) of this section. §483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part. §483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident. §483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.	F 561		12/19/21

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

Electronically Signed | 11/29/2021

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 561	Continued From page 1 §483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility. This REQUIREMENT is not met as evidenced by: Based on interviews and record review, it was determined the facility failed to provide showers as the resident desired for one of three residents (Resident [redacted]) who were reviewed for choices about bathing schedules. Findings included: 1. The facility admitted Resident [redacted] on [redacted] with diagnoses that included [redacted] with [redacted]. A review of the quarterly Minimum Data Set (MDS), dated [redacted], indicated Resident [redacted] was [redacted] with no behaviors or rejection of care identified. The MDS also indicated Resident [redacted] required extensive or total assistance from staff to complete personal hygiene and bathing tasks. A review of Resident [redacted]'s care plan with a review date of [redacted] indicated Resident [redacted] had an activities of daily living (ADL) deficit related to limited mobility. Interventions initiated to help Resident [redacted] maintain the current level of functioning included providing assistance of one staff member for personal hygiene, including morning and night care. Resident [redacted]'s personal preference for receiving showers was not addressed in the care plan. The care plan did not indicate that Resident [redacted] had a history of refusing personal hygiene care or bathing.	F 561	Element 1: Affected residents were offered showers and denied. Education was immediately completed regarding showering schedule/documentation. Initiated a shower/bathing questionnaire as part of the admission evaluation process. Questionnaire asks the resident/responsible party their shower preferences i.e., how often and what time of the day suits the residents best while in the facility. Audit current residents shower schedules to ensure that showers are completed, documented, and following the preference of the residents. Element 2: All residents in the facility have the potential to be affected. Element 3: Unit Manager and/or designee will preform an audit weekly of all new admissions to ensure a shower schedule	

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F 561	Continued From page 2 A review of the [redacted] Documentation Survey Report indicated Resident [redacted] received bathing assistance twice during the day shift and three times during the night shift for the month. The report did not indicate if the bathing assistance consisted of a bed bath, sponge bath, or a shower. A review of the Documentation Survey Report for [redacted] indicated Resident [redacted] received assistance with bathing twice on the day shift and four times on the evening shift. On 11/02/2021 at 10:00 AM, Resident [redacted] was interviewed. During the interview, Resident [redacted] stated that, since the [redacted] admission, no showers had been offered or received. The resident stated most days a bed bath was received. The resident acknowledged that sitting was prohibited due to the [redacted] but confirmed a shower bed had not been offered. An interview was conducted with Certified Nursing Assistant (CNA) #1 on 11/03/2021 at 9:35 AM. CNA #1 stated she was frequently assigned to care for Resident [redacted] and was the CNA responsible for the resident's care on [redacted]. The CNA stated bi-weekly shower schedules for residents were found in a book at the nurses' station. CNA added that Resident [redacted] had no assigned shower days; therefore, the CNA had provided only bed baths to Resident [redacted]. Unit Manager (UM) #1 was interviewed on 11/03/2021 at 10:02 AM. UM #1 stated the facility policy included guidance that all residents were to be showered twice a week. If a resident declined a shower, the UM stated the expectation was for the CNA to report the refusal to the nurse, who	F 561	is put in place within 24 hours of admission to facility and care plan is updated with shower preferences. DON or designee will review completed admission weekly audits and ensure documentation of showers and care plans are in place. ADON and/or designee will provide continued education with current staff as well as newly hired staff. Element 4: The audits will be monitored by DON/designee as follows weekly x4, bi-weekly x 2 weeks and monthly x 1. The audits will be discussed during our QA meeting; QA committee will determine if continued auditing is necessary. Once 100% compliance threshold is achieved for two consecutive months. the plan can be amended when indicated. Adverse findings will be immediately addressed. Findings and trends will be reported to QAPI Committee	

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F 561	Continued From page 3 was expected to document the refusal in the nurse's notes. The UM stated the shower schedule for residents was found in the CNA assignment book kept at each nurses' station. The UM was unaware Resident [redacted] had received no showers. The UM reviewed the ADL sheets for Resident [redacted] and stated there was no way to know if the resident had received a bed bath or a shower on the days marked as receiving assistance with bathing. On 11/03/2021 at 3:17 PM, the Administrator was interviewed. The Administrator stated no one had mentioned to him that Resident [redacted] had received no showers. The Administrator stated he expected all residents to receive showers as scheduled and, if a resident refused showers, the expectation was for nursing staff to include that information in the nurse's notes. The MDS nurse was interviewed on 11/03/2021 at 4:00 PM. She reviewed the ADL sheets for Resident [redacted] and explained when a bath was marked, the mark denoted a bath had been given, but there was no way with the system to differentiate between a shower or a bed bath. The MDS nurse stated each UM had a shower schedule, but there remained no location where staff could document that a bed bath was provided instead of a shower.	F 561		
F 690 SS=D	New Jersey Administrative Code § 8:39-4.1(a)3 Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on	F 690		12/19/21

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F 690	Continued From page 4 admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, and record review, the facility failed to provide [redacted] care using infection-reducing techniques for one of one resident (Resident [redacted]) whose [redacted] care was observed.	F 690	Element 1: Affected resident was addressed with proper care with no negative outcome to resident affected	

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F 690	Continued From page 5 Findings included: The facility admitted Resident [redacted] on [redacted] with diagnoses that included [redacted] due to [redacted]. A review of the quarterly Minimum Data Set (MDS), dated [redacted] indicated Resident [redacted] was cognitively intact with no behaviors or rejection of care identified. The MDS also indicated Resident [redacted] had an [redacted] in place. Active diagnoses included [redacted] and [redacted]. A review of Resident [redacted]'s care plan, with a review date of [redacted] 1, indicated Resident [redacted] had an indwelling urinary catheter related to [redacted] Resident [redacted]'s goal was to have no signs or symptoms of [redacted] infection achieved by checking the [redacted] each shift for [redacted] and monitoring and documenting for [redacted] and [redacted] due to the [redacted]. A review of the current physician's orders for [redacted] indicated Resident [redacted] had an [redacted] that was to receive [redacted] care every shift. On 11/03/2021 at 9:00 AM, Certified Nursing Assistant (CNA) #1 was observed providing morning care and [redacted] care for Resident [redacted]. The CNA prepared a basin of water and poured liquid soap into the water. After bathing the resident's upper body, lower body, and removing [redacted] from the resident, the CNA used the same water to provide [redacted] care. Without changing	F 690	Education with Certified Nursing Assistant responsible for care of resident observed was immediately completed regarding proper bed bath technique/procedure to include catheter care. Education provided to all nursing staff on proper bed technique/procedure. Return demonstration and competency completed. Element 2: All residents in the facility have the potential to be affected. Element 3: Unit Manager and/or designee will perform an audit weekly of bed baths with competencies performed. DON or designee will review completed weekly audits to ensure competencies are completed and compliant. ADON and/or designee will provide continued education with current staff as well as newly hired staff. Element 4: The DON/designee will monitor the audits weekly x 4, bi-weekly x 2 weeks and monthly x1 The audits will be discussed during our QA meeting; QA committee will determine if continued auditing is necessary. Once	

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F 690	Continued From page 6 gloves or the bath water, the CNA wet a disposable cloth and wiped around the [redacted] and the [redacted] from the [redacted] moving outward. CNA #1 was interviewed at 9:35 AM on 11/03/2021. CNA #1 stated she had received training regarding infection-control practices during orientation but had not received specialized training on [redacted] care. The CNA acknowledged she had not changed the bath water after providing [redacted] care to clean [redacted] remnants from Resident [redacted] and had not changed her gloves after providing [redacted] care. CNA #1 stated she should have changed both the bath water and gloves after providing [redacted] care and before providing [redacted] care but had forgotten. She stated by not changing the bath water after cleaning [redacted] remnants from the resident and rinsing the cloth in the bath water, she increased the risk of contamination during [redacted] care, which could cause Resident [redacted] to have an infection. Unit Manager (UM) #1 was interviewed on 11/03/2021 at 10:02 AM. The UM stated the expectation would be for bath water to be changed after bathing the resident's body and before [redacted] care to avoid introducing organisms into the resident's [redacted]. The UM added changing the bath water became more important if the staff member had cleaned [redacted] remnants since there was the potential of introducing [redacted] into the [redacted], potentially resulting in a [redacted] infection. On 11/03/2021 at 3:17 PM, the Administrator was	F 690	100% compliance threshold is achieved for 2 consecutive months. This plan can be amended when indicated. Adverse finding will be immediately addressed. Finding and trends will be reported to QAPI Committee. Unit Manager and/or designee will preform an audit weekly of bed baths with competencies preformed.	

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F 690	Continued From page 7 interviewed. The Administrator stated he expected CNA #1 to follow the facility's policy on providing [redacted] care, including changing the water after bathing the resident's body and prior to providing [redacted] care. A review of the facility's [redacted] Care Policy," with an effective date of 11/2017, indicated, "Using a circular motion, cleanse the [redacted] with a clean cloth moistened with water and [redacted] cleaner (soap). With a new moistened cloth, starting at the [redacted] moving down, cleanse the [redacted]. With a new moistened cloth, starting at the [redacted] moving outward, wipe the [redacted] making sure to hold the [redacted] in place so as to not pull on the [redacted]." New Jersey Administrative Code § 8:39-27.1(a)	F 690		

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	12035	A. BUILDING: _____ B. WING _____	C 11/03/2021

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S 000	Initial Comments Complaint #: NJ149172, NJ147957, NJ147247, NJ146622, NJ146629 Census: 128 Sample Size: 7 TYPE OF SURVEY: Complaint Survey The facility is not in substantial compliance with all 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 provisions of 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 Intake #NJ146622 and #NJ146629 Based on an interview, facility document review, and New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, it was determined that the facility failed to ensure staffing ratios were met for 14 of 14 shifts reviewed. This deficient practice had the potential to affect all residents.	S 560	Element 1: No residents were identified Element 2: All residents in the facility have the potential to be affected.	12/19/21

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

Electronically Signed | 11/29/21

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S 560	Continued From page 1 Findings included: 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 at 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: 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 than half of all staff members shall be certified nurse aides, and each direct staff member shall be signed in to 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 certified nurse aide and perform certified nurse aide duties. 1. A review of the "Nurse Staffing Report," completed by the facility for the weeks of 10/17/2021 - 10/30/2021, revealed staff-to-resident ratios that did not meet the minimum requirements as listed below: 10/17/2021 had 12 CNAs for 130 residents on the day shift, required 17 CNAs 10/18/2021 had 16 CNAs for 130 residents on the	S 560	Element 3: The facility has implemented a competitive market rate for Nurses and Certified Nurses Assistants. The facility conducts recruiting with immediate interviews and contingency offers. The facility implemented an expedited on boarding process for new hires. The DON/Designee, will review any call outs daily and proactively make every effort to replace staff members, Licensed nurses from leadership team will assist in covering open shifts as needed, The facility reviewed the call out policy and has re-educated staff. The facility offers referral and sign on bonus. Element 4: The DON/Designee will monitor CNA staffing ratios daily and document a review of daily staffing weekly x 4, bi-weekly x2 weeks and monthly x 1, The audit will be presented to Administrator. The audits will be discussed during our QA meeting; QA committee will determine if continued auditing is necessary. Once 100% compliance threshold is achieved for two months. This plan can be amended when indicated. Adverse finding	

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S 560	Continued From page 2 day shift, required 17 CNAs 10/19/2021 had 16 CNAs for 130 residents on the day shift, required 17 CNAs 10/20/2021 had 14 CNAs for 130 residents on the day shift, required 17 CNAs 10/21/2021 had 14 CNAs for 130 residents on the day shift, required 17 CNAs 10/22/2021 had 13 CNAs for 130 residents on the day shift, required 17 CNAs 10/23/2021 had 12 CNAs for 130 residents on the day shift, required 17 CNAs 10/24/2021 had 11 CNAs for 130 residents on the day shift, required 17 CNAs 10/25/2021 had 12 CNAs for 131 residents on the day shift, required 17 CNAs 10/26/2021 had 14 CNAs for 130 residents on the day shift, required 17 CNAs 10/27/2021 had 15 CNAs for 129 residents on the day shift, required 17 CNAs 10/28/2021 had 15 CNAs for 126 residents on the day shift, required 16 CNAs 10/29/2021 had 11.5 CNAs for 126 residents on the day shift, required 16 CNAs 10/30/2021 had 11 CNAs for 126 residents on the day shift, required 16 CNAs During an interview with the Administrator on 11/03/2021 at 4:00 PM, he stated he knew CNA staffing did not meet the New Jersey state staffing requirements. The Administrator stated he had been in the building for approximately three months, and staffing had improved by at least 15 positions. He added that efforts to improve staffing included word of mouth from current employees and advertisements in local papers.	S 560	will be immediately addressed. Finding and trends will be reported to QAPI meeting.	