

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

PRINTED: 03/27/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315284	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/27/2025
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT MONMOUTH, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 229 BATH AVENUE LONG BRANCH, NJ 07740		
(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 #: NJ182074, NJ182256, NJ182526 CENSUS: 86 SAMPLE SIZE: 8 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 #: NJ182074, NJ182526 Based on observations, interviews, medical record review, and review of other pertinent facility documentation on 01/23/2025 and 1/27/2025, it was determined that the facility failed to follow standards of clinical practice for Physician Orders (POs) for medication administration and follow the Care Plan (CP) interventions for a resident (Resident #2). The facility also failed to follow its policy titled "Medication Administration". This deficient practice was identified for 1 of 8 residents reviewed for medication administration and was evidenced by the following:	F 658	1. Residents affected by the deficient practice: The facility failed to maintain professional standard of practice by ensuring medications were administered to Resident #2 in a timely manner in and in accordance with the resident's physicians order. 2. Identifying other residents who could be affected by the deficient practice: All residents can be affected by this practice.		2/28/25

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

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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 658	<p>Continued From page 1</p> <p>Reference: New Jersey Statutes Annotated, Title 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>According to Resident #2's Admission Record (AR), the resident was admitted with diagnoses that included but were not limited to: NJ Ex Order 26.4b1</p> <p>[REDACTED]</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated NJ Ex Order 26.4b1, Resident #2 had a Brief Interview of Mental Status (BIMS) score of NJ Ex out of 15, which indicated the resident was NJ Ex Order 26.4b1. The MDS also revealed a diagnosis of NJ Ex Order 26.4b1.</p> <p>According to Resident #2's CP with an initiated date of NJ Ex Order 26.4b1, under "Focus" revealed: I have NJ Ex Order 26.4b1 r/t (related to) NJ Ex Order under "Intervention": The resident (Resident #2) NJ Ex Order 26.4b1</p> <p>[REDACTED]</p> <p>According to Resident #2's Order Summary</p>	F 658	<p>3. Measures or systemic changes to ensure that the deficiencies will not recur: Licensed Nurses received in person education on the Medication Administration Policy and the notification process if a medication is not administered by Director of Nursing (DON). Licensed nursing staff who were assigned to Resident #2 on NJ Ex Order 26.4b1 received education from Director of Nursing (DON) on the "Medication Administration" policy.</p> <p>4. Monitoring the continued effectiveness of the systemic change:</p> <p>The Director of Nursing/Designee will complete a weekly Medication Administration Audit x4 and monthly x2. Results of the audit will be reviewed at the Monthly Quality Assurance Meeting for three months. Continuation of the audits, reporting and frequency after three months will be determined by the QA Committee.</p>		

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F 658	<p>Continued From page 2</p> <p>Report (OSR) Active Orders as of [NJ Ex Order 26.4b1] the OSR revealed a physician order for the following medications:</p> <p>[NJ Ex Order 26.4b1] with a start date of [NJ Ex Order 26.4b1]</p> <p>Review of Resident #2's Electronic Medication Administration Record (eMAR), the aforementioned orders were not administered on the following dates and times.</p> <p>[NJ Ex Order 26.4b1] by mouth every [NJ Ex Order 26.4b1] at 6:00A.M.</p> <p>Review of Resident #2's Individual Patient [NJ Ex Order 26.4b1] Administration Records ([NJ Ex Order 26.4b1]) for [NJ Ex Order 26.4b1], there was no evidence of administration on the dates above.</p> <p>Review of Resident #2's progress notes for the mentioned dates, there was no documentation of [NJ Ex Order 26.4b1] to not receiving their medications as ordered.</p> <p>On 01/27/2025, at 1:36 P.M., during an interview with the surveyor, the [US FOIA (b)(6)] stated the expectation is for the nurse to follow the POs for medication administration for the residents. She further stated, if a medication is administered, the nurse should immediately initial the eMAR. The [US FOIA (b)(6)] stated, if a medication is not administered for any reason, the physician and family should be notified, and the reason</p>	F 658			

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F 658	<p>Continued From page 3</p> <p>should be documented in the resident's progress notes in point click care (PCC). When presented with Resident #2's eMAR for [REDACTED], the [REDACTED] confirmed the missing initials.</p> <p>On 01/27/2025, at 2:00 P.M., during an interview with the surveyor, the [REDACTED] stated it was important to administer medication as ordered because of consistency and compliance. The [REDACTED] said if a medication is administered, it should be immediately documented by the administering nurse in the resident's eMAR. She further stated if a medication is not administered, the resident's physician and family should be notified, and it should be documented in the progress notes in PCC. The [REDACTED] stated, there would be no other place to document except in PCC. The [REDACTED] stated her expectation would be for all nurses to administer medications as ordered. When presented with Resident #2's eMAR for [REDACTED] the [REDACTED] confirmed the blank spaces for [REDACTED]. She further said blank spaces would indicate a medication was not administered as ordered.</p> <p>Review of the facility policy titled "Medication Administration" with a revised date of 09/01/2024. Under "Policy" reveals: "medications are administered by licensed nurses, or staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection." Under "Policy Explanation and Compliance Guidelines": #20. Sign MAR after administered. For those medications requiring vital signs, record vitals onto the MAR.</p>	F 658			

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F 658	Continued From page 4 NJAC 8:39- 11.2 (b)	F 658			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061318	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 01/27/2025
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S 000	<p>Initial Comments</p> <p>COMPLAINT #: NJ182074, NJ182256, NJ182526</p> <p>CENSUS: 86</p> <p>SAMPLE SIZE: 8</p> <p>THE FACILITY WAS IN COMPLIANCE WITH THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE, CHAPTER 8:39, STANDARDS FOR LICENSURE OF LONG-TERM CARE FACILITIES.</p>	S 000			

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

Electronically Signed

TITLE

(X6) DATE

02/18/25

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315284	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/4/2025
NAME OF FACILITY COMPLETE CARE AT MONMOUTH, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 229 BATH AVENUE LONG BRANCH, NJ 07740	

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	02/28/2025	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 <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 1/27/2025		<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			