

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

PRINTED: 08/06/2025
FORM APPROVED
OMB NO. 0938-0391

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|---|--|---|---|----------------------|---|
| 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 04/15/2025 |
| 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 Number NJ185346, NJ184628, NJ184332 Sample Sample Size: 3 Date of Survey: 4/15/25 Census: 78 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 VISIT | F 000 | | | |
| F 842 SS=D | Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(h)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(h) Medical records. §483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized | F 842 | | 6/24/25 | |

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

TITLE

(X6) DATE

Electronically Signed

05/30/2025

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 842 | <p>Continued From page 1</p> <p>§483.70(h)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <ul style="list-style-type: none"> (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. <p>§483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(h)(4) Medical records must be retained for-</p> <ul style="list-style-type: none"> (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. <p>§483.70(h)(5) The medical record must contain-</p> <ul style="list-style-type: none"> (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and | F 842 | | | |

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| F 842 | <p>Continued From page 2</p> <p>determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Complaint: NJ184628</p> <p>Based on interviews, record review, and review of other pertinent facility documentation on 04/15/2025, it was determined that the facility failed to provide a) "Individual Patient Controlled Substance Administration Record" for a resident (Resident #3) b) facility failed to document refusal on the Electronic Medication Administration Record (eMAR). The facility also failed to follow its policies titled, "Medication Administration" and "Documentation in Medical Record". This deficient practice was identified for one of three residents, Resident #3. This deficient practice was evidenced by the following:</p> <p>Review of the Electronic Medical Record (EMR) was as follows:</p> <p>According to Resident #3's Admission Record (AR), the resident was admitted to the facility with diagnoses that included but were not limited to: NJ Exec Order 26.4b1 [REDACTED]</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated NJ Exec Order 26.4b1, Resident #3 had a Brief Interview of Mental Status (BIMS) score of [REDACTED] out of 15, which indicated the resident was NJ Exec Order 26.4b1 [REDACTED].</p> | F 842 | <p>1. Residents affected by this deficient practice:</p> <p>Resident #3 was assessed with no NJ Exec Order 26.4b1 noted. Nurses who failed to document refusal of medication in eMAR for Resident #3 for NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1 at 6 PM, for NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1 at 2 PM and NJ Exec Order 26.4b1 at 10 PM and for NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1 at 6 PM and 9PM, received individual education from Director of Nursing. The Director of Nursing audited current Individual Patient NJ Exec Order 26.4b1 Administration Record for Resident #3 and validated that all medications requiring a Patient NJ Exec Order 26.4b1 Administration Record are currently on file.</p> <p>2. Identifying other residents who could be affected by the deficient practice:</p> <p>All Residents have the potential to be affected by the deficient practice.</p> <p>3. Measures or systemic changes to ensure that the deficiencies will not recur: Licensed Nurses in person education initiated on 5/28/25 Patient Controlled Substance Administration Record by Director of Nursing / Designee.</p> | | |

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| F 842 | Continued From page 3 According to Resident #3's Order Summary Report (OSR) Active Orders as of NJ Exec Order 26.4b1 , the OSR revealed a physician order for the following medications: NJ Exec Order 26.4b1 Give 1 ml by mouth every 6 hours(hrs.) at 12:00 A.M, 06:00 AM, 12:00 P.M and 06:00 P.M for NJ Exec Order 26.4b1 with a start date of NJ Exec Order 26.4b1 . NJ Exec Order 26.4b1 Give NJ Exec O by mouth every 8 hrs at 06:00 A.M, 02:00 P.M, and 10:00 P.M for NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 . NJ Exec Order 26.4b1 Give NJ Exec Order 26.4b1 by mouth every 3 hours for NJ Exec Order 26.4b1 at 12:00 A.M, 03:00 A.M, 06:00 A.M, 09:00 A.M, 12:00 P.M, 03:00 P.M, 06:00 P.M an 09:00 P.M. Review of Resident #3's eMAR showed the orders were not signed by staff on the following dates and times. NJ Exec Order 26.4b1 Give NJ Exec O by mouth every 6 hrs., on NJ Exec Order 26.4b1 at 06:00 P.M. NJ Exec Order 26.4b1 Give NJ Exec Order 26.4b1 mouth every 8 hrs., or NJ Exec Order 26.4b1 at 02:00 P.M. and NJ Exec Order 26.4b1 at 10:00. P.M NJ Exec Order 26.4b1 Give NJ Exec Order 26.4b1 by mouth every 3 hrs. on NJ Exec Order 26.4b1 at 06:00 P.M and 09:00 P.M. A review of Resident #3's Progress Notes (PNs) | F 842 | 4. Monitoring the continued effectiveness of the systemic change: The Director of Nursing/Designee will complete a weekly Medication Administration Audit x4 and monthly x2. Director of Nursing/Designee will audit the patient controlled substance administration record book on each cart weekly x 4 and monthly x 2. The 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. | | |

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| F 842 | <p>Continued From page 4</p> <p>from [redacted] written by the [redacted] US FOIA (b)(6) [redacted] for Resident #3 documented, "As reported from nursing staff resident [redacted] the nurse to administer his/her midnight medication on [redacted] In a second PNs, regarding [redacted] medications for Resident #3, there was clarification that the [redacted] medications were for the 11:00 P.M - 07:00 A.M shift. The PNs show Resident #3 [redacted] his/her medications, however there were blanks on the eMAR.</p> <p>During an interview on 04/15/2025, the [redacted] US FOIA (b)(6) [redacted], stated that there shouldn't be any blanks on the eMAR and that the nurse administering the medication was responsible for signing the eMAR. The [redacted] US FOIA (b)(6) [redacted] stated, "If the resident refuses a medication, the proper code should be pressed and a progress note should be included." The [redacted] US FOIA (b)(6) [redacted] confirmed the missing signatures by staff for Resident #3 or [redacted] NJ Exec Order 26.4b1 [redacted] and acknowledged the nurse administering the medications did not follow the facility's policy for documentation.</p> <p>Surveyor attempted to interview nurse who worked on [redacted] NJ Exec Order 26.4b1 [redacted] and was unable to, therefore the [redacted] US FOIA (b)(6) [redacted] was interviewed.</p> <p>During an interview on 04/15/2025 at 02:48 P.M, with the [redacted] US FOIA (b)(6) [redacted] in the presence of the [redacted] US FOIA (b)(6) [redacted] the [redacted] US FOIA (b)(6) [redacted] stated that she doesn't expect blanks on the eMAR and that the unit managers are responsible to ensure that there are no blanks. She also stated that whoever administered the medication is responsible for filling out the eMAR and it should be signed immediately after a medication is given. She acknowledged the blanks on the eMAR for</p> | F 842 | | |

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| F 842 | <p>Continued From page 5</p> <p>NJ Exec Order 26.4b1 and that NJ Exec Order 26.4b1 of medications should be documented as well. She also stated that the facility's policies for medication administration and documentation was not followed.</p> <p>The surveyor requested "Individual Patient NJ Ex Order 26.4(b)(1) Administration Record" sheets for Resident #3's medications of NJ Exec Order 26.4b1 for NJ Exec Order 26.4b1. Reviewed "Individual Patient NJ Exec Order 26.4b1 Administration Record" for NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1 and it showed that the 02:00 P.M dose was administered. The facility failed to provide the requested "Individual Patient NJ Exec Order 26.4b1 Administration Record" for NJ Exec Order 26.4b1.</p> <p>During an offsite telephone interview with the US FOIA (b) or NJ Exec Order 26.4b1 at 04:16 P.M, she stated, "Declining sheet should be available to surveyors and typically the original goes into the patient's chart". The US FOIA (b) acknowledged that Resident #3's "Individual Patient NJ Exec Order 26.4b1 Administration Records" were not available and they failed to follow their policy.</p> <p>Review of the facility's document titled "Documentation in Medical Record", implemented on 10/01/2024, revealed under "Policy Explanation and Compliance Guidelines": licensed staff and interdisciplinary team members shall document all assessments, observations, and services provided in the resident's medical record in accordance with state law and facility policy.</p> | F 842 | | |

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| F 842 | Continued From page 6 Review of the facility's document titled "Medication Administration", implemented on 09/01/2024, revealed "Medication Administration": 21. Sign MAR after administered. For those medications requiring vital signs, record vital signs on the MAR. 22. Report and document any adverse side effects or refusals. NJAC 8:39-35.2 (d) NJAC 8:39-35.2 (g) | F 842 | | | |

POST-CERTIFICATION REVISIT REPORT

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|--|----|---|---|------------------------------|----|
| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315284 | Y1 | MULTIPLE CONSTRUCTION A. Building B. Wing | Y2 | DATE OF REVISIT 6/24/2025 | Y3 |
| 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 F0842 | Correction | ID Prefix _____ | Correction | ID Prefix _____ | Correction |
| Reg. # 483.20(f)(5), 483.70(h)(1)-(5) | Completed | Reg. # _____ | Completed | Reg. # _____ | Completed |
| LSC _____ | 06/24/2025 | 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 |
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| 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 4/15/2025 | | <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 | | |