STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315437	A. BUILDING _____ B. WING _____	C 06/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAUREL BAY HEALTH & REHABILITATION CENTER	**32 LAUREL AVENUE KEANSBURG, NJ 07734**

(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 # NJ 149508 CENSUS: 92 SAMPLE SIZE: 4 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 # NJ 149508 Based on observations, interviews, review of Medical Records (MR), and other pertinent facility documentation, on 6/7/2022 and 6/8/2022, it was determined that the facility failed to: 1) administer medication according to the standards of nursing practice and follow their policy titled "Administration of Ex Order 26. 4B1 within the Facility" and 2) obtain a physician order for Ex Order 26. 4B1 [redacted] Ex Order 26. 4B1 stored at the	F 658	Tag 0658-483.21(b)(3)(i) Services Provided Meet Professional Standards 1. (A) Resident #1 was re-approached by her nurse and consumed Ex.Order medication under observation (B) Physician□s orders were obtained for the Ex Order 26. 4B1 at the bedsides of residents #1 and #2 (C) The nurse who was assigned to care for and administer Ex Order 26. 4B1 to residents #1 and #2 was re-educated on	6/28/22

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

Electronically Signed | 06/24/2022

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F 658	Continued From page 1 resident's bedside for 2 of 4 residents (Resident #1 and Resident #3) observed for medication administration. This deficient practice was further evidenced by the following: 1. During a unit tour on 6/7/2022 at 10:40 am, accompanied by the Unit Manager (UM) Ex Order 26. 4B1 were observed in a Ex Order 26. 4B1 and Ex Order 26. 4B1 of Ex Order 26. 4B1 Ex Order 26. 4B1 were on the over-bed table in the room of Resident #1. The Ex Order 26. 4B1 contained Ex Order 26. 4B1 and Ex Order 26. 4B1. No residents were in the room at the time of the observation. No residents observed wandering on the unit. According to the MR, Resident #1 was admitted to the facility on Ex.Order 26.4(b)(1), with diagnosis which included but were not limited to: Ex Order 26. 4B1 [redacted]. The Minimum Data set (MDS), an assessment tool dated 5/31/2022, revealed a Brief Interview for Mental Status Score (BIMS) of Ex Order 26. 4B1, which indicated the resident was Ex Order 26. 4B1. During an interview on 6/7/2022 at 10:40 a.m., the UM stated Ex Order 26. 4B1 [redacted] The UM then left the room and said she was going to find the cart-nurse/Licensed Practical Nurse (LPN #1). During an interview on 6/7/2022 at 10:42 a.m., the LPN stated, that at approximately 10:00 a.m., she brought the medication to Resident #1's room. However, the Resident said he/she was not ready to take them; since the Resident was alert and oriented, she left the Ex Order 26. 4B1 on the over-bed table. The Resident assured the nurse	F 658	the policy for Administration of Ex Order 26. 4B1 within the Facility and the policy for Self-Administering Ex Order 26. 4B1. 2. All resident rooms were checked to ensure there were no Ex Order 26. 4B1 Ex Order 26. or otherwise left at the bedside. 3. All nurses were re-educated on the policy for Administration of Ex Order 26. 4B1 within the Facility and the policy for Self-Administering Ex Order 26. 4B1. All nursing assistants we re-educated to notify their supervisor if they observe any type of Ex.Order 26.4(b)(1) at the residents bedside. 4. The DON/designee will conduct 3 random audits per week to ensure Ex Order 26. 4B1 Ex Order 26. or otherwise are not being left at bedside without a physician□s order. The audits will be conducted for a minimum of 90-days. The Director of Nursing or designee will review and report all audit findings at the monthly QAPI meeting.	

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F 658	Continued From page 2	F 658		

that he/she would take them. The LPN verified that she did not recheck the Resident to see if the Ex Order 26. 4B1 were taken.

A review of Resident #1's Medication Administration Record (MAR) for the month Ex Order 26. , the LPN verified that the Ex Order 2 in the Ex Order 26. 4B1 found at the bedside were the following Ex Order 26. 4B1 : Ex Order 26. 4B1 , with an administration time of 9:00 a.m.

The Ex Order 26. 4B1 observed at the bedside were Ex Order 26. 4B1 , 1 Ex Order 26. 4 of each of the following: Ex Order 26. 4B1 .

In addition, Resident #1 had a prescription Ex Order 26. 4 labeled Ex Order 26. 4B1 . The Ex Order 26. 4 contained 1 Ex Order 26. 4B1 and 1 Ex Order 26. 4B1 without markings.

On 6/7/2022 at 10:42 a.m., the LPN stated, she was aware that Resident #1's family member was bringing in Ex Order 26. 4B1 and leaving them at the bedside. The LPN reported that Resident #1 did not have a physician's order for self-administration of Ex Order 26. 4B1 or approval by the physician for Ex Order 26. Ex Order 26. 4B1 at the bedside. The LPN stated that she should have informed the physician of the Ex Order 26. 4B1 so orders could have been obtained.

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F 658	Continued From page 3	F 658		

During an interview on 6/7/2022 at 12:41 p.m., Resident #1 stated, that LPN #1 came into his/her room to give the aforementioned Ex Order 26. 4B1 Ex Order 26. 4B1 and he/she was going to take the [redacted], however, the physical therapist came in early to take him/her to rehab and Ex Order 26. 4B1 before leaving the room.

2. During a unit tour on 6/7/2022 at 11:17 am, accompanied by the LPN #1, a [redacted] of [redacted] Ex Order 26. 4B1 was observed on Resident #3's over-bed table. No residents were in the room at the time of the observation. No residents were wandering on the unit.

According to the MR, Resident #3 was admitted to the facility on Ex Order 26. 4B1, with diagnosis which included but were not limited to: Ex Order 26. 4B1 [redacted].

The Minimum Data set (MDS), an assessment tool dated 5/19/2022, revealed a Brief Interview for Mental Status Score (BIMS) of [redacted], which indicated the Resident was Ex Order 26. 4B1.

The LPN stated, Resident #3 did not have a physician's order for self-administration of Ex Order 26. 4B1 or approval by the physician for [redacted] Ex Order 26. 4B1 at the bedside.

A review of the MR failed to show a physician order for Resident #1 and Resident #3 for self-administration of Ex Order 26. 4B1 or [redacted] Ex Order 26. 4B1 permitted at the bedside or evidence that the residents were evaluated to self

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F 658	Continued From page 4 administration of Ex Order 26. 4B1 by the interdisciplinary team. During an interview on 6/8/2022 at 11:16 a.m., the Unit Manager stated, that nurses can not leave Ex Order 26. 4B1 at the bedside because it's not safe and we have to keep our residents safe. A review of the facility policy titled "Administration of Ex Order 26. 4B1 within the Facility," dated March 19, 2018, revealed under "Administration:" Ensure that the patient swallows all Ex Order 26. 4B1. Under "After Administration:" Dispose of wasted Ex Order 26. 4B1 per policy..." A review of the facility policy titled "Self Administering Ex Order 26. 4B1," dated 10/1/2018, revealed under "Policy:" Each customer is given the opportunity to self administer his/her Ex Order 26. 4B1 if the interdisciplinary team, upon evaluation of a customer's ability to safely self-administer medication, has determined that this practice is safe..." NJAC 8:39-29.2(c)(1-6) NJAC-29.2(d)	F 658		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315437 (Y1)	A. Building B. Wing (Y2)	6/28/2022 (Y3)

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
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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 Reg. # 483.21(b)(3)(i) LSC	Correction Completed 06/28/2022	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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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	
6/8/2022	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO