STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315365	A. BUILDING _____ B. WING _____	C 02/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT OCEAN GROVE LLC	**160 S MAIN ST OCEAN GROVE, NJ 07756**

(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 A Recertification and Complaint Survey was conducted by Healthcare Management Solutions, LLC on behalf of New Jersey Department of Health (NJDOH). Complaint #: NJ162382, NJ163457, NJ164001, NJ165865, NJ166922, NJ169240, NJ169555, NJ170247, NJ170346, NJ170898 and NJ171116. Survey Dates: 02/12/24 to 02/19/24. Survey Census: 82 Sample Size: 18 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 RECERTIFICATION AND COMPLAINT VISIT.	F 000		
F 582 SS=E	Medicaid/Medicare Coverage/Liability Notice CFR(s): 483.10(g)(17)(18)(i)-(v) §483.10(g)(17) The facility must-- (i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of- (A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; (B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and (ii) Inform each Medicaid-eligible resident when changes are made to the items and services	F 582		3/29/24

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

Electronically Signed | 03/08/2024

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 582	Continued From page 1 specified in §483.10(g)(17)(i)(A) and (B) of this section. §483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate. (i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible. (ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change. (iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements. (iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility. (v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and facility	F 582	1. The residents that were identified have	

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F 582	Continued From page 2 policy review the facility failed to ensure the NJ Exec Order 26.4b1 included the required information of the name of the NJ Exec Order 26.4b1) and the NJ Exec Order 26.4b1) a special NJ Exec Order 26.4b1 equipment for the NJ Exec O or NJ Exec Order 26.4b1 for three of three residents (Resident (R) 23, R188, and R189.) This failure could prevent a NJ Exec Order 26.4b1 with from being able to file an appeal in a timely manner. Findings include: Review of the "Form Instructions for the Notice of Medicare Non-Coverage (NOMNC) CMS (Centers for Medicare and Medicaid)-10123" revealed the notice must include ". . .Bullet # 4 Insert the name and telephone numbers (including TTY) of the applicable QIO in no less than 12-point type. . ." Review of R23's NJ Exec Order 26.4b revealed it did not contain the name of the NJ Exec Order 26.4b1 or the NJ Exec O as required. R23 was admitted on Ex Order 26.4B1 for Ex Order 26.4B1 . was discharged home with NJ Exec O on Ex Order 26.4B1 . last covered day Ex Order 26.4B1 Ex Order 26.4B1 was Ex Order 26.4B1 . Review of R188's NJ Exec Order 26.4b with a NJ Exec Or of NJ Exec Order 26.4b , was issued by phone on NJ Exec Order 26.4b to the NJ Exec Order 26.4b1 who handled all of R188's business. The NJ Exec Order 26.4b did not include the name of the NJ Exec O or the NJ Exec O number to file an expedited appeal. Resident 188 remained in the facility for long-term care. Review of R189's NJ Exec Order 26.4b with a Ex Order 26 of Ex Order 26.4B1 , was issued on Ex Order 26.4B1 . The NJ Exec Order 26.4b	F 582	been discharged from the facility. No NJ Exec Order 26.4b1 were observed. The following corrective action will be taken: All Notices of NJ Exec Order 26.4b1 will be reviewed prior to the delivery to the resident and/or resident representative to ensure that the required information of the name of the NJ Exec Order 26.4b1 number is included on the notice. 2. All residents have the potential to be affected. 3. The following measures and systemic changes have be put in place to ensure the deficient practice will not recur: The Policy and Procedure titled "Beneficiary Notice Policy and Procedure" was reviewed. 4. The US FOIA (b)(6) was educated regarding the required information on the Notice of Medicare Non-Coverage on 2/19/2024 5. The Director of Social Work or Designee will audit all Medicare Notices of Non-Coverage provided to the resident and/or the resident representative weekly x 4 weeks and monthly x 2 months. The Quality Assurance Performance Improvement (QAPI) Committee, chaired by the Administrator, shall review the audit to ensure compliance which meets quarterly. DATE OF COMPLETION: March 29, 2024	

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F 582	Continued From page 3 did not include the name of the [NJ Exec O] or the [NJ Exec O] phone number to call for an expedited appeal. The resident remained in the facility for long-term care.. During an interview on 2/14/24 at 11:40 AM with the [Ex Order 26.4B1] she stated she was not aware the name of the [NJ Exec O] or [NJ Exec O] number had to be included on the [NJ Exec Order 26.4b1] Review of the facility policy, "Beneficiary Notice Policy and Procedure" dated 2022 revealed, ". . .The NOMNC informs beneficiaries of the right to an expedited review by a Quality Improvement Organization. . ."	F 582		
F 600 SS=D	NJAC 8:39-5.1(a) Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by:	F 600		3/29/24

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F 600	Continued From page 4 Based on record review, interview and policy review, the facility failed to ensure residents were free from NJ Exec Order 26.4b1 for four of six residents reviewed for NJ Exec Order 26.4b1 (Resident (R) 136, R18, R27 and R139). Findings Include: 1. Review of R27's "Admission Record," located in the "Profile" tab of the electronic medical record (EMR) revealed admission to the facility on Ex Order 26.4B1 and was re-admitted on Ex Order 26.4B1 with diagnoses including Ex Order 26.4B1 Review of R27's quarterly "Minimum Data Set (MDS)" assessment under the "MDS" tab of the EMR, with an Assessment Reference Date (ARD) of Ex Order 26.4B1 revealed a "Brief Interview for Mental Status (BIMS)," score of Ex Order 26.4B1 which indicated Ex Order 26.4B1 . Review of R27's "Care Plan," located under the "Care Plan" tab of the EMR and dated Ex Order 26.4B1, revealed "The resident had Ex Order 26.4B1 function or Ex Order 26.4B1 related to Ex Order 26.4B1 NJ Exec Order 26.4b1 NJ Exec Order 26 and unable to NJ Exec Order 26.4b1 Interventions in place were to ask NJ Exec Order 26.4b1, use resident's NJ Exec Order 26.4b1 NJ Exec Order 2 face the resident when speaking and make eye contact, reduce any distractions, and keep the residents routine consistent. Further review revealed the resident was an Ex Order 26.4B1 and Ex Order 26.4B1 risk due to . Interventions in place were identify patterns of Ex Order 26.4B1, monitor location, Ex Order 26.4B1, and provide structured activities.	F 600	1. The residents that were identified have been discharged from the facility. Event was investigated and education has been provided to staff on the process for completing a thorough investigation on NJ Exec Order 2 and NJ Exec Order 26.4 to ensure event(s) are investigated and that timely, required acute care is given for event(s) with injuries, if any. All staff in-serviced on NJ Exec Order 2 and NJ Exec Order 26.4 by Nurse Educator. This education includes Full Time, Part time, and PRN and agency staff. All new hires and new agency staff will be educated on NJ Exec Order 2 and NJ Exec Order 26.4b 2. Staff have been educated to contact the Administrator, DON or designee with any significant incident/accident event, including any and all allegations of Abuse and Neglect immediately, upon discovery of event to be in compliance with the New Jersey Department of Health guidelines of reporting alleged violations. 3. All residents have the potential to be affected. 4. The following measures and systemic changes have be put in place to ensure the deficient practice will not recur: The Policy and Procedure titled " Abuse, Neglect, Exploitation and Misappropriation Prevention Program " was reviewed. 5. The Nurse Educator will track in-service compliance for completion against staff roster weekly x 4 weeks and monthly x 2 months. The Quality Assurance Performance Improvement (QAPI) Committee, chaired by the Administrator, shall review the audit to ensure compliance which meets quarterly.	

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F 600	Continued From page 5 Review of R18's "Admission Record," located in the "Profile" tab of the electronic medical record (EMR) revealed admission to the facility on Ex Order 26.4B1 with diagnoses including Ex Order 26.4B1 Ex Order 26.4B1 . Review of R18's quarterly "Minimum Data Set (MDS)" assessment under the "MDS" tab of the EMR, with an Assessment Reference Date (ARD) of Ex Order 26.4B1 revealed a "Brief Interview for Mental Status (BIMS)," score of Ex Order 26.4B1 which indicated Ex Order 26.4B1 . Review of R18's "Care Plan," located under the "Care Plan" tab of the EMR and dated Ex Order 26.4B1 revealed "The resident was at risk for potential impairment to Ex Order 26.4B1 related to Ex Order 26.4B1 Review of a "Nurse's Note," in the EMR, written by Registered Nurse (RN) 3 and dated Ex Order 26.4B1 at 2:09 PM indicated, R18called me in to Ex Orde room to tell me while had been sleeping, R27 entered Ex Order 2 room, took Ex Order 26.4B1, and began Ex Order 26.4B1. R18 asked R27 Ex Order 26.4B1 During an interview on 02/13/24 at 9:30 AM R18 said there was one incident when R27 came into room and Ex Order 26.4B1 . R18 said it happened years ago and Ex Order did not think R27 Ex Order 26.4B1 . Ex Order 26 said, "I think Ex Order Ex Order 26.4B1 ." There was Ex Order 26.4B1 and it did Ex Order 26.4B1 . Ex Order 2 said Ex Order honestly had forgotten about the incident since it was a long time ago. Ex Order 26 has not had any other issues with R27. An attempted call on 02/14/24 at 9:30 AM to	F 600	DATE OF COMPLETION: March 29, 2024	

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F 600	Continued From page 6	F 600		

Certified Nurse Aide (CNA) 3 was unsuccessful and a voice message was left requesting a return call. A return call was not received by the end of the survey.

During an interview on 02/14/24 at 9:33 AM RN3 stated the facility completed [NJ Exec Order 2] training annually, and in-services related to [NJ Exec Order 2] throughout the year. She said staff were expected to report any concern to the [U.S. FOIA (b)(6)] and ensure the resident was [NJ Exec Order 2]. She said R27 had [Ex Order 26.4B1] and [Ex Order 26.4B1] about the facility freely. She said she vaguely remembered the incident that occurred [Ex Order 26.4B1] [Ex Order 26.4B1] with R18. [Ex Order 26.4B1] was when the staff were attempting a [Ex Order 26.4B1]) of her [Ex Order 26.4B1] medication but R27's [Ex Order 26.4B1] [Ex Order 26.4B1] and the resumed the medication at the original does. She said that R27 does have on a [Ex Order 26.4B1] and staff supervise throughout the day and there hasn't been another incident with another resident.

During an interview on 02/15/24 at 11:23 AM the [U.S. FOIA (b)] stated the facility completed [NJ Exec Order 2] training quarterly or if there were any new concerns. Staff were expected to notify her, and she would notify the [US FOIA (b)(6)]. She said she was the [NJ Exec Order 2]. She said she did not remember the [Ex Order 26.4B1] incident between R27 and R18 off hand She could not remember if R27 was able to say why but R27 wore a [Ex Order 26.4B1] and was supervised by staff throughout the day. She said there has not been another incident.

During an interview on 02/15/24 at 12:30 PM the [Ex Order 26.4B1] stated his expectation was that residents would be free from [NJ Exec Order 2]

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F 600	Continued From page 7 Review of the facilities policy titled "Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating," revised 01/2023, revealed, all reports of resident abuse (including injuries of unknown origin), neglect, exploitation, or theft/misappropriation of resident property are reported to local, state, and federal agencies (as required by current regulations) and thoroughly investigated by facility management. Findings of all investigations are documented and reported. 2. Review of R136's undated "Admission Record," located in the "Profile" section of the EMR, revealed R136 was admitted to the facility on Ex Order 26.4B1 with diagnoses which included Ex Order 26.4B1) and Ex Order 26.4B1 . Review of R136's annual " MDS assessment with an ARD of Ex Order 26.4B1 , located in the "MDS" tab of the EMR, revealed R136 scored Ex Order 26.4B1 on the "BIMS" which indicated the resident was Ex Order 26.4B1 Review of R136's nursing notes, provided by the facility, revealed a note written by Registered Nurse (RN)2 on NJ Exec Order 26.4b1 at 6:46 PM, which specified, "Another resident came into [R136's] room thinking Ex Order 26.4B1 . [R136] told the Resident to, 'Ex Order 26.4B1 ." Ex Order 26.4B [R136] Ex Order 26.4B1 . At that time [R136] was Ex Order 26.4B1 by the Resident. Family and US FOIA were notified." Review of R139's undated "Admission Record," located in the "Profile" section of the EMR revealed R77 was admitted to the facility on	F 600		

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F 600	Continued From page 8	F 600		

Ex Order 26.4B1 and had a diagnosis of Ex Order 26.4B1

Review of R139's quarterly "MDS" assessment with an ARD of Ex Order 26.4B1, located in the "MDS" tab of the EMR, revealed R139 scored Ex Order 26.4B1 on the "BIMS" which indicated the resident was Ex Order 26.4B1.

Review of R139's nursing notes, provided by the facility, revealed a note written by RN2 on Ex Order 26.4B1, which specified, "NJ Exec Order 26.4b1 Note: [R139] NJ Exec Order 26.4b1 resident's room Ex Order 26.4B1 Ex Order 26.4B1 The other resident Ex Order 26.4B1. At this time [R139] Ex Order 26.4B1. [R139] is now on Ex Order 26.4B1."

During an interview on 02/14/24 at 3:05 PM, RN2 stated she did not recall much about the NJ Exec Order 26.4b1 incident between R136 and R139. RN2 stated she recalled hearing R136 Ex Order 26.4B1 RN2 stated she responded and found R139 in R136's room and she redirected R139 out of the room. RN2 stated she reported the incident to the U.S. FOIA (b) and did not recall if R136 Ex Order 26.4B1.

Review of the facility's investigation of the NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 between R136 and R139 completed by the U.S. FOIA (b) and dated Ex Order 26.4B1 revealed, "On the evening of Ex Order 26.4B1 [R139] Ex Order 26.4B1 [R136's] room. [R136] was laying [sic] in bed and got out of bed when [R139] appeared at the entrance of room. [R136] told [R139] Ex Order 26.4B1 [R139] Ex Order 26.4B1 [R136] and [R139] Ex Order 26.4B1. [R136] then

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F 600	Continued From page 9 attempted to NJ Exec Order 26.4b1 out of the doorway and reportedly Ex Order 26.4B1 [R136's] Ex Order 26 Ex Order 26.4B1 The two residents were separated. A Ex Order 26 check was immediately performed and a Ex Order 26.4B1 was noted approximately the NJ Exec Order 26 on [R136's] NJ Exec Order 26.4b1." During an interview on 02/14/24 at 3:25 PM, the U.S. FOIA (b) stated the facility investigated the Ex Order 26.4B1 resident to NJ Exec Order 26.4b1 between R136 and R139. The U.S. FOIA (b) stated the facility's investigation determined on 03/13/23 as R136 was attempting to remove R139 from Ex Orde room when R139 Ex Order 26.4B1 R136 in the Ex Order 26.4B1. The U.S. FOIA (b) explained R136 Ex Order 26.4B1 as a result of Ex Order 26.4B Ex Order 26.4B1 R139. During an interview on 02/15/24 at 12:40 PM, the facility's U.S. FOIA (b)(6)) stated it was the facility's expectation for residents to be NJ Exec O and have an NJ Exec Order 2 free environment. NJAC 8:39-4.1(a)5 NJAC 8:39-33.2(c)12	F 600		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property,	F 609		3/29/24

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F 609	Continued From page 10 are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §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: Based on record review, interview and policy review, the facility failed to report resident to resident incident and injury of an unknown origin timely to the state survey agency for three of six incidents reviewed for abuse (Resident (R) R18, and R27). Refer to F600 Findings Include: 1. Review of a "Nurse's Note," in the electronic medical record (EMR), written by Registered Nurse (RN) 3 and dated Ex Order 26.4B1 indicated, R18 called me in to Ex Orde room and stated while Ex Order 2 had been sleeping and R27 entered room, took Ex Order 26.4B1, and began Ex Order 26.4B1 it. R18 asked R27 why Ex Order did it and Ex Order stated, "Ex Order 26.4B1 ".	F 609	1. The residents that were identified still reside in the community and have updated/current Plan of Care in place. The following corrective action has been taken: Education has been provided to staff on the process for completing a thorough investigation on NJ Exec Order 2 and NJ Exec Order 26.4 to ensure event(s) are investigated and that timely, required acute care is given for event(s) with injuries, if any. 2. Staff have been educated that the Administrator, DON or designee should have been contacted immediately in reference to this specific event since there was an allegation of Abuse and Neglect, upon discovery of the event to be in	

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F 609	Continued From page 11 During an interview on 02/14/24 at 9:33 AM, RN3 stated she became aware of the incident on 04/13/23 at 2:09 PM and reported it to the U.S. FOIA (b)(6) Review of the facility's "Investigation Summary" revealed the incident occurred on NJ Exec Order 26.4b1 around 2:30 PM. However, the incident was not reported to New Jersey Department of Health (NJDOH) until 04/14/23 at 12:25 PM. 2. Review of a "Nurse's Note," in the EMR, written by Licensed Practical Nurse (LPN) 6 and dated NJ Exec Order 26.4b1 at 1:46 PM indicated, R27 was found with a Ex Order 26.4B1 measuring about Ex Order Ex Order 26.4B1 . R27 stated Ex Order 26.4 Ex Order 26.4B1 " a statement was received from CNA. The family and U.S. FOIA (b)(6) was made aware. During an interview on 02/14/24 at 12:57 PM LPN 6 stated she became Ex Order 26.4B1 on R27 wrist on 07/18/23 at 1:46 PM and reported it to the U.S. FOIA (b) and U.S. FOIA (b)(6) Review of the facility's "Reportable Event Record" revealed the incident occurred on Ex Order 26.4B1 at 12:00 PM. However, the incident was not reported to New Jersey Department of Health (NJDOH) until Ex Order 26.4B1 at 1:02 PM. 3. Review of a "Nurse's Note," in the EMR, written byLPN2 and dated Ex Order 26.4B1 at 8:45 AM indicated, noted during rounds at 7:30am that R27 has a Ex Order 26.4B1 , Ex Order 26.4B1 . Active range of motion to Ex Order 26.4B1 , Ex Order 26.4B1 .	F 609	compliance with the New Jersey Department of Health guidelines of reporting alleged violations. 3. All staff in-serviced on Abuse and Neglect by Nurse Educator. This education includes Full Time, Part time, and PRN and agency staff. All new hires and new agency staff will be educated on Abuse and Neglect. 4. All residents have the potential to be affected. 5. The following measures and systemic changes have be put in place to ensure the deficient practice will not recur: The Policy and Procedure titled "Abuse, Neglect, Exploitation and Misappropriation Prevention Program " was reviewed. 6. The 24 hour report will be reviewed daily to ensure alleged violations are reported properly. 7. The Nurse Educator will track in-service of "Abuse, Neglect, Exploitation and Misappropriation Prevention Program" compliance weekly x 4 weeks and monthly x 2 months. The Quality Assurance Performance Improvement (QAPI) Committee, chaired by the Administrator, shall review the audit to ensure compliance. DATE OF COMPLETION: March 29, 2024	

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F 609	Continued From page 12 Review of the facility Accident/Incident Report, dated [redacted] at 7:00 AM, revealed R27 had a [redacted] and a [redacted] and [redacted]. Further review revealed this was not reported to New Jersey Department of Health. During an interview on 02/14/24 at 12:57 PM LPN6 stated she became aware of R27's [redacted] after LPN2 reported it to her at 11:00 AM when LPN2 documented it in progress notes. She reported it to the [redacted], but she was unsure if it was reported to the state or investigated. LPN6 stated they were never able to determine how the [redacted] occurred. During an interview on 02/15/24 at 11:23 AM the [redacted] stated the facility had 24 hours if there was [redacted], and she was not aware [redacted] must be reported within two hours of the facility becoming aware. But she agreed they all should have been reported timely. During an interview on 02/15/24 at 12:30 PM the [redacted] stated he expected that all incidents be reported within the required 2 hours. Review of the facilities policy titled, "Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating," revised 01/2023, revealed, all reports of resident abuse (including injuries of unknown origin), neglect, exploitation, or theft/misappropriation of resident property are reported to local, state, and federal agencies (as required by current regulations) and thoroughly investigated by facility management. Findings of all investigations are documented and reported. If resident abuse, neglect, exploitation,	F 609		

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F 609	Continued From page 13 misappropriation of resident property or injury of unknown source is suspected, the suspicion must be reported immediately to the administrator and to other officials according to state law. The administrator or the individual making the allegation immediately reports his or her suspicion to the following persons or agencies: The state licensing/certification agency responsible for surveying/licensing the facility, the local state ombudsman; the resident's representative; adult protective services (where state law provides jurisdiction in long-term care); law enforcement officials; the resident's attending physician; and the facility medical director "Immediately" is defined as: within two hours of an allegation involving abuse or result in serious bodily injury; or within 24 hours of an allegation that does not involve abuse or result in serious bodily injury.	F 609		
F 610 SS=D	NJAC 8:39-9.4(f) Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §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	F 610		3/29/24

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F 610	Continued From page 14 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: Based on record review, interview and policy review, the facility failed to investigate NJ Exec Order 25 of an NJ Exec Order 26.4B1 for one of six residents reviewed for NJ Exec Order [illegible] (Resident R27). Findings Include: Review of a "Nurse's Note," in the EMR, written by Licensed Practical Nurse (LPN) 6 and dated NJ Exec Order 26.4B1 at 1:46 PM indicated, R27 was found with Ex Order 26.4B1 about Ex O R27 stated Ex Order 26.4B1 Ex Order 26.4B1" a statement was received from CNA. The family and Ex Order 26.4B1) was made aware. During an interview on 02/14/24 at 12:57 PM LPN 6 stated she became aware of the Ex Order 26.4B1 on R27 Ex Order 26.4 on Ex Order 26.4B1 and reported it to the U.S. FOIA (b)(6) . Review of the facility's "Reportable Event Record" revealed the incident occurred on 07/18/23 at 12:00 PM. Further review revealed Ex Order 26.4B1 for R27, or any other residents were completed, and no residents were interviewed. Review of a "Nurse's Note," in the EMR, written by LPN2 and dated Ex Order 26.4B1 at 8:45 AM indicated, during rounds at 7:30AM R27 has a Ex Order 26.4B1 . Ex Order 26.4B , Ex Order 26.4B1	F 610	1. The resident that was identified still resides in the community and has updated/current Plan of Care in place. The following corrective action has been taken: Education has been provided to staff on the process for completing a thorough investigation on NJ Exec Order 2 and NJ Exec Order 26.4 to ensure event(s) are investigated and that timely, required acute care is given for event(s) with injuries, if any. 2. Staff have been educated that the Administrator, DON or designee should have been contacted immediately in reference to this specific event, since it fell under the category of an allegation of Abuse and Neglect, upon discovery of the event to be in compliance with the New Jersey Department of Health guidelines of reporting alleged violation to ensure the reportable event met the state and federal regulations of being reported and an investigation initiated. DON/designee reviewed 24-hour report and/or progress notes for documentation that may have indicated an allegation of abuse and investigation initiated. 3. All staff in-serviced on Abuse and Neglect by Nurse Educator. This education includes Full Time, Part time, and PRN and agency staff. All new hires and new agency staff will be educated on	

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F 610	Continued From page 15 Ex Order 26.4B1 noted. During an interview on 02/14/24 at 12:57 PM, LPN6 stated reported it to the U.S. FOIA (b) when she became aware of R27's Ex Order 26.4B1, but she was unsure it if was investigated. LPN6 stated they were never able to determine how the NJ Exec Order 26 occurred. Review of the facility's "Accident/Incident Report," dated NJ Exec Order 26.4b1 at 7:00 AM revealed R27 had a Ex Order 26.4B1 . Further review revealed a statement by the staff who observed the Ex Order 26.4B1 was taken but there was no additional staff or resident statements or additional body audits. Also, staff did not review the camera footage at the time the Ex Order 26.4B1 were identified. During an interview on 02/15/24 at 11:23 AM the U.S. FOIA (b) stated she was the U.S. FOIA (b)(6) . The U.S. FOIA (b) stated if there was an NJ Exec Order 26.4b1 staff would complete an incident report, get statements, and review the video feed at the time around the occurrence. They would look at documentation for 24 hours for NJ Exec Order 26.4b1 . She said she was not sure why there was no completed for the Ex Order 26.4B discovered on R27 Ex Order 26.4B1 but there should have been. Ex Order 2 said they were just learning their new EMR system, and they did not know what they were doing and where to document. She also said they should have talked with other residents and completed additional body audits. She could not remember the NJ Exec Order 26 found on R27 on Ex Order 26.4B1 and she was unsure why it was not investigated but agreed that it should have been.	F 610	Abuse and Neglect. 4. All residents have the potential to be affected. 5. The following measures and systemic changes have be put in place to ensure the deficient practice will not recur: The Policy and Procedure titled "Abuse, Neglect, Exploitation and Misappropriation Prevention Program " was reviewed. 6. The 24 hour report will be reviewed daily to ensure alleged violations are reported properly and reportable event(s) meet the state and federal regulations of being reported within the timeframe and an investigation initiated. 7. The Nurse Educator will track in-service of "Abuse, Neglect, Exploitation and Misappropriation Prevention Program" compliance weekly x 4 weeks and monthly x 2 months. The Quality Assurance Performance Improvement (QAPI) Committee, chaired by the Administrator, shall review the audit to ensure compliance. DATE OF COMPLETION: March 29, 2024	

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F 610	Continued From page 16 During an interview on 02/15/24 at 12:30 PM the US FOIA (b)(6) stated he expected that all incidents to be thoroughly investigated. Review of the facilities policy titled "Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating," revised 01/2023, revealed, all reports of resident abuse (including injuries of unknown origin), neglect, exploitation, or theft/misappropriation of resident property are reported to local, state, and federal agencies (as required by current regulations) and thoroughly investigated by facility management. Findings of all investigations are documented and reported. All allegations are thoroughly investigated. The administrator initiates investigations. The individual conducting the investigation as a minimum, reviews the documentation and evidence; reviews the resident's medical record to determine the resident's physical and cognitive status at the time of the incident and since the incident; observes the alleged victim, including his or her interactions with staff and other residents; interviews the person(s) reporting the incident; interviews any witnesses to the incident; interviews the resident (as medically appropriate) or the resident's representative; interviews the resident's attending physician as needed to determine the resident's condition; interviews staff members (on all shifts) who have had contact with the resident during the period of the alleged incident; interviews the resident's roommate, family members, and visitors; interviews other residents to whom the accused employee provides care or services; reviews all events leading up to the alleged incident; and documents the investigation completely and thoroughly. The following guidelines are used when conducting interviews: Each interview is	F 610		

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F 610	Continued From page 17 conducted separately and in a private location. The purpose and confidentiality of the interview is explained thoroughly to each person involved in the interview process. NJAC 8:39-9.4(f)	F 610		
F 655 SS=D	Baseline Care Plan CFR(s): 483.21(a)(1)-(3) §483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must- (i) Be developed within 48 hours of a resident's admission. (ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to- (A) Initial goals based on admission orders. (B) Physician orders. (C) Dietary orders. (D) Therapy services. (E) Social services. (F) PASARR recommendation, if applicable. §483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan- (i) Is developed within 48 hours of the resident's admission. (ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section).	F 655		3/29/24

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F 655	Continued From page 18 §483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to: (i) The initial goals of the resident. (ii) A summary of the resident's medications and dietary instructions. (iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility. (iv) Any updated information based on the details of the comprehensive care plan, as necessary. This REQUIREMENT is not met as evidenced by: Based on staff interview, medical record review and policy review, the facility staff failed to complete a baseline care plan within 48 hours of admission for one of 39 residents in the survey sample (Resident (R)72). Findings include: Review of the undated "Admission Record" under the "Profile" tab in the electronic medical record (EMR) revealed R72 was admitted to the facility on Ex Order 26.4B1 with the diagnosis of Ex Order 26.4B1 [redacted]. Review of R72's admission "Minimum Data Set" (MDS) with an "Assessment Reference Date" (ARD) of Ex Order 26.4B1 coded the resident of having a "Brief Interview for Mental Status" (BIMS) score of Ex Ord out of a possible score of 15. This represents R72 was Ex Order 26.4B1 Ex Order 26.4B1. Review of R72's EMR revealed the resident did not have a base line care plan developed within	F 655	Residents affected by deficient practice: The facility staff failed to complete a baseline care plan within 48 hours of admission for one of 39 residents in the survey sample (Resident (R)72). Identify those individuals who could be affected by the deficient practice: • All residents have the potential to be affected by the deficient practice. • The residents affected' care plans were reviewed, and revisions completed. What corrective action will be accomplished for those residents affected by the deficient practice: • Resident #72's care plan was immediately reviewed for completion. • All residents' care plans were reviewed for initiation. • All nursing staff re-educated on facility policy for "Care Plans- Baseline" and the	

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F 655	Continued From page 19 48 hours of admission to the facility. R72 was admitted on [redacted]. However, a base line care plan was developed but it had a completion date of [redacted] Interviewed the [redacted] on 02/15/24 at 11:00 AM. The [redacted] stated, "The nurses have to do a base line care plan within 48 hours of admission." Interviewed registered nurse (RN)6 on 02/15/24 at 1:24 PM. PM. RN6 reviewed the EMR and stated, " No, I didn't do it within 48 hours." Review of the facility policy "Baseline Care Plan" dated 10/02/23 revealed, " ...The baseline care plan will be ...developed within 48 hours of a resident's admission ..." NJAC 8:39-11.1 NJAC 8:39-11.2	F 655	importance of initiating a baseline care plan within (48) hours of admission and providing a copy to resident/resident representative. Measures or systemic changes to ensure that the deficiencies will not recur: The Director of Nursing/ Unit Manger/Designee will conduct audits of 8 random residents with recent admission for baseline care plan initiation, completion and copy provided to the resident/representative. Audits will be completed weekly X 4 weeks then monthly x 2 months. Results of audit will be reviewed at the Monthly Quality Assurance Meeting and Quarterly Meetings over the duration of the audit process to ensure compliance and reassessed for further action. Date of Completion: March 29, 2024	
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on interview, observation, record review, and facility policy review, the facility failed to provide two (Resident (R) 21 and R51) of three dependent residents reviewed for Activities of Daily Living (ADLs) with showers twice a week as scheduled in a total sample of 25.	F 677	Residents affected by deficient practice: The facility failed to provide two (Resident (R)21 and R51) of three dependent residents reviewed for Activities of Daily Living (ADLs) with showers twice a week as scheduled in a total sample of 25.	3/29/24

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F 677	Continued From page 20 Findings include: Review of the facility's "Bath, Shower/Tub" policy, dated 03/2023, indicated, in pertinent part, "The purpose of this procedure are to promote cleanliness, provide comfort to the resident and to observe the condition of the resident's skin." 1. Review of R21's undated "Admission Record," located in the "Profile" section of the electronic medical record (EMR), revealed R21 was admitted to the facility on Ex Order 26.4B1 with diagnoses of Ex Order 26.4B1 [redacted] Review of R21's annual "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of Ex Order 26.4B1, located in the EMR found under the "MDS" tab, revealed R21 had a "Brief Interview for Mental Status (BIMS)" score of [redacted] out of 15, which indicated [redacted] was Ex Order 26.4B1 [redacted] The MDS also indicated R21 had not rejected care and had functional limitation in Ex Order 26.4B1 [redacted]. Review of R21's comprehensive "Care Plan," dated 02/06/24, located in the EMR under the "Care Plan" tab identified that R21 had an ADL [redacted], Ex Order 26.4B1 [redacted]. A care plan "Intervention/Task." indicated, "Bathing/Showering: Provide a sponge bath when a full bath cannot be tolerated." Review of R21's undated "Shower Schedule,"	F 677	Identify those individuals who could be affected by the deficient practice: • All dependent residents have the potential to be affected by the deficient practice. What corrective action will be accomplished for those residents affected by the deficient practice: • Showers were immediately provided for R21 and R51. • All nursing and CNA staff re-educated on facility policy for "Activities of Daily Living (ADL) Support" and "Bath, Shower/Tub" , with an emphasis on the importance of offering and providing showers as scheduled. Measures or systemic changes to ensure that the deficiencies will not recur: The Director of Nursing /Unit Manger/Designee will conduct audits of 8 random residents that require ADL care with an emphasis on showers. Audits will be completed weekly X 4 weeks then monthly x 2 months. Results of audit will be reviewed at the Monthly Quality Assurance Meeting and Quarterly over the duration of the audit process to ensure compliance and reassessed for further action. Date of Completion: March 29, 2024	

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documented her shower days were on Mondays and Thursdays during the 7:00 AM to 3:00 PM shift.

Review of R21's Ex Order 26.4B1 "Documentation Survey Report" indicated no shower was provided on Ex Order 26.4B1

Interview on 02/12/24 at 1:05 PM, R21 stated Ex Order 2 needed staff assistance with showers, but staff did not always provide [redacted] showers as scheduled. R21 stated Ex Order was scheduled to receive two showers per week on Monday and Thursday. R21 explained Ex Order had not yet received Ex Order 2 scheduled shower today Ex Order 26.4B1). R21 explained staff being able to provide [redacted] scheduled showers depended on how many staff were working on Ex Order 2 shower days.

Interview on 02/13/24 at 12:10 PM, R21 stated Ex Order did not receive Ex Order 2 shower as scheduled on Ex Order 26.4B1

During an interview on 02/15/24 at 12:50 PM, R21 stated Ex Order still had not received a shower this week. R21 stated Ex Order preferred to receive a shower because it made Ex Order 2 feel better than a bed bath.

2. Review of R51's undated "Admission Record," located in the "Profile" section of the EMR, revealed R51 was admitted to the facility on Ex Order 26.4B1 with diagnoses of Ex Order 26.4B1 Ex Order 26.4B1 .

Review of R51's NJ Exec Order 26.4b1 "MDS" with

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F 677	Continued From page 22 an ARD of Ex Order 26.4B1 located in the EMR found under the "MDS" tab, revealed R51 had a "BIMS" score of Ex Order 26.4B1 which indicated [redacted] was Ex Order 26.4B1 The MDS also indicated R51 had not rejected care and had functional limitation in Ex Order 26.4B1 [redacted] Review of R51's comprehensive "Care Plan," dated Ex Order 26.4B1, located in the EMR under the "Care Plan" tab indicated, "The resident has a potential for ADL NJ Exec Order 26.4b1 [redacted] r/t [related to] NJ Exec Order 26.4b1, Disease Process Ex Order 26.4B1 [redacted] Review of R51's undated "Shower Schedule," documented [redacted] shower days were on Mondays and Thursdays during the 7:00 AM to 3:00 PM shift. During an interview on 02/12/24 at 11:20 AM, R51 stated needed staff assistance with showers, but [redacted] did not always receive [redacted] scheduled showers. R51 stated [redacted] was supposed to get showers two times per week and sometimes only received a shower one day or no days for a week. R51 stated [redacted] wanted at least two showers per week, as scheduled. Stated staff will provide a bed bath if not able to provide [redacted] shower, but [redacted] would prefer to receive [redacted] two showers per week as scheduled. Review of R51's NJ Exec Order 26.4b1 [redacted] "Documentation Survey Report" indicated no shower was provided on NJ Exec Order 26.4b1 [redacted]).	F 677		

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F 677	Continued From page 23 During an interview on 02/15/24 at 9:25 AM, CNA8, who was caring for R21 and R51 stated the residents readily accept their scheduled showers twice a week. CNA8 stated when there were only two nursing assistants working the hallway, she may not be able to provide all of the scheduled resident showers. CNA8 stated if she was unable to provide a resident with a scheduled shower, she would provide the resident with a bed bath. CNA8 checked the shower schedule and confirmed R21 and R51's scheduled shower days were on Monday and Thursday. During an interview on 02/15/24 at 12:15 PM, LPN5 stated R21 and R51 was scheduled to receive showers on Monday and Thursday, and they readily accepted their showers. LPN5 reviewed R21 and R51's shower documentation and confirmed it reflected the resident's showers were not always being provided twice a week as scheduled. LPN5 stated the nurse aides were expected to document completed showers and if a resident refused their shower. During an interview on 02/15/24 at 12:25 PM, the [redacted] stated the expectation was residents would receive their showers as scheduled. The [redacted] stated she was aware there were times when residents were not receiving their showers as scheduled twice a week. The [redacted] explained when staff were unable to provide a resident with their scheduled shower the resident was to receive a good bed bath. NJAC 8:39-4.1(a)22 NJAC 8:39-27.2(i)	F 677		
F 759 SS=D	Free of Medication Error Rts 5 Prcnt or More	F 759		3/29/24

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F 759	Continued From page 24 CFR(s): 483.45(f)(1) §483.45(f) Medication Errors. The facility must ensure that its- §483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interview, the facility staff failed to ensure the facility was free of a medication error rate of five percent or greater for two of five residents in the medication administration observation (Resident (R)22 and R6. Resident (R)22 had a physician order for Ex Order 26.4B1 to treat Ex Order 26.4B1 and R6 had a physician order for Ex Order 26.4B1 [redacted] Findings include: Review of R22's undated "Admission Record" located under the "Profile" tab in the electronic medical record (EMR) revealed R22 was admitted to the facility on Ex Order 26.4B1 the diagnosis of Ex Order 26.4B1 [redacted] Review of R22's quarterly "Minimum Data Set" (MDS) with an "Assessment Reference Date" (ARD) of NJ Exec Order 26.4b revealed R22 had a "Brief for Mental Status" (BIMS) score was Ex Order2 out of a possible Ex Orde This represents R22 was Ex Order 26.4B1 Ex Order 26.4B1 . During the Medication Administration Observation on 02/14/24 at 8:25 AM, Licensed Practical Nurse (LPN)7 was observed administrating one Ex Order 26.4B1 [redacted] by	F 759	Residents affected by deficient practice: The facility staff failed to ensure the facility was free of a medication error rate of five percent or greater for two of five residents in the medication administration observation (Resident (R)22 and R6). Identify those individuals who could be affected by the deficient practice: " All residents who are administered medication have the potential to be affected by the deficient practice. " R22 and R6 assessed, and medications reviewed with NJ Exec Order 26.4b1 [redacted] and physician of R22 and R6 notified. What corrective action will be accomplished for those residents affected by the deficient practice: " A NJ Exec O assessment was completed for R22. " RN(5) and LPN(7) were immediately educated and competency completed on Medication Administration with emphasis on following the Physician order as written. " All nursing staff re-educated on Medication Administration with an	

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F 759	Continued From page 25 Ex Order 26.4B to R22. Review of the "Physician Orders" under the "Orders" tab in the EMR revealed a physician order for R22, dated Ex Order 26.4B1 to administrator Ex Order 26.4B1 by mouth in the morning for Ex Order 26.4 Interview with the U.S. FOIA (b)(6) on Ex Order 26.4B1 revealed, "All medications are to be given as ordered by the doctor." Interview with LPN7 on 02/15/24 at 4:00 PM revealed "I thought I gave two tablets. But if you saw me give one then I probably did." Interview with LPN5 on 02/15/24 at 4:30 PM revealed "She [nurse] is to give the resident what the doctor orders for them to have." 2. Review of R6's undated "Admission Record" located under the "Profile" tab in the EMR revealed R6 was admitted to the facility on Ex Order 26.4B1 with the diagnosis of Ex Order 26.4B1 Review of R6's admission "MDS" with an (ARD) of NJ Exec Order 26.4b revealed R6 had a BIMS score was Ex Orde out of a possible 15. This represents R6 was Ex Order 26.4B1. During the Medication Administration Observation on 02/14/24 at 8:56 AM, Registered Nurse (RN)5 was observed to be holding NJ Exec Order 26.4b1 RN5 stated, "Ex Order NJ Exec Order 26.4b1 is NJ Exec Orde and Ex Ord [R6] has orders to hold this medication when the NJ Exec Order 26.4b1 ." Review of the "Physician Orders" under the	F 759	emphasis on the importance of following orders as written and calling Physician with new signs or symptoms concerns with a resident change in condition. Measures or systemic changes to ensure that the deficiencies will not recur: The Director of Nursing /Unit Manger/Designee will conduct Medication Administration auidit on 3 random nurses. Audits will be completed 3 times weekly X 4 weeks then monthly x 2 months. Results of competencies will be reviewed at the Monthly Quality Assurance Meeting and Quarterly over the duration of the audit process to ensure compliance and reassessed for further action. Date of Completion: March 29, 2024	

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F 759	Continued From page 26 "Orders" tab in the EMR revealed a physician order for R6, dated [redacted], for R6 to be administrated NJ Exec Order 26.4b1 "give one tablet by mouth in the morning for [redacted]. There were no parameters to hold this medication and not administer to R6. Interview with the [redacted] on 02/15/24 at 11:00 AM revealed, "The nurse is to call the doctor if they feel the NJ Exec Order 26.4b1 is [redacted] to give the medication the doctor has ordered. The medications are to be given as ordered by the physician." Interview with RN6 on 0215/24 at 1:25 PM revealed R6 doesn't have parameter for the NJ Exec Order 26.4b1 to be held." RN5 was unavailable to be interviewed on 02/15/24 prior to the exit conference.	F 759		
F 842 SS=D	NJAC 8:39-29.2(d) Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(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(i) Medical records.	F 842		3/29/24

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F 842	Continued From page 27 §483.70(i)(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 §483.70(i)(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- (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. §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(i)(4) Medical records must be retained for- (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	F 842		

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F 842	Continued From page 28 legal age under State law. §483.70(i)(5) The medical record must contain- (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 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: Based on interview, record review, and facility policy review, the facility failed to ensure medical records were readily accessible for one (Resident (R)137) of 25 sampled residents whose medical records were reviewed in a total sample of 25. Findings include: Review of the facility's policy titled, ""Medical Record retention Policy and Procedure,"" dated 2023, indicated, "The purpose of this policy is to ensure the Complete Care at Ocean Grove (the "Facility") and any and all owners, directors, officers, clinical staff, employees, independent contractors, consultants, and other currently or potentially working for the Facility ("Associates") comply with applicable rules regarding the maintenance of medical records, as required by state and federal law. Policy It is the policy of the Facility to maintain medical records for the period required by law. Procedure 1. Retention of Medical Records A. The Facility shall maintain residents' medical records pursuant to applicable	F 842	1. The resident that was identified is discharged from the community. The following corrective action has been taken: staff have been in-serviced to the importance of maintaining a complete, accurate, and readily accessible medical record as well as the process to assuring that this occurs. 2. All residents have the potential to be affected. 3. The following measures and systemic changes have be put in place to ensure the deficient practice will not recur: Random audit of a total of three (3) discharged patient medical record will be completed by the Medical Records Designee to assure that Patient Medical records are complete, accurate, and readily accessible. 4. The results of the audit will be submitted to The Quality Assurance Performance Improvement (QAPI) Committee, chaired by the Administrator	

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F 842	Continued From page 29 State law for a period of 10 year." Review of R137's admission assessment, provided electronically by the facility, revealed R137 was admitted to the facility on Ex Order 26.4B1 with diagnoses which included Ex Order 26.4B1 [redacted] Review of the facility's current electronic medical record (EMR) system on NJ Exec Order 26.4B1 at 9:30 AM revealed there was no information for R137 in the system. During an interview on 02/14/24 at 10:00 AM, the U.S. FOIA (b)(6) [redacted]) confirmed R137's EMR was not accessible in the facility's current medical records system. The U.S. FOIA (b) explained when R137 resided at the facility it was owned by a different company which used a different EMR system. A request was made for the U.S. FOIA (b) to provide R137's medical record, including the resident's NJ Exec Order 26.4B1 NJ Exec Order 2 treatment report, to the survey team. The U.S. FOIA (b) stated she would see what medical record information was available to provide for R137's stay at the facility. During an interview on 02/14/24 at 12:15 PM, the facility's U.S. FOIA (b)(6) [redacted]) was informed the survey team had not received R137's medical record information. At this time, a written request was provided to the U.S. FOIA (b) for the facility to provide copies of R137's Ex Order 26.4B1 Ex Order 26.4B1 physician's orders, treatment records, medication administration records, progress notes, physician progress notes, and documentation from the resident's Ex Order 26.4B1, Ex Order 26.4B1 center visit, and the resident's Minimum Data Set (MDS) assessment and care plan prior to Ex Order 26.4B1. The U.S. FOIA (b) stated she would	F 842	to review the audit to ensure compliance which meets quarterly. DATE OF COMPLETION: March 29, 2024	

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contact the company who previously owned the facility and request R137's medical records.

During an interview on 02/14/24 at 4:30 PM, the US FOIA (b)(6) was informed the survey team still had not been provided with R137's medical record information that was requested earlier in the day. The US FOIA (b)(6) stated the staff would continue to work on obtaining R137's medical record information during the evening.

During an interview on 02/15/24 at 7:50 AM, the U.S. FOIA (b)(6) stated the facility was unable to obtain R137's medical record information. At this time, the survey team provided the U.S. FOIA (b)(6) with a written list of information the survey team was requesting to obtain from R137's medical record which included; admission assessment, was Ex Order 26.4B1 NJ Exec Order 26.4b1 or community acquired, orders for NJ Exec Order 26.4b1 to the Ex Order 26.4B1 along with al Ex Order 26.4B1 care notes from the time to the was addressed, physician progress notes, treatment administration records (TARs) if this is where dressing changes were documented by the nurses, MDS assessments including annual and quarterly and NJ Exec Order 26.4b1, care plans from the resident's admission to when the resident expired with all revisions, documentation of how and when Ex Order 26.4B1 were noted in the NJ Exec Order 26.4b1 to the resident's Ex Order 26, all documentation of why R137 was sent to the hospital in Ex Order 26.4B1 and hospital record for emergency room visit and hospital admission.

During an interview on 02/15/24 at 9:02 AM, the U.S. FOIA (b)(6) stated the facility was still unable to obtain the information requested from R137's medical record. The U.S. FOIA (b)(6)r stated the

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facility thought they would be able to provide the requested information to the survey team within an hour.

During an interview on 02/15/24 at 10:15 AM, the facility's Ex Order 26.4B1 stated the facility was still unable to obtain R137's medical record information. The US FOIA (b)(6) stated the facility was working with IT (Information Technology) department to gain access to R137's medical record.

During an interview on 02/15/24 at 11:14 AM, the facility's Administrator stated the facility gained access to R137's medical record and he would send the information to the survey team's Ex Order 26.4 Ex Order 26.4B1 via secure email. However, when the survey Ex Order attempted to open the information via secure email, she was unable to access R137's medical record information contained in the emails.

During an interview on 02/15/24 at 1:53 PM, the facility's US FOIA (b)(6) provided the survey team with a computer tablet. The US FOIA (b)(6) stated the computer tablet contained over Ex Order 26.4B pages of R137's medical record in a portable document format (pdf). The survey team's review of the information on the computer tablet revealed R137's Ex Order 26.4B1 treatment consultation of Ex Order 26.4B1, Ex Order 26.4B1 plans during the resident's entire facility stay could not be found in the information provided.

During an interview on 02/15/24 at 3:55 PM, the US FOIA (b)(6) stated Complete Care took over the facility on Ex Order 26.4B1. The Ex Order 26.4B1 Ex Order 26.4B1 explained a pdf file format was the

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F 842	Continued From page 32 only format R137's medical record information could be made accessible for the survey team to review at this time and separate copies of the resident's medical record information could not be made. During an interview 02/16/24 at 3:30 PM, family member (F)137 stated she went with R137 to the resident's Ex Order 26.4B1 care appointment on Ex Order 26.4B1 and during this appointment Ex Order 26.4B1 were found in the resident's Ex Order 26.4B1. F137 stated Ex Order had a copy of the resident's Ex Order 26.4B1 care report which specified Ex Order 26.4B1 were found in the resident's Ex Order 26.4B1 and the facility should have a copy of this report in the resident's medical records as well. The family member stated R137 NJ Ex Order 26.4b1 the facility or Ex Order 26.4B1 NJAC 8:39-35.2(d)(k)	F 842		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections	F 880		3/29/24

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(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 880	Continued From page 33 and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.	F 880		

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	315365	A. BUILDING _____ B. WING _____	C 02/19/2024

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F 880	Continued From page 34 §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and facility policy review the facility failed to ensure one hospitality aide (HA1) donned a N-95 face mask and eye protection when entering resident (Resident (R) 77) room and was positive [redacted]. The facility failed to ensure one certified nursing assistant (CNA9) doffed his personal protective equipment (PPE) inside R186's room before exiting [redacted] room. A licensed practical nurse (LPN 4) failed to wear gloves when cleaning a glucometer prior to a [redacted] for R44. These failures could lead to residents being exposed to [redacted] and [redacted]. Findings include: 1. Observation on 02/13/24 at 8:44 AM of HA1 donning her PPE to enter R77's room revealed she entered the room wearing a gown, gloves, and a surgical mask. . R77 was [redacted] for [redacted] and the HA1 did not put on a N-95 mask or eye protection. When HA1 exited the room at 8:55 AM she had on the surgical mask and no other PPE. An interview was done at that time and HA1 stated she did not know she had to wear an N-95 and eye protection.	F 880	Residents affected by deficient practice: The facility failed to ensure one hospitality aide (HA1) donned a N95 face mask and eye protection when entering resident (Resident (R)77) room and [redacted] The facility failed to ensure one certified nursing assistant (CNA9) doffed his personal protective equipment (PPE) inside R186's room before exiting [redacted] room. A licensed practical nurse (LPN4) failed to wear gloves when cleaning a [redacted] prior to a [redacted] for R44. Identify those individuals who could be affected by the deficient practice: • All residents on isolation precautions have the potential to be affected by the deficient practice. • The residents affected were assessed for any adverse effects of the deficient practice with none noted. What corrective action will be accomplished for those residents affected by the deficient practice: • HA1 immediately educated on Policy	

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F 880	Continued From page 35 Interview with the U.S. FOIA (b)(6) on 02/14/24 at 1:15 PM revealed she expected staff to wear the correct PPE when entering a NJ Exec Order 26 NJ Exec Order 26.4 room or any room of a resident that was on NJ Exec Order 26.4b1. 2. Review of the undated "Admission Record" under the "Profile" tab in the electronic medical record (EMR) revealed Resident (R)186 admitted to the facility on Ex Order 26.4B1 with the diagnosis of Ex Order 26.4B1 Ex Order 26.4B1. Review of the "CCARESJ - Nursing Comprehensive Assessment - Admit/Readmit/Annual/Sig Change - V10" dated Ex Order 26.4B1 revealed R186 was NJ Ex Order 26.4b1 " On 02/14/24 at 8:50 AM, CNA9 was observed coming out of R186's room and then doffing the gown once outside of the resident's door. R186 was in NJ Exec Order 26.4b1 due to having Ex Order 26.4B1 Ex Order 26.4B1) in a Ex Order 26.4B1 During an interview on 02/14/24 at 9:25 AM, CNA9 stated, "I should not have done that, but I was rushing to get the resident what Ex Order needed." Interview with Registered Nurse (RN)6 on 02/15/24 at 1:25 PM,RN6 stated, "CNA9 was to doff the gown before he left the resident's room and not out in the hallway." Interview with the U.S. FOIA (b)(6) on 02/15/24 at 11:00 AM the U.S. FOIA (b)(6) confirmed the staff are to doff their gown tight before leaving the	F 880	"Isolation Categories of Transmission-Based Precautions" with emphasis on appropriate use of PPE and reviewing signage on doors for Transmission type. • CNA9 was immediately educated on Policy "Personal Protective Equipment—using Gowns" with emphasis on correct donning and doffing procedures. • LPN4 was immediately educated on Policy "Blood Glucose Sampling—Capillary" and the importance of wearing gloves when sanitizing the device. • The glucometer was immediately re-sanitized. • All staff re-educated on facility policy for "Isolation Categories of Transmission-Based Precautions" and "Personal Protective Equipment—using Gowns." • All Nursing staff re-educated on the facility policy for "Blood Glucose Sampling—Capillary" with emphasis on the importance of glove use while cleaning devices. Measures or systemic changes to ensure that the deficiencies will not recur: The Director of Nursing/Designee will conduct audits of 8 random staff for correct use of Personal Protective Equipment. Director of Nursing/Designee will conduct audits of 3 random finger sticks for correct use of gloves with cleaning of devices. Audits will be completed weekly X 4 weeks then monthly x 2 months. Results of audit will	

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F 880	Continued From page 36 resident's room and not in the hallway. Review of the undated "Donning and Doffing PPE [personal protective equipment]" instructional sheet stated, " ...Before leaving room, remove gown and gloves slowly in sequence to prevent self-contamination. Discard in isolation bin inside the patient's room ..." 3. Review of the undated "Admission Record" under the "Profile" tab in the EMR revealed R44 admitted to the facility on Ex Order 26.4B1 with the diagnosis of Ex Order 26.4B1. Review of R44's quarterly "Minimum Data Set (MDS)" with an "Assessment Reference Date (ARD)" of Ex Order 26.4B1 coded R44 as having a "Brief Interview for Mental Status (BIMS)" score of Ex Or out of a score of 15. This represents R44 was Ex Order 26.4B1 An observation was made on 02/14/24 at 11:37 AM after R44's NJ Exec Order 26.4b1 was completed by Licensed Practical Nurse (LPN)4 . LPN4 returned to the medication cart with the used NJ Exec Order 26.4b1 in his hand and began cleaning the NJ Exec Order 26.4b1 with a Sani Cloth with Bleach wipe. LPN4 did not wear gloves while cleaning the NJ Exec Order 26.4b1 Interview with LPN4 on 02/14/24 at 11:46 AM revealed "I never thought about wearing gloves when cleaning the NJ Exec Order 26.4b1 Interview with LPN5 on 02/14/24 at 11:52 AM revealed "The process is to put down a clean barrier, put on gloves and clean the NJ Exec Order 26.4b1 ..."	F 880	be reviewed at the Monthly Quality Assurance Meeting and Quarterly Meetings over the duration of the audit process to ensure compliance and reassessed for further action. Date of Completion: March 29, 2024	

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F 880	Continued From page 37 Interviewed the [U.S. FOIA (b)(6)]) on 02/15/24 at 11:00 AM. The [U.S. FOIA (b)] stated, "My expectation is that the nurses use gloves when cleaning the [NJ Exec Order 26.4b1] NJAC 8:39-19.4(a)(b)(l)	F 880		

New Jersey Department of Health

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	061344	A. BUILDING: _____ B. WING _____	C 02/19/2024

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S 000	Initial Comments The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 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 the Provisions of the 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: Based on review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey. Findings include: 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	S 560	1. Residents affected: All Residents. The following corrective action will be taken for those residents found to be affected: DON/Designee will review staffing needs with staffing coordinator regularly and check that staff par levels meet the required ratios. DON/Designee will continue to advertise staffing needs through recruitment agencies. No negative outcomes were observed. 2. All residents have the potential to be affected. 3. The following measures and systemic changes will be put in place to ensure the deficient practice will not recur: DON/Designee will review staffing needs with staffing coordinator daily on an	3/29/24

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

Electronically Signed | 03/08/24

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S 560	Continued From page 1 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 CNAs, and each direct staff member shall be signed in to work as a CNA 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 CNA and perform CNA duties. 1. For the week of Complaint staffing from 07/10/2022 to 07/16/2022, the facility was deficient in CNA staffing for residents on 4 of 7 day shifts as follows: -07/10/22 had 9 CNAs for 89 residents on the day shift, required at least 11 CNAs. -07/11/22 had 8 CNAs for 89 residents on the day shift, required at least 11 CNAs. -07/14/22 had 9 CNAs for 87 residents on the day shift, required at least 11 CNAs. -07/16/22 had 8 CNAs for 87 residents on the day shift, required at least 11 CNAs. 2. For the week of Complaint staffing from 03/12/2023 to 03/18/2023, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows: -03/12/23 had 8 CNAs for 89 residents on the day shift, required at least 11 CNAs. -03/13/23 had 10 CNAs for 89 residents on the	S 560	ongoing basis for progress and to assure mandator staffing is maintained. HR Designee will continue to maintain a recruitment & hiring log, to track all C.N.A. applicants and outcomes. Facility to continue utilizing agency to increase staffing. Facility to continue to post open C.N.A. positions on job sites and job fairs. Current C.N.A. rates at market rate. 5. The following programs will be put into place to monitor the continued effectiveness of the systemic changes: HR Designee will discuss staffing recruitment and retention plan monthly. Recommendations will be reviewed submitted quarterly to The Quality Assurance Performance Improvement (QAPI) Committee, chaired by the Administrator to review the audit to ensure compliance x12 months.	

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S 560	Continued From page 2 day shift, required at least 11 CNAs. -03/14/23 had 9 CNAs for 89 residents on the day shift, required at least 11 CNAs. -03/15/23 had 9 CNAs for 89 residents on the day shift, required at least 11 CNAs. -03/16/23 had 8 CNAs for 89 residents on the day shift, required at least 11 CNAs. -03/17/23 had 9 CNAs for 89 residents on the day shift, required at least 11 CNAs. -03/18/23 had 7 CNAs for 89 residents on the day shift, required at least 11 CNAs. 3. For the week of Complaint staffing from 04/09/2023 to 04/15/2023, the facility was deficient in CNA staffing for residents on 4 of 7 day shifts as follows: -04/09/23 had 7 CNAs for 82 residents on the day shift, required at least 10 CNAs. -04/13/23 had 9 CNAs for 81 residents on the day shift, required at least 10 CNAs. -04/14/23 had 9 CNAs for 81 residents on the day shift, required at least 10 CNAs. -04/15/23 had 8 CNAs for 86 residents on the day shift, required at least 10 CNAs. 4. For the week of Complaint staffing from 05/07/2023 to 05/13/2023, the facility was deficient in CNA staffing for residents on 2 of 7 day shifts as follows: -05/07/23 had 6 CNAs for 90 residents on the day shift, required at least 11 CNAs. -05/13/23 had 10 CNAs for 86 residents on the day shift, required at least 11 CNAs. 5. For the 2 weeks of Complaint staffing from 07/10/2023 to 07/22/2023, the facility was deficient in CNA staffing for residents on 10 of 14 day shifts as follows:	S 560		

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S 560	Continued From page 3 -07/09/23 had 7 CNAs for 82 residents on the day shift, required at least 10 CNAs. -07/10/23 had 9 CNAs for 81 residents on the day shift, required at least 10 CNAs. -07/11/23 had 9 CNAs for 81 residents on the day shift, required at least 10 CNAs. -07/12/23 had 9 CNAs for 81 residents on the day shift, required at least 81 CNAs. -07/13/23 had 9 CNAs for 81 residents on the day shift, required at least 10 CNAs. -07/15/23 had 7 CNAs for 85 residents on the day shift, required at least 11 CNAs. -07/16/23 had 8 CNAs for 85 residents on the day shift, required at least 11 CNAs. -07/17/23 had 8 CNAs for 84 residents on the day shift, required at least 10 CNAs. -07/21/23 had 9 CNAs for 84 residents on the day shift, required at least 10 CNAs. -07/22/23 had 8 CNAs for 83 residents on the day shift, required at least 10 CNAs. 6. For the week of Complaint staffing from08/27/2023 to 09/02/2023, the facility was deficient in CNA staffing for residents on 6 of 7 day shifts as follows: -08/27/23 had 5 CNAs for 85 residents on the day shift, required at least 11 CNAs. -08/28/23 had 7 CNAs for 85 residents on the day shift, required at least 11 CNAs. -08/29/23 had 10 CNAs for 85 residents on the day shift, required at least 11 CNAs. -08/31/23 had 9 CNAs for 84 residents on the day shift, required at least 10 CNAs. -09/01/23 had 9 CNAs for 82 residents on the day shift, required at least 10 CNAs. -09/02/23 had 8 CNAs for 81 residents on the day shift, required at least 10 CNAs.	S 560		

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S 560	Continued From page 4 7. For the week of Complaint staffing from 10/15/2023 to 10/21/2023, the facility was deficient in CNA staffing for residents on 4 of 7 day shifts as follows: -10/15/23 had 8 CNAs for 84 residents on the day shift, required at least 10 CNAs. -10/16/23 had 8 CNAs for 83 residents on the day shift, required at least 10 CNAs. -10/18/23 had 9 CNAs for 83 residents on the day shift, required at least 10 CNAs. -10/21/23 had 7 CNAs for 83 residents on the day shift, required at least 10 CNAs. 8. For the week of Complaint staffing from 11/19/2023 to 11/25/2023, the facility was deficient in CNA staffing for residents on 5 of 7 day shifts as follows: -11/19/23 had 8 CNAs for 83 residents on the day shift, required at least 10 CNAs. -11/20/23 had 8 CNAs for 83 residents on the day shift, required at least 10 CNAs. -11/23/23 had 9 CNAs for 82 residents on the day shift, required at least 10 CNAs. -11/24/23 had 8 CNAs for 82 residents on the day shift, required at least 10 CNAs. -11/25/23 had 8 CNAs for 82 residents on the day shift, required at least 10 CNAs. 9. For the week of Complaint staffing from 12/03/2023 to 12/09/2023, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows: -12/03/23 had 8 CNAs for 83 residents on the day shift, required at least 10 CNAs. -12/04/23 had 6 CNAs for 82 residents on the day shift, required at least 10 CNAs. -12/05/23 had 8 CNAs for 82 residents on the day	S 560		

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S 560	Continued From page 5	S 560		

shift, required at least 10 CNAs.
-12/06/23 had 7 CNAs for 82 residents on the day shift, required at least 10 CNAs.
-12/07/23 had 4 CNAs for 82 residents on the day shift, required at least 10 CNAs.
-12/08/23 had 8 CNAs for 82 residents on the day shift, required at least 10 CNAs.
-12/09/23 had 7 CNAs for 82 residents on the day shift, required at least 10 CNAs.

10. For the week of Complaint staffing from 01/07/2024 to 01/13/2024, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows:

-01/07/24 had 8 CNAs for 86 residents on the day shift, required at least 11 CNAs.
-01/08/24 had 6 CNAs for 81 residents on the day shift, required at least 10 CNAs.
-01/09/24 had 9 CNAs for 81 residents on the day shift, required at least 10 CNAs.
-01/10/24 had 8 CNAs for 81 residents on the day shift, required at least 10 CNAs.
-01/11/24 had 9 CNAs for 81 residents on the day shift, required at least 10 CNAs.
-01/12/24 had 8 CNAs for 90 residents on the day shift, required at least 11 CNAs.
-01/13/24 had 6 CNAs for 90 residents on the day shift, required at least 11 CNAs.

11. For the 2 weeks of staffing prior to survey from 01/28/2024 to 02/10/2024, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows:

-01/28/24 had 9 CNAs for 86 residents on the day shift, required at least 11 CNAs.
-01/29/24 had 5 CNAs for 86 residents on the day shift, required at least 11 CNAs.
-01/30/24 had 6 CNAs for 86 residents on the day

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COMPLETE CARE AT OCEAN GROVE LLC	160 S MAIN ST OCEAN GROVE, NJ 07756

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S 560	Continued From page 6 shift, required at least 11 CNAs. -01/31/24 had 7 CNAs for 86 residents on the day shift, required at least 11 CNAs. -02/01/24 had 7 CNAs for 86 residents on the day shift, required at least 11 CNAs. -02/02/24 had 6 CNAs for 86 residents on the day shift, required at least 11 CNAs. -02/03/24 had 5 CNAs for 85 residents on the day shift, required at least 11 CNAs. -02/04/24 had 8 CNAs for 86 residents on the day shift, required at least 11 CNAs. -02/05/24 had 8 CNAs for 86 residents on the day shift, required at least 11 CNAs. -02/06/24 had 10 CNAs for 86 residents on the day shift, required at least 11 CNAs. -02/07/24 had 6 CNAs for 86 residents on the day shift, required at least 11 CNAs. -02/08/24 had 9 CNAs for 85 residents on the day shift, required at least 11 CNAs. -02/09/24 had 10 CNAs for 85 residents on the day shift, required at least 11 CNAs. -02/10/24 had 9 CNAs for 85 residents on the day shift, required at least 11 CNAs.	S 560		

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315365 Y1	A. Building B. Wing Y2	5/17/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT OCEAN GROVE LLC	160 S MAIN ST OCEAN GROVE, NJ 07756

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 F0582	Correction	ID Prefix F0600	Correction	ID Prefix F0609	Correction
Reg. # 483.10(g)(17)(18)(i)-(v)	Completed	Reg. # 483.12(a)(1)	Completed	Reg. # 483.12(b)(5)(i)(A)(B)(c)(1)(4)	Completed
LSC	03/29/2024	LSC	03/29/2024	LSC	03/29/2024
ID Prefix F0610	Correction	ID Prefix F0655	Correction	ID Prefix F0677	Correction
Reg. # 483.12(c)(2)-(4)	Completed	Reg. # 483.21(a)(1)-(3)	Completed	Reg. # 483.24(a)(2)	Completed
LSC	03/29/2024	LSC	03/29/2024	LSC	03/29/2024
ID Prefix F0759	Correction	ID Prefix F0842	Correction	ID Prefix F0880	Correction
Reg. # 483.45(f)(1)	Completed	Reg. # 483.20(f)(5), 483.70(i)(1)-(5)	Completed	Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed
LSC	03/29/2024	LSC	03/29/2024	LSC	03/29/2024
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	
2/19/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
061344 Y1	A. Building B. Wing Y2	5/17/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT OCEAN GROVE LLC	160 S MAIN ST OCEAN GROVE, NJ 07756

This report is completed by a State surveyor to show those deficiencies previously reported 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 State Survey Report (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 S0560	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	03/29/2024	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 ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
2/19/2024	☐ YES ☐ NO

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315365	A. BUILDING **01** B. WING _____	**02/19/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT OCEAN GROVE LLC	**160 S MAIN ST** **OCEAN GROVE, NJ 07756**

(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
E 000	Initial Comments An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health on 02/19/2024. The facility was found to be in compliance with 42 CFR 483.73	E 000		
K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health, Health Facility Survey and Field Operations on 02/19/24 was found to be in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy Complete Care at Ocean Grove is a three-story building that was built in 1994, It is composed of Type II protected construction. The facility is divided into Eight - smoke zones. The generator does approximately 100 % of the building as per the Maintenance Director. The current occupied beds are 90 of 147.	K 000		

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

Electronically Signed | 03/08/2024

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.