STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315206	A. BUILDING _____ B. WING _____	C 06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANAHAWKIN HEALTH AND REHABILITATION CENTER	1211 RT 72 WEST MANAHAWKIN, NJ 08050

(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 #: NJ172232, NJ173948, NJ174987 Census: 111 Sample Size: 10 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 #: NJ173948 Based on interviews, medical record review, and review of other pertinent facility documentation on 06/26/2024 and 06/27/2024, it was determined that the facility failed to follow standards of clinical practice for documenting the administration of medications in the electronic Medication Administration Record (EMAR). This deficient practice was identified for 1 of 3 residents reviewed for medication administration (Resident #3) and was evidenced by the following: Reference: New Jersey Statutes Annotated, Title	F 658	Resident #3 physician notified of medications documented on [redacted] as not being administered on [redacted]. The physician gave no new orders. [redacted] were noted. All residents have the potential to be affected by this deficient practice. The facility will review all residents electronic Medication Administration Records for the current month for missing documentation and notify physicians as needed by 7/28/2024. Nurses will be re-educated by Staff Development or designee regarding the	8/12/24

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

Electronically Signed | 07/26/2024

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 658	Continued From page 1 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist." Reference: New Jersey Statutes Annotated Title 45. Chapter 11. New Jersey Board of Nursing Statutes 45:11-23. Definitions " b. The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribe by a licensed or otherwise legally authorized physician or dentist. Diagnosing in the context of nursing practice means that identification of and discrimination between physical and psychosocial signs and symptoms essential to effective execution and management of the nursing regimen. Such diagnostic privilege is distinct from a medical diagnosis. Treating means selection and performance of those therapeutic measures essential to the effective management and execution of the nursing regimen. Human response means those signs, symptoms and processes which denote the individual's health need or reaction to an actual or potential health problem.	F 658	Medication Administration policy with an emphasis on signing MAR after medication is administered by 8/12/2024. The Unit Managers or designee will conduct daily audits Monday through Friday of electronic Medication Records for 2 weeks, then twice weekly for 2 weeks, then monthly for 3 months. These audits will be submitted to the Director of Nursing upon completion starting 07/29/2024 The Director of Nursing will submit a monthly report to the facility□s monthly QAPI Committee Meeting for 3 months.	

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F 658	Continued From page 2 According to the Admission Record (AR), Resident #3 was admitted to the facility with diagnoses which included but were not limited to, [redacted] (NJ Ex Order 26.4(b)(1)), [redacted] (NJ Ex Order 26.4(b)(1)), [redacted] (NJ Ex Order 26.4(b)(1) , and [redacted] A review of the [redacted] Quarterly Minimum Data Set (MDS), an assessment tool reflected that the Resident #3 had a Brief Interview for Mental Status (BIMS) score of [redacted] out of 15, which indicated the resident's cognition was [redacted] A review of the "Order Summary Report (OSR)" Active Orders as of [redacted] included the following Physician's Orders (POS): NJ Ex Order 26.4(b)(1) Give 1 tablet by mouth two times a day for [redacted] NJ Ex Order 26.4(b)(1) Give 1 tablet by mouth one time a day for [redacted] NJ Ex Order 26.4(b)(1) Give 1 tablet by mouth one time a day for NJ Ex Order 26.4(b)(1)). NJ Ex Order 26.4(b)(1) Give 1 tablet by mouth four times a day for [redacted]. A review of the [redacted] Electronic Medication Administration Record (EMAR) reflected blank spaces for the following medication orders on [redacted] at 9:00 P.M. NJ Ex Order 26.4(b)(1) Give 1 tablet by mouth two times a day for [redacted] NJ Ex Order 26.4(b)(1) Give 1 tablet by mouth one time a day for [redacted] NJ Ex Order 26.4(b)(1) Give 1 tablet by	F 658		

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F 658	Continued From page 3	F 658		

mouth one time a day for NJ Ex Order 26.4(b)(1)

NJ Ex Order 26.4(b)(1) Give 1 tablet by mouth four times a day for NJ Ex Order 26.4(b)(1).

A review of the NJ Ex Order 26.4(b)(1) progress notes (PNs) did not reveal documentation that the medications were administered.

During an interview with the surveyor on 06/27/2024 at 11:47A.M., the Licensed Practical Nurse (LPN #1) stated that the nurse administering medication was responsible to ensure the EMAR was initialed after administration. She further stated blank spaces indicated that medication was not given, or the task was not completed. LPN #1 further explained there should be no blank spaces on the EMAR.

During an interview with the surveyor on 06/27/2024 at 1:37 P.M., the U.S. FOIA (b) (6) stated that nurse administering meds was responsible for signing the EMAR after administration. The U.S. FOIA further stated "blank spaces indicated that the medication was not administered". The U.S. FOIA stated "that the expectation was that after medication administration, the nurse should go back and initial the EMAR". The U.S. FOIA confirmed blank spaces on Resident #3's EMAR for NJ Ex Order 26.4(b)(1) at 9:00 P.M.

Review of the undated facility policy titled "Medication Administration" revealed under "Policy", "Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional

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F 658	Continued From page 4 standards of practice ...". Under "Policy Explanation and Compliance Guidelines" 20. Sign MAR after administered. NJAC 8:39-29.2(d)	F 658		

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	061520	A. BUILDING: _____ B. WING _____	C 06/27/2024

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S 000	Initial Comments The facility was not in compliance with the standards in the New Jersey Administrative code, 8:39, standards for licensure of Long-Term Care Facilities. The facility must submit a Plan of Correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with 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: Complaint #: NJ172232, NJ173948, NJ174987 Based on interviews and review of facility documents on 6/26/2024 and 6/27/2024, it was determined that the facility failed to ensure staffing ratios were met for 8 of 14-day shifts and 1of 14 overnight shift reviewed. This deficient practice had the potential to affect all residents. 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 as N.J.S.A. 30:13-18 (the Act), which	S 560	Staffing was reviewed for the referenced dates/shifts. No residents were negatively affected. All residents have the potential to be affected. Daily review of staffing by DON (or designee) to ensure compliance with NJSA 30:13-18 minimum staffing requirements for nursing homes for all shifts. Call-out policy reviewed. A staffing agency will be engaged as needed. In-service training on minimum staffing requirements to be completed for Staffing Coordinator, Director of Nursing, and Human Resources by 07/23/2024.	8/12/24

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

Electronically Signed | 07/26/24

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S 560	Continued From page 1 established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021: One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties. The facility was deficient in CNA staffing for residents on 8 of 14-day shifts and deficient in total staff for residents on 1 of 14 overnight shifts as follows: On 06/09/24 had 10 CNAs for 111 residents on the day shift, required at least 14 CNAs. On 06/11/24 had 12 CNAs for 110 residents on the day shift, required at least 14 CNAs. On 06/12/24 had 13 CNAs for 110 residents on the day shift, required at least 14 CNAs. On 06/15/24 had 13 CNAs for 110 residents on the day shift, required at least 14 CNAs. On 06/16/24 had 13 CNAs for 112 residents on the day shift, required at least 14 CNAs. On 06/18/24 had 13 CNAs for 110 residents on the day shift, required at least 14 CNAs. On 06/21/24 had 12 CNAs for 109 residents on the day shift, required at least 14 CNAs. On 06/21/24 had 7 total staff for 109 residents on the overnight shift, required at least 8 total staff. On 06/22/24 had 11 CNAs for 109 residents on the day shift, required at least 14 CNAs.	S 560	The DON (or designee) is to have weekly meetings to determine upcoming schedules to anticipate staffing needs and will report findings to the Administrator for 4 weeks, then monthly for 3 months with results reported at the monthly QAPI meeting	

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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
315206 Y1	A. Building B. Wing Y2	8/13/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
MANAHAWKIN HEALTH AND REHABILITATION CENTER	1211 RT 72 WEST MANAHAWKIN, NJ 08050

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0658	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.21(b)(3)(i)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	08/12/2024	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	
6/27/2024	☐ 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
061520 Y1	A. Building B. Wing Y2	8/13/2024 Y3

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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	08/12/2024	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	
6/27/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO