STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315342	A. BUILDING _____ B. WING _____	C 06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT BRICK LLC	415 JACK MARTIN BLVD BRICK, NJ 08724

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS Complaint NJ # 167481, 167682, 167725, 168787, 169584, 169666, 169916, 170088, and 170896 STANDARD SURVEY: 05/15/24 to 06/06/24 CENSUS: 77 SAMPLE SIZE: 19 + 3 closed records A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the	F 550		7/14/24

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

Electronically Signed | 06/20/2024

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 550	Continued From page 1 provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to provide care and services in a manner that maintained and promoted dignity by not applying NJ Ex Order 26.4(b)(1) [redacted] to protect a resident's NJ Ex Order 26.4 [redacted] for 1 of 19 residents (Resident #24) reviewed. This deficient practice was evidenced by the following: According to the Admission Record, Resident #24 was admitted to the facility with the diagnoses which included, but were not limited to, NJ Ex Order 26.4(b)(1) [redacted] and NJ Ex Order 26.4(b)(1) [redacted] The quarterly Minimum Data Set (MDS), an	F 550	Resident 24 received a NJ Ex Order 26.4(b)(1) [redacted] on 5/17/24 for NJ Ex Order 26.4(b)(1) [redacted]. Plan of care updated to include NJ Ex Order 26.4 [redacted] on 6/15/24. Residents that prefer to wear clothing protectors have the potential to be affected. The Certified Nursing Assistants and Licensed Nursing Staff were reeducated by the Director of Nursing on the following facility policy: Quality of Life-Dignity, respect, and individuality to ensure compliance with the requirement. Residents will be offered clothing protectors at meal times. Care plans will be updated for residents identified to prefer clothing protectors due to medical conditions.	

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F 550	Continued From page 2 assessment that facilitates resident care, dated NJ Ex Order 26.4(b), indicated that Resident #24 was sometimes NJ Ex Order 26.4(b)(1) and ability was limited to NJ Ex Order 26.4(b)(1) and that the resident responded to NJ Ex Order 26.4(b)(1), however able. The MDS also indicated that the resident was NJ Ex Order 26.4(b)(1) with activities of daily living ADLs. On 05/15/24 at 10:56 AM, during the initial tour, the surveyor observed Resident #24 sitting up in a wheelchair with a NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) draped around the NJ Ex Order 26.4(b)(1) and being used as a NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) . The surveyor observed the resident NJ Ex Order 26.4(and NJ Ex Order 26.4(b)(1) , NJ Ex Order 26.4(b)(1) with the surveyor. The resident was able to NJ Ex Order 26.4(b)(1) when asked direct questions, however, the resident's NJ Ex Order 26.(was NJ Ex Order 26 and NJ Ex Order 26 to NJ Exec Order 26.4b1 On 05/16/24 at 09:54 AM, during a second observation, the surveyor observed Resident #24 sitting up in a wheelchair with a NJ Ex Order 26.4(b)(1) and being used as a NJ Ex Order 26.4(b)(1). The surveyor interviewed the U.S. FOIA (b) (6)) at that time who indicated that she had worked for the nursing agency and had been coming to the facility for NJ Ex Order 26.4(b)(1). The U.S. FOIA stated that the resident had been provided a NJ Ex Order 26.(today and the NJ Ex Order 26.(consisted of NJ Ex Order 26.4(the resident and changing the resident's bed linen. When the surveyor asked the U.S. FOIA why Resident #24 had a NJ Ex Order 26.4(b)(1) draped around NJ Ex Order 26.4(b)(1) the	F 550	The Director of Nursing/Designee will random audits to ensure that the facility provides appropriate clothing protectors for residents that request at meal time and for medical conditions. The Director of Nursing/Designee will conduct 2 audits weekly for 4 weeks, then 2 audits 2x monthly for 2 months. Results of audits will be reviewed at the Quarterly Quality Assurance and Performance Improvement Committee Meeting over the duration of the audit process. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.	

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F 550	Continued From page 3 CNA stated that the resident NJ Ex Order 26.4(b)(1) around NJ Ex Order 26.4(b)(1) because the resident and it NJ Ex Order 26.4(b)(1). She then added that she put a NJ Ex Order around the resident's NJ Ex Ord to NJ Ex Order 26.4(b)(1) and was not sure who applied the NJ Ex Order 26.4(b)(1). On 05/16/24 at 10:06 AM, the surveyor interviewed the U.S. FOIA (b) (6) who stated that she had been employed for NJ Exec The U.S. FOIA stated that the resident had a diagnosis of U.S. FOIA (b) (6)) and required complete care with all aspects of ADL's. She also added that the resident required NJ Ex Order 26.4(b)(1) with NJ Ex Order 26.4(b)(1). When the surveyor asked the U.S. FOIA why the resident had a NJ Ex Order 26.4 draped around NJ Ex Order 26.4(b)(1), the NJ Ex Ord stated that it was because the resident NJ Ex Order 26.4 and it NJ Ex Order 26.4(b)(1). The NJ Ex Ord explained that it would have been more appropriate if the resident NJ Ex Order 26.4(b)(1), but she had not seen NJ Ex Order 26.4 utilized at the facility since the new company took over. She then revealed that the staff had been using NJ Ex Order 26.4 NJ Ex Order 26 and NJ Ex Order 26.4(b) as NJ Ex Order 26.4(b)(1). The NJ Ex Ord stated that she had seen the resident this morning when she administered medications to Resident #24 and did notice that the resident was wearing a NJ Ex Order 26.4 as NJ Ex Order 26.4(b)(1) On 05/16/24 at 10:30 AM, the surveyor interviewed 3 out of 7 unsampled residents in the dining room who stated that they were provided with NJ Ex Order 26.4(b)(1) if needed during meals. On 05/16/24 at 11:08 AM, the surveyor interviewed the U.S. FOIA (b) (6)	F 550		

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F 550	Continued From page 4	F 550		

U.S. FOIA (b) (6)) who stated that she asked the CNA to provide Resident # 24 with a NJ Ex Order 26.4 [redacted]. She confirmed that the resident should not have had a NJ Ex Order 26.4(b)(1) [redacted] and that if the resident [redacted] then he/she should have been provided with a NJ Ex Order 26.4 [redacted]. The U.S. FOIA (b) (6) then accompanied the surveyor to the area where the NJ Ex Order 26.4(b)(1) were stored. The surveyor observed that the NJ Ex Order 26.4(b)(1) were located with the other clean linen, that all staff had access to. The U.S. FOIA (b) (6) stated that it was a dignity issue not to apply the appropriate NJ Ex Order 26.4(b)(1) and that if the supplies were available then it should have been provided to the resident.

On 05/17/24 at 11:03 AM, the surveyor interviewed the NJ Ex Order 26.4(b)(1)) who stated if any resident had the potential to NJ Ex Order then a NJ Ex Order 26.4(b)(1) should be provided to the resident to protect the resident's NJ Ex Order 26.4(b) She stated that it would not be appropriate to NJ Ex Order 26.4 [redacted] around a resident's NJ Ex Order She stated that was a dignity issue for the resident.

There was no documentation on Resident #24's Care Plan that indicated it was Resident #24's preference to NJ Ex Order 26.4(b)(1) around his/her NJ Ex Orde to protect his/her NJ Ex Order 26.4 from NJ Ex Order

The facility policy titled; "Quality of Life-Dignity" dated 01/2024 indicated that each resident shall be cared for in a manner that promotes dignity and enhances quality of life, dignity, respect, and individuality. "Treated with dignity" meant that the resident would be assisted in maintaining and enhancing his or her self-esteem and self-worth.

NJAC 8:39-4.1(a)12

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F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).	F 580		7/14/24

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F 580	Continued From page 6 §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Complaint # NJ168787 Based on interview, record review, and review of pertinent facility documents, it was determined that the facility failed to notify the resident's representative of a NJ Exec Order 26.4b1 for 1 of 22 residents (Resident #231) reviewed. This deficient practice was evidence by the following: According to the Admission Record, Resident #231 was admitted to the facility with diagnosis which included, but were not limited to, NJ Ex Order 26.4(b)(1) [redacted], NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1) [redacted] t information for the resident's responsible party. Review of the quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated NJ Ex Order 26.4(b [redacted], included the resident's NJ Exec Order 26.4 [redacted] was NJ Ex Order 26.4(b)(1).	F 580	Facility unable to retroactively notify resident 231 representative of NJ Exec Order 26.4b1 [redacted] Resident 231 no longer resides in the facility. Residents with a change in condition have the potential to be affected. Director of Nursing/designee will review residents with a change in condition over the last week for resident representative notification. Director of Nursing/designee will re-educate the Licensed Nursing Staff on the Notification Policy and Procedure by 7/12/24. The Director of Nursing/Designee will conduct compliance audits to ensure that the facility will notify the resident's representative of a change in condition timely as required and according to the policy. The Director of Nursing/Designee will conduct 2 audits weekly for 4 weeks, then 2 audits 2x monthly for 2 months. Results of audits will be reviewed at the Quarterly Quality Assurance and Performance Improvement Committee Meeting over the duration of the audit process. Based on	

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F 580	Continued From page 7 A review of the individualized Care Plan (CP), initiated NJ Ex Order 26.4(b, included a focus that "the resident has a POLST [Physician Orders for Life Sustaining Treatment - a form that enables patients to indicate their preferences regarding life-sustaining treatment]," with an intervention to keep family informed of NJ Exec Order 26.4b1. A review of the Progress Notes (PN) reflected the following: On NJ Ex Order 26.4(b at 11:44 AM, temperature (temp) NJ Ex Ord, NJ Ex Order 26.4(b)(1), will continue to monitor, and call US FOIA (b)(6)] for changes. There was no evidence that the resident's family was notified. On NJ Ex Order 26.4(b at 23:50 [11:50 PM] NJ Exec Order 26.4b1 at 6:25 PM, NJ Ex Order 26.4(b)(1)] given, rechecked temp NJ Ex Ord, the physician was informed of the NJ Exec Ord NJ Exec Order 26.4b1 NJ Ex Order 26.4(b)(1) New physician orders were received for a NJ Ex Order 26.4(b)(1 NJ Ex Order 26.4(b)(1), NJ Ex Order and NJ Ex Order 26.4(b. There was no evidence that the resident's family was notified. NJ Ex Order 26.4(b at 15:03 [3:03PM], the resident had a NJ Ex Order 26.4(b)(1), the physician was made aware of the recent NJ Ex Order 26.4(b)(1) results and a new order for NJ Ex Order 26.4(b)(1) PO [by mouth] for seven (7) days was obtained. At that time, the resident's family was made aware of the resident's status. The PN revealed the resident had a change in condition on NJ Ex Order 26.4(b at 11:44 AM, but the resident's representative was not notified until NJ Ex Order 26.4(b at 3:03 PM.	F 580	the results of these audits, a decision will be made regarding the need for continued submission and reporting.	

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F 580	Continued From page 8 On 05/20/24 at 09:40 AM, the surveyor interviewed the U.S. FOIA (b) (6)) in the presence of the U.S. FOIA (b) (6) The NJ Ex Orde stated that the family should be "notified in real time" of any NJ Exec Order 26.4b1. She stated that if there was no answer then the nurses should follow up with another phone call to assure the family was notified. The U.S. FOIA further stated after the nurses called the resident's representative, the nurse should document it in the PN. On 05/20/24 at 10:32 AM, the surveyor interviewed the NJ Ex Order 26.4(b)(1) for the NJ Exec Order 26.4b1 Unit who stated that families were notified of any changes as they occurred. She stated that if a resident was started on an NJ Ex Order 26.4(b)(then the family would be notified. She then explained the family would be notified for any NJ Exec Order 26.4b and if the physician ordered anything. The U.S. FOIA (b) (6) stated that she would notify the resident's representative in real time of any change in condition. She stated if something occurred during the late hours/early morning, the nurses should not wait until the afternoon or the next day to notify the family. The U.S. FOIA (b) (6) stated that it was important to keep the family aware of any significant changes that occurred with the resident. On 05/21/24 at 10:29 AM, the surveyor and the NJ Ex Orde reviewed the PN in the electronic medical record (EMR) which revealed the resident's representative was not notified of the NJ Exec Order 26.4b until NJ Ex Order 26.4(b at 3 PM. The NJ Ex Orde acknowledged the family should have been notified on NJ Ex Order 26.4 3 or NJ Ex Order 26.4(b in the morning,	F 580		

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F 580	Continued From page 9 and not on [NJ Ex Order 26.4(b)] in the afternoon. A review of the facility's Notification policy, updated 1/2024, included, "3. The Nurse/Supervisor/Charge Nurse will notify the resident's family or representative when: 2. There is a significant change in the resident's physical, mental, or psychosocial status. 6. The Nurse Supervisor/Charge Nurse will record in the resident's medical record information relative to changes in the resident's medical/mental condition or status." NJAC 8:39-13.1(c)	F 580		
F 584 SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly,	F 584		7/14/24

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F 584	Continued From page 10 and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to keep a resident's room clean by placing a NJ Ex Order 26.4(b)(1) in a garbage receptacle without a bag liner, leaving used disposable gloves on the floor, and not emptying a closed-lid garbage receptacle with exposed personal protective equipment. The deficient practice effected 2 of 7 residents (Resident #22 & #57) and was evidenced by the following: On 05/20/2024 at 12:09 PM, while visiting Resident #22 in his/her room, the surveyor observed a NJ Ex Order 26.4(b)(1) in the garbage receptacle adjacent to his/her bed. The receptacle did not have a bag liner in it. The surveyor also observed a pair of inside-out	F 584	Rooms for residents #22 and #57 were inspected and garbage receptables were provided with bag liners as required on 5/21/24. Staff ensured that there are no disposable gloves on the floor and the garbage receptable lid is fully closed on 5/21/24. All residents have the potential to be affected. All residents were monitored for any adverse effects with none noted. No other resident rooms were identified with this deficient practice. The Environmental Services Staff were reeducated by the Environmental Services Supervisor on the following facility policy: "Routine Cleaning and Disinfection" to ensure compliance with the requirement. The Environmental Services	

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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 584	Continued From page 11 disposable gloves on the floor. On 05/21/2024 at 08:42 AM, while outside of the same room, the surveyor observed the closed-lid garbage receptacle overflowing with yellow, disposable, protective gowns. The surveyor also observed a disposable glove and a piece of paper-like product on the floor near Resident #57's bed. On 05/21/2024 at 09:33 AM, during an interview with the surveyor, a family member confirmed that the trash receptacle was emptied by the family at least one time a day. On 05/21/2024 at 11:20 AM, during an interview the surveyor, the U.S. FOIA (b) (6) [redacted] stated that trash bags were removed daily and as needed from resident rooms. Secondly, he confirmed that housekeeping was responsible for removing them during their shift. Thirdly, the U.S. FOIA [redacted] confirmed that soiled briefs should not be placed in resident garbage cans and that the trash receptacles should have bag-liners. At that time, the surveyor showed the U.S. FOIA [redacted] a photo of the trash receptacle with the NJ Ex Order 26.4(b)(1) [redacted] and the U.S. FOIA [redacted] confirmed that it was not okay. Lastly, after viewing the photo of the overflowing closed-top trash receptacle, the U.S. FOIA [redacted] confirmed that it was not okay. On the same date at 12:43 PM, during an interview with the surveyor, the U.S. FOIA (b) (6) [redacted] replied, "No" when the surveyor asked if NJ Ex Order 26.4(b)(1) should be placed in a resident's trash can, especially without a bag liner. A review of the undated facility-provided policy	F 584	Supervisor/Designee will conduct compliance audits to ensure that garbage receptables have bag liners, gloves/trash is not on the floor, garbage receptables with PPE have closed lids and disposed of timely. The Environmental Services Supervisor /Designee will conduct 4 audits of patient rooms weekly for 4 weeks, then 4 audits 2x monthly for 2 months. Results of audits will be reviewed at the Quarterly Quality Assurance and Performance Improvement Committee Meeting over the duration of the audit process. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.	

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F 584	Continued From page 12 titled, "Routine Cleaning and Disinfection" revealed under, "Policy" that, "It is the policy of this facility to ensure the provision of routine cleaning and disinfection in order to provide a safe, sanitary environment and to prevent the development and transmission of infections to the extent possible." NJAC 8:39-31.4 (a)	F 584		
F 676 SS=D	Activities Daily Living (ADLs)/Mntn Abilities CFR(s): 483.24(a)(1)(b)(1)-(5)(i)-(iii) §483.24(a) Based on the comprehensive assessment of a resident and consistent with the resident's needs and choices, the facility must provide the necessary care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable. This includes the facility ensuring that: §483.24(a)(1) A resident is given the appropriate treatment and services to maintain or improve his or her ability to carry out the activities of daily living, including those specified in paragraph (b) of this section ... §483.24(b) Activities of daily living. The facility must provide care and services in accordance with paragraph (a) for the following activities of daily living: §483.24(b)(1) Hygiene -bathing, dressing, grooming, and oral care, §483.24(b)(2) Mobility-transfer and ambulation, including walking,	F 676		7/14/24

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F 676	Continued From page 13 §483.24(b)(3) Elimination-toileting, §483.24(b)(4) Dining-eating, including meals and snacks, §483.24(b)(5) Communication, including (i) Speech, (ii) Language, (iii) Other functional communication systems. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to a.) provide services according to the resident's NJ Ex Order 26.4(b)(1) needs documented on the Care Plan (CP) and b.) update the CP to accurately reflect the NJ Ex Order 26.4(b)(1) needs for 1 of 1 resident (Resident #24) evaluated for NJ Ex Order 26.4(b)(1) This deficient practice was evidenced by the following: According to the Admission Record, Resident #24 was admitted to the facility with the diagnoses, which included but were not limited to, NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) The quarterly Minimum Data Set (MDS), an assessment that facilitates resident care, dated NJ Ex Order 26.4(b), indicated that Resident #24 was sometimes NJ Ex Order 26.4(b)(1) and ability was limited to NJ Ex Order 26.4(b)(1). The MDS also indicated that the resident responded to NJ Ex Order 2, however able. On 05/15/24 at 10:56 AM, the surveyor observed	F 676	Resident 24 evaluated by NJ Ex Order 26.4(b)(1) for NJ Ex Order 26.4(b)(1) needs/devices and plan of care updated to reflect needs on 5/21/24. Residents with impaired communication have the potential to be affected. Director of Nursing/designee will review the plan of care for residents with impaired communication needs. Care plans will be revised to reflect current needs of the resident. Director of Nursing/designee will educate the interdisciplinary team on care plan reviews and revisions to accurately reflect the communication needs/devices of the residents by 7/12/24. Director of Nursing/Designee will audit 5 residents a week for 4 weeks and 5 residents a month for 2 months with impaired communication to ensure communication devices are utilized and care planned appropriately. Results of audits will be reviewed at the Quarterly Quality Assurance and Performance Improvement Committee Meeting over the duration of the audit process. Based on the results of these audits, a decision will	

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F 676	Continued From page 14 Resident #24 sitting in his/her wheelchair. The resident's call bell was observed in reach of the resident's right hand. The resident was NJ Ex Order 26.4(b) with the surveyor and NJ Ex Order 26.4(b). The resident was able to NJ Ex Order 26.4(b)(1) when the surveyor asked direct questions, however, the resident's NJ Ex Order 26. was NJ Ex Order 26 and NJ Ex Order 26.4(b)(1). The surveyor did not observe any NJ Ex Order 26.4(b)(1) in the resident's room to assist with NJ Ex Order 26.4(b)(1) On 05/16/24 at 09:54 AM, the surveyor observed Resident #24 sitting up in his/her wheelchair. The resident was NJ Ex Order 26.4(b)(1) with the surveyor and the surveyor did not observe a NJ Ex Order 26.4(b)(1) or device to enhance NJ Ex Order 26.4(b)(1) in the resident's room. At that time, the surveyor interviewed the U.S. FOIA (b) (6)) who stated that the resident was able to NJ Ex Order 26.4(b)(1) , however, the U.S. FOIA was not sure how NJ Exec Order 2 the resident was. The U.S. FOIA stated that the resident did not have a NJ Ex Order 26.4(b)(1) device in his/her room and added that she was not sure if the resident ever had a NJ Ex Order 26.4(b)(1) because she has not seen one utilized before. The surveyor reviewed the resident Care Plan dated NJ Ex Order 26.4(b , which revealed that Resident #24 had NJ Ex Order 26.4(b)(1) related to the resident having NJ Ex Order 26 or NJ Ex Order 26.4(b)(1). The interventions included: -Participate in NJ Ex Order 26.4(b)(1) maintenance program one time per week. -Restorative NJ Ex Order 26.4(b)(1) Program utilizing the NJ Ex Order 26.4(b)(1). On 05/16/24 at 10:06 AM, the surveyor interviewed the U.S. FOIA (b) (6)	F 676	be made regarding the need for continued submission and reporting.	

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F 676	Continued From page 15	F 676		

#1) who stated that Resident #24 was able to NJ Ex Order 26.4(b)(1) his/her needs and wants and explained that the staff would ask the resident questions and the resident would NJ Ex Order 26.4(b)(1) [redacted]. The surveyor asked the U.S. FOIA if there were any NJ Ex Order 26.4(b)(1) that the resident or staff utilized that assisted the resident in NJ Ex Order 26.4(b)(1) his/her needs and wants and the U.S. FOIA stated, "not that she was aware of."

On 05/16/24 at 11:08 AM, the surveyor interviewed the U.S. FOIA (b) (6) [redacted] who stated that Resident #24 was able to NJ Ex Order 26.4(b)(1) his/her needs and wants by NJ Ex Order 26.4(b)(1). The surveyor asked the U.S. FOIA (b) (6) if the facility provided the resident with any NJ Ex Order 26.4(b)(1) so that the resident was better able to NJ Ex Order 26.4 needs and the U.S. FOIA (b) (6) stated that the resident did not utilize a NJ Ex Order 26.4(b)(1). The U.S. FOIA (b) (6) reviewed Resident #24's Care Plan in the presence of the surveyor and the U.S. FOIA (b) (6) stated that the even though the CP indicated that that the resident utilized a NJ Ex Order 26.4(b)(1) and was on a NJ Ex Order 26.4(b)(1) [redacted], the resident did not use a NJ Ex Order or receive NJ Ex Order 26.4(b)(1). She stated that she would find out who implemented those interventions on the CP. The U.S. FOIA (b) (6) further stated that CPs were updated frequently and that she was not sure why these interventions were still on the CP since NJ Exec Order 26.4b [redacted]

On 05/16/24 at 11:16 AM, the surveyor interviewed the U.S. FOIA (b) (6) [redacted] who stated she had been employed in the facility since NJ Ex Order 26.4(b)([redacted]. The U.S. FO [redacted] stated that she was NJ Ex Order 26.4(b)(1) with Resident #24 and had not

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F 676	Continued From page 16 received any referrals regarding the need for a NJ Ex Order 26.4(b)(1) or NJ Ex Order 26.4(b)(1) U.S. F once a week. The NJ Ex stated that she had not worked with Resident #24 regarding NJ Exec Order 26.4(b) or NJ Ex Order 26.4(b)(1) needs. On 05/17/24 at 10:31 AM, the surveyor interviewed LPN #2 who stated that Resident #24 was NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) on staff for his/her care. She stated that the resident would sometimes NJ Ex Order 26.4(b)(1) but not sure how reliable the resident was. LPN #2 stated that she remembered that the resident used to have a NJ Ex Order in his/her room which was used for communication, however she has not seen it. On 05/17/24 at 11:07 AM, the surveyor interviewed the U.S. FOIA (b) (6)) who stated that CPs were tailored to the residents needs, preferences, and goals, and should be updated as needs change. She also added that CPs measure goals to determine if the resident was meeting their goals. She stated that CPs should be accurate because they are a "picture" of what was currently going on with the resident. She stated that CPs were also utilized as a communication tool so that the staff knew how to care for the resident and what the resident's preferences and goals were. The U.S. FOIA reviewed Resident #24's CP in the presence of the surveyor and stated that she would have to review Resident #24's CP interventions pertaining to: [Participate in NJ Ex Order 26.4(b)(1)) maintenance program one time per week] and [Restorative NJ Ex Order 26.4(b)(1) Program utilizing the NJ Ex Order 26.4(b)(1)]. She stated that she was not sure if these interventions were being provided to the resident or not.	F 676		

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F 676	Continued From page 17 On 05/17/24 at 12:09 PM, the surveyor interviewed the residents US FOIA (b)(6) who stated that NJ Ex was a nurse in the communicty and that Resident #24 had not utilized a NJ Ex Order 26.4(b)(1) "in a while" due to the residents NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) in the NJ Ex Order 26.4(b)(1). NJ Ex stated that NJ Ex did not know if the resident had been evaluated NJ Ex Order 26.4(b)(1) and that the resident's NJ Ex Order 26.4(b)(1) was limited. NJ Ex then stated that it would be a good idea for Resident #24 to be evaluated by U.S. F for a NJ Ex Order 26.4(b)(1) or NJ Ex Order because maybe it would be helpful in aiding the resident to be able to effectively NJ Ex Order 26.4(b)(1) his/her needs. NJ Ex stated that NJ Ex did not know if the resident was evaluated by a U.S. F or not. On 05/20/24 at 09:44 AM, the surveyor interviewed the U.S. FOIA (b) (6)) who explained that NJ Exec Order 26.4b1 programs were developed for residents upon the recommendation of the NJ Exec Order 26.4b1 department. He stated that follow through with the recommendations were done by nursing. The U.S. FOIA reviewed Resident #24s CP in the presence of the surveyor and stated that it appeared that interventions for Resident #24 to be on a NJ Exec Order 26.4b1 nursing program for NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) was implement on NJ Ex Order 26.4(b), however, the program must have been developed by the U.S. FOIA (b) (6) on the unit because the resident was never evaluated by NJ Ex Order 26.4(b)(1) during the time the interventions were implemented on the CP. The NJ Ex Orde stated that the resident was only screened by ST for NJ Ex Order 26.4(b)(1) on NJ Ex Order 26.4(b) for NJ Ex Order 26.4(b)(1) not cognition or NJ Ex Order 26.4(b)(1) needs.	F 676		

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F 676	Continued From page 18	F 676		

On 05/21/24 at 11:04 AM, the surveyor interviewed the [U.S. FOIA (b) (6)] who stated that she could not provide the surveyor with any documentation that Resident #24 participated in a [NJ Ex] maintenance program 1x/week or that the resident had a NJ Ex Order 26.4(b)(1).

On 05/22/24 at 09:35 AM, the [U.S. FOIA] stated that the CP should have been updated quarterly to reflect the accurate care the resident was receiving. The [U.S. FOIA] confirmed that the CP was not an accurate reflection of the [NJ Ex Order 26.4(b)(1)] needs that the resident was receiving.

The [U.S. FOIA] provided the surveyor with a [NJ Ex] evaluation dated [NJ Ex Order 26.4(b)], after surveyor inquiry.

The facility policy titled; "Communication" dated 01/2024 indicated that the facility was to provide necessary supportive services for adaptive communication to help individuals with language skills to express themselves. The policy also indicated that the facility would have knowledge of resident specific communication methods and interventions such as use of communication devices i.e. (communication apps on tablets).

The facility policy titled; "Care Plans, Comprehensive Person-Centered indicated that a comprehensive person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs. The policy indicated that areas of concern were identified during the resident assessment and would be evaluated before interventions were added to the care plan. The policy also indicated that the resident's care plan would be updated and revised as information about residents and the residents' condition

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F 676	Continued From page 19 changed. The policy indicated that care plans were updated at least quarterly. NJAC 8:37-27.1 (a)	F 676		
F 677 SS=E	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: Complaint # NJ169666, NJ170088, NJ167481 Based on observation, interview, and review of the medical records and other facility documentation, it was determined that the facility failed to ensure that [NJ Ex Order 26.4(b)(1)] care was provided to dependent residents in a timely manner. This deficient practice was identified for 3 of 3 residents (Residents #23, #30 and #12) on 1 of 2 nursing units ([NJ Exec Order 26.] Unit) observed for [NJ Ex Order 26.4(b)(1)] care and was evidenced by the following: Refer to F725 1.) On 05/20/24 at 9:17 AM, the surveyor interviewed the [U.S. FOIA (b) (6)] who stated the unit census was 42 residents, six (6) aides and three (3) nurses. On 05/20/24 at 9:23 AM, the surveyor interviewed Certified Nursing Assistant (CNA) #1 who stated	F 677	Residents 23, 30 and 12 received appropriate [NJ Ex Order 26.4(b)(1)] care on [NJ Ex Order 26.4(] Residents that are incontinent have the potential to be affected. Incontinent residents were assessed on 5/21/24 with no adverse events related to incontinence care Director of Nursing/Designee re-educated certified nursing assistants on the Incontinence Care Policy on 5/21/24. Unit Manager/Designee will complete competencies on Incontinence Care with the certified nursing assistants by 7/12/24. Unit Managers will randomly audit 10 residents a week for 4 weeks, then 10 residents a month for 2 months for proper incontinence care and application of brief. Results of audits will be reviewed at the Quarterly Quality Assurance and Performance Improvement Committee Meeting over the duration of the audit process. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.	7/14/24

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that she was assigned to nine (9) residents. CNA #1 further stated that seven of the nine residents that she was assigned to were [redacted] and that she still had [redacted] residents left to [redacted]

At that time, CNA #1 entered Resident #23's room and requested permission to provide [redacted] care to the resident in the presence of the surveyor. The resident who was lying in bed agreed. When interviewed at that time, Resident #23 stated that he/she was [redacted] a couple of hours ago. When CNA #1 pulled back the linens that covered the resident and [redacted] the resident's [redacted] a [redacted] was noted beneath it that [redacted], but had not [redacted] to the [redacted] or onto the [redacted] that were [redacted] the resident. When the surveyor asked CNA #1 why the resident [redacted] instead of one, [redacted] stated, "Either the resident was a [redacted] or they were short staffed." The surveyor asked if any other residents that [redacted] had already changed wore [redacted] this morning. CNA #1 stated, "yes, [Resident #9] and [Resident #24]. The surveyor asked CNA #1 if [redacted] placed [redacted] on Resident #9 and Resident #24 when [redacted] and she stated, "Another aide on the day shift told me to [redacted], so I did." CNA #1 further stated that when she last worked at the facility, date unknown, [redacted] observed residents that [redacted]. CNA #1 stated on that date, they were very short staffed and there were only two aides for the whole floor.

Review of Resident #23's Admission Record (an admission summary) revealed that the resident was admitted with diagnoses which included, but

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F 677	Continued From page 21 were not limited to, NJ Ex Order 26.4(b)(1), [redacted], and NJ Ex Order 26.4(b)(1). Review of Resident #23's Quarterly Minimum Data Set (MDS, an assessment tool) revealed that the resident had a Brief Interview for Mental Status (BIMS) score of [redacted] out of 15, which indicated that the resident was NJ Ex Order 26.4(b)(1) [redacted]. Further review of the MDS revealed that the resident was always NJ Ex Order 26.4(b)(1) of NJ Ex Order 26.4(b)(1) and [redacted] Review of Resident #23's Care Plan revealed an entry dated [redacted], which indicated that the resident had an ADL (activity of daily living) NJ Ex Order 26.4(b)(1) r/t (related to) NJ Ex Order 26.4(b)(1). Interventions included that the resident required assistance with NJ Ex Order 26.4(b)(1). Further review of the Care Plan revealed an entry dated [redacted] and revised [redacted], with a focus that Resident #23 had potential risk for NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) Hx (history) of [redacted] recurrent NJ Ex Order 26.4(b)(1) [redacted], NJ Ex Order 26.4(b)(1)) of NJ Ex Order 26.4(b)(1)) with a goal that the resident will have [redacted], free of [redacted] or NJ Ex Order 26.4(b)(1) by/through review date. Interventions included teaching resident/family the importance of NJ Ex Order 26.4(b)(1) for prevention of NJ Ex Order 26.4(b)(1) Further review of the Care Plan revealed an entry dated [redacted], with a focus that the resident had NJ Ex Order 26.4(b)(1) with a goal that the resident will be [redacted] at all times through the review date and the resident	F 677		

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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
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will remain free from NJ Ex Order 26.4(b)(1) due to NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(through the review date. Interventions included NJ Ex Order 26.4(b) the NJ Ex Order 26.4(b) with each NJ Ex Order 26.4(b)(1) episode and encouraging NJ Exec Ord during the day to promote NJ Ex Order 26.4(b)(1).

2.) On 05/20/24 at 9:36 AM, CNA #1 entered Resident #30's room and requested permission to provide NJ Ex Order 26.4(b)(1) care to the resident in the presence of the surveyor. The resident who was lying in bed agreed. The resident was not able to state when they were last NJ Ex Order 26.4(b) When CNA #1 pulled back the linens that covered the resident NJ Ex Order 26.4(b)(1) were noted. CNA #1 stated that the resident NJ Ex Order 26.4(b)(1) the NJ Ex Order 26.4(b) and the other NJ Ex Order 26.4(b)(1) were NJ Ex O When CNA #1 assisted the resident to NJ Ex O onto their NJ Ex Order 26.4(b)(there were NJ Ex Order 26.4(b)(1) noted beneath the resident. CNA #1 stated that the NJ Ex Ord that was directly beneath the resident was NJ Ex Order 26.4(b)(1) with NJ Ex Order The surveyor asked how it was possible for the NJ Ex Order 26.4(b)(1) to be NJ Ex O yet the NJ Ex Ord was NJ Ex Order 26.4(b)(1). CNA #1 stated, "The resident was not properly cared for or NJ Ex Order 26.4(b every two hours." CNA #1 explained that the night shift aides started AM care at 05:00 AM. CNA #1 further stated that when residents NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) were NJ Ex Order 26.4(b)(1) them, it could lead to NJ Ex Order 26.4(b)(1).

Review of Resident #30's Admission Record revealed that the resident was admitted to the facility with diagnoses which included, but were not limited to, NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4 NJ Ex Order 26.4(b)(1)) NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4 NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1)) and NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1)

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	315342	A. BUILDING _____ B. WING _____	C 06/06/2024

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F 677	Continued From page 23 NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1). Review of Resident #30's Quarterly MDS revealed that the resident had a BIMS score of [redacted] out of 12, which indicated that the resident was NJ Ex Order 26.4(b)(1). Further review of the MDS revealed that the resident always NJ Ex Order 26.4(b)(1) [redacted] and [redacted]. Review of Resident #30's Care Plan revealed that the resident had an entry dated [redacted] and revised [redacted], with a focus that the resident was at risk for NJ Ex Order 26.4(b)(1) development s/t [sic.] NJ Ex Order 26.4(b)(1) [redacted], [redacted]) of NJ Ex Order 26.4(b)(1)) with a goal that the resident will not develop further [redacted]. Interventions included assisting with making frequent NJ Ex Order 26.4(b)(1) as per [redacted] and [redacted], and avoiding positioning the resident on [redacted] for prolonged periods of time. 3.) On 05/20/24 at 09:44 AM, CNA #1 entered Resident #12's room and requested to provide NJ Ex Order 26.4(b)(1) to the resident in the presence of the surveyor. The resident who was lying in bed agreed. When interviewed at that time, the resident stated that he/she was last [redacted] at 05:00 AM, and was not normally [redacted] again until 10:30 AM. The resident NJ Ex Order 26.4(b)(1), a [redacted] that was a [redacted] and a [redacted] that was a NJ Ex Order 26.4(b)(1), according to CNA #1. CNA #1 stated that the resident had NJ Ex Order 26.4(b)(1) and then proceeded to [redacted] the resident at that time at the resident's request.	F 677		

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Review of Resident #12's Admission Record revealed that the resident was admitted to the facility with diagnoses which included, but were not limited to, NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4 and NJ Ex Order 26 (NJ Ex Order 26.4(b)(1)).

Review of Resident #12's Quarterly MDS revealed that the resident had a BIMS score of NJ E out of 15, which indicated that the resident was NJ Ex Order 26.4(b)(1). Further review of MDS revealed that the resident was NJ Ex Order 26.4(b)(1) of NJ Ex Orde and NJ Ex Order 26.4(b)(1).

Review of Resident #12's Care Plan revealed that the resident an entry dated NJ Ex Order 26.4(b and revised NJ Ex Order 2, which revealed the resident had potential for NJ Ex Order 26.4(b)(1) development r/t NJ Ex Order 26.4(b)(1) , NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4 NJ Ex Order 26.4(b)(1) and a goal that the resident will have NJ Ex Orde , NJ Ex Order 26.4(b)(1), NJ Ex Order 26. or NJ Ex Order 26.4(b)(1) by/through review date, Interventions included teaching resident/family the importance of NJ Ex Order 26.4(b)(1) for prevention of NJ Ex Order 26.4(b and encouraging s NJ Ex Order 26.4(b)(1) . A second entry, dated NJ Ex Order 26.4(b and revised NJ Ex Order 26.4(b , included a focus that the resident was NJ Ex Order 26.4(b)(1) with a goal that the resident will be free of NJ Ex Order 26.4(b)(1) secondary to NJ Ex Order 26.4(b)(1) through the review date. Interventions included NJ Ex Order 26.4(b)(1) to NJ Ex Or every shift and PRN (as needed), monitoring NJ Ex Order 26.4(or NJ Ex Order 26.4(b)(1) during NJ Ex Order 26.4(b)(1) care, and providing discreet and prompt NJ Ex Order 26.4(b)(1) care to promote resident's dignity.

On 05/20/24 at 09:50 AM, the surveyor asked the

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U.S. FOIA (b) (6) to accompany her into Resident #30's room. The surveyor asked the U.S. FOIA (b) (6) if she NJ Ex Order 26.4 anything. The U.S. FOIA (b) (6) stated that she NJ Ex Order 26.4(b)(1). The surveyor asked if it were a NJ Ex Order 26.4(b)(1) and the U.S. FOIA (b) (6) stated, "Yes." The U.S. FOIA (b) (6) then pulled back the resident's linens with the resident's permission, and the U.S. FOIA (b) (6) stated that she saw NJ Ex Order 26.4(b)(1) and was unsure if it were a NJ Ex Order 26.4(b)(1)). The U.S. FOIA (b) (6) stated, "This should not be," and that the resident was not properly changed. The U.S. FOIA (b) (6) further stated that the NJ Ex Order 26.4(b) , NJ Ex Or vs. NJ Ex Order 26.4(b)(1) , and NJ Ex C were NJ Ex Order 26.4(b)(1). The U.S. FOIA (b) (6) stated that staff were not allowed to NJ Ex Order 26.4(b)(1) because it could cause NJ Ex Order 26.4(b)(1). The U.S. FOIA (b) (6) explained that either the staff did not want to NJ Ex Order 26.4 the resident often, or thought that he/she was a NJ Ex Order 26.4(b)(1) which was not appropriate and was not protocol.

On 05/20/24 at 09:58 AM, the U.S. FOIA (b) (6) and the surveyor entered Resident #23's room with the resident's permission. The resident was NJ Ex Order 26.4(at that time. The U.S. FOIA (b) (6) stated that she observed the resident NJ Ex Order 26.4(b) and NJ Exec Order 2 through the NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 The U.S. FOIA (b) (6) stated that this was not acceptable and could lead to NJ Ex Order 26.4(b)(1).

On 05/20/24 at 10:03 AM during an interview with the U.S. FOIA (b) (6) she stated that last night on the 11 PM to 7 AM shift there were three (3) aides for 42 residents, or 14 residents per aide. She stated that residents should have been checked every two hours to see if they needed NJ Ex Order 26.4(b)(1) care and as needed. The U.S. FOIA (b) (6) stated that it did not seem that the residents were NJ Ex Order 26.4(every two hours and she further stated she was surprised

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by the findings.

On 05/20/24 at 10:10 AM, in a follow-up interview with the [redacted], she stated that she would not have expected one aide to tell another aide to [redacted]. The [redacted] stated it was night time and there was no reason why residents did not get proper care.

On 05/20/24 at 10:17 AM, the surveyor interviewed the U.S. FOIA (b) (6)) who stated she was assigned to Residents #12, #23 and #30. The [redacted] stated that Resident #30 was [redacted]. The [redacted] explained that residents should be checked to see if they need [redacted] every two hours if the ratios were good. The [redacted] stated that she would not expect to see [redacted] because it was not proper and would to lead to [redacted]. The surveyor asked what it meant if Resident #30 was [redacted] and only the [redacted] were [redacted] and the [redacted] that were [redacted] the resident were [redacted] and the [redacted] stated that it meant that they did not change the resident's [redacted] only their [redacted] and [redacted] could result. The [redacted] stated that the aides may have done that to minimize the frequency of [redacted]

On 05/20/24 at 10:28 AM, the surveyor interviewed CNA #2 who stated that when [redacted], and [redacted] were used, the resident's [redacted] "could not [redacted] and may [redacted] CNA #2 explained that the facility had NJ Ex Order 26.4(b)(1) that were [redacted] The surveyor asked what it meant if the resident wore [redacted] or [redacted] at once and CNA #2 stated that it would not be appropriate to put different sizes on at once because the [redacted] "could not

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NJ Ex Order 26.4(b) CNA #2 stated that some agency aides NJ Ex Order 26.4(b)(1), but long-term aides should know better.

On 05/20/24 at 10:36 AM, the surveyor asked the U.S. FOIA (b) (6) to show her the supply room where NJ Ex Order 26.4(b)(1) products such as NJ Ex Order and NJ Ex Order were stored. The surveyor asked the U.S. FOIA (b) (6) to show her a NJ Ex Order as she previously stated that Resident #30 may have NJ Ex Order 26.4(b)(1) in addition to NJ Ex Order 26.4(b)(1) rather than NJ Ex Order 26.4(b)(1). The U.S. FOIA (b) (6) stated that there were no NJ Ex Order on the cart, only NJ Ex Order 26.4(b)(1) which were NJ Ex Order 26.4(b)(1).

On 05/21/24 at 9:53 AM, the surveyor interviewed the U.S. FOIA (b) (6)) who stated that NJ Ex Order began working at the facility in NJ Ex Order 26.4(b)(1). The U.S. FOIA stated aides should round every two hours and that NJ Ex Order or NJ Ex Order 26.4(b)(1) was never acceptable for a number of reasons, such as NJ Exec Order 2 The NJ Ex Order stated that there were no reason to NJ Ex Order 26.4(b)(1) and if the resident was on a NJ Ex Order 26.4(b)(1) frequently, not NJ Ex Order 26.4(b)(1). The NJ Ex Order stated it was poor practice to NJ Ex Order 26 and she hoped that it was not the standard at the facility. The NJ Ex Order stated that there were enough aides to round every two hours at night unless there was a last minute call out or no show and that all the residents were in bed, so care should be number one at night.

On 05/21/24 at 10:16 AM, the surveyor interviewed the U.S. FOIA (b) (6) who stated that his expectation was for their to be constant rounding on all shifts. The U.S. FOIA (b) stated that residents should be NJ Ex Order 26.4(b) and NJ Ex Order 26.4(b) as needed and was not sure if it were every one or two hours.

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F 677	Continued From page 28 U.S. FOIA (b) stated that if NJ Ex Order 26 or NJ Ex Order 26.4(b)(1) were noted, then he would check with both staff and the resident to identify if there were a resident preference or not. The U.S. FOIA (b) stated that if an aide did it, a severe education was done. On 05/22/24 at 9:45 AM, the U.S. FOIA (b) (6) provided the surveyor with an undated staff in-service titled, "NJ Ex Order 26.4(b)(1) Care" which revealed the following: NJ Ex Order 26.4(b)(1) is not allowed, resident's are to be rounded and checked on every 2 (two) hours or as needed, NJ Ex Order 26.4(b)(1) can be NJ Ex Order 26.4(b)(1) to the resident and can potentially cause NJ Ex Or [redacted] Review of the facility policy, "Activities of Daily Living (ADLs), Supporting" (Updated 01/2023) revealed the following: Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene. ...Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with:...elimination (toileting); NJAC 8:39-27.1(a), 27.2(h)	F 677		
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii)	F 686		7/14/24

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F 686	Continued From page 29 §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Complaint # NJ167481, NJ169584 Based on observation, interview, record review, and review of facility documents, it was determined that the facility failed to a.) ensure that an NJ Ex Order 26.4(b)(1) was accurately set according to the resident's NJ Ex Order 2, and b.) thoroughly investigate a NJ Ex Order 26.4(b)(1) . This deficient practice was identified for 2 of 3 residents (Resident #131 and #182) reviewed for NJ Ex Order 26.4(b)(1) and was evidenced by the following: 1.) On 05/17/24 at 10:15 AM, the surveyor observed Resident #182 lying in bed asleep. The resident had an NJ Ex Order 26.4(b)(1) which was set to NJ Ex O On 05/20/24 at 9:46 AM, the surveyor observed Resident #182 lying in bed asleep and the resident's NJ Ex Order 26.4(b)(1) was set to NJ Ex Order 26.4 .	F 686	Resident 131 no longer resides in the facility. Resident 181 NJ Ex Order 26.4(b)(1) settings changed to appropriate setting based on NJ Ex Order 2 on 5/21/24. Residents with newly acquired wounds have the potential to be affected. Residents with orders for an air mattress have the potential to be affected. Director of Nursing/designee reeducated the licensed nursing staff on the Incident/Accident Policy to include initiating an incident report for newly developed wounds. DON reviewed residents with newly acquired wounds to ensure incident report was initiated with completed investigation. Director of Nursing/Designee reeducated licensed nursing staff and certified nursing assistants on verifying appropriate air mattress settings. Director of Nursing reviewed residents with orders for air mattress. Air mattress orders and care	

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F 686	Continued From page 30 On 05/21/24 at 9:30 AM, the survey observed Resident #182 lying in bed awake and the resident's NJ Ex Order 26.4(b)(1) was set to NJ Ex Order 26. . When asked about the NJ Ex Order 26.4(b)(1), the resident stated he/she thought the NJ Ex Order 26.4(b was not set correctly because he/she could feel NJ Ex Order 26.4(b)(1) ss on his/her NJ Ex Order 26.4(b)(The resident further stated that he/she had NJ Ex Order 26.4(b, but believed it NJ Ex Order 26.4(b)(1). According to the Admission Record, Resident #182 was admitted with diagnoses which included, but were not limited to, NJ Ex Order 26.4(b)(1) , NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1)), and NJ Ex Order 26.4(b)(1) . Review of the admission Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated NJ Ex Order 26.4(b, included the resident had a Brief Interview for Mental Status score of ' NJ Ex O which indicated the resident's NJ Exec Order 26.4(b was NJ Ex Order 2. Further review of the MDS revealed the resident NJ Ex Order 26.4(b)(1). and had a NJ Ex Order 26.4(b)(1) present on admission. Review of the Care Plan, revised NJ Ex Order 26.4(b, included, "the resident has NJ Ex Order 26.4(b)(1) ," with an intervention to, "monitor placement and proper functioning of NJ Ex Order 26. ." Review of the Order Summary Report, as of NJ Ex Order 26.4(b, included an active physician's order to, "monitor NJ Ex Order 26.4(b)(1) for proper placement and functioning," with a start date of NJ Ex Order 26.4(b)(	F 686	plans were updated to include appropriate setting based on residents current weight. Unit manager/designee will update orders and plan of care monthly for residents identified with a weight change. Unit Manager/designee will randomly audit 5 residents with order for an air mattress weekly x4 then monthly x2 to ensure mattress settings are appropriate. Director of Nursing/designee will audit clinical progress notes, orders and wound consultant documentation daily during clinical meeting x 4 weeks then monthly x 2 months for identification of an in house acquired wound to include initiation of incident report. Results of audits will be reviewed at the Quarterly Quality Assurance and Performance Improvement Committee Meeting over the duration of the audit process. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.	

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F 686	Continued From page 31 Review of the [redacted] Consult, dated [redacted], revealed the resident had a [redacted] to the [redacted]. Further review of the consult included, "the [redacted] is to be [redacted] using [redacted]." Review of the resident's [redacted] listed in the electronic medical record, revealed the resident [redacted]. on [redacted]. During an interview with the surveyor on 05/21/24 at 9:43 AM, the [redacted]) stated that the nurse was responsible for making sure the [redacted] was set to the resident's [redacted] The [redacted] further stated that it was important to make sure the [redacted] was set correctly to prevent [redacted] of [redacted]. During an interview with the surveyor on 05/21/24 at 9:50 AM, the [redacted]) stated that when a resident needed an [redacted], the nurse would obtain a physician's order for the nurse to check the [redacted] every shift to ensure the correct [redacted] was set. The [redacted] further stated that if the [redacted] was set to the [redacted], "it could impede [redacted] or [redacted]." During an interview with the surveyor on 05/21/24 at 10:04 AM, the [redacted] stated the nurses were responsible for checking that the [redacted] were set to the [redacted] of the resident. The [redacted] further stated that the resident's [redacted] determined the [redacted] of the [redacted]s and that it was important to ensure it was set correctly to "help [redacted]."	F 686		

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During an interview with the surveyor on 05/21/24 at 10:16 AM, the U.S. FOIA (b) (6)) stated that the nurses were responsible for making sure the NJ Ex Order 26.4(b)(1) on the [redacted] matched the resident's NJ Ex Order 26.4(b)(1). The [redacted] further stated that the resident's NJ Ex Order 26.4(b)(1) "determines the appropriateness of the NJ Ex Order 26.4(b)(1)

During a follow-up interview with the surveyor on 05/21/24 at 10:56 AM, the surveyor informed the [redacted] of the NJ Ex Order 26.4(b)(1) setting on Resident #182's NJ Ex Order 26.4(b)(1). The [redacted] stated that the nurses should have been monitoring the resident's [redacted] and set the [redacted] to the correct [redacted]

Review of the facility's Support Surfaces Guidelines policy, updated 01/2024, included, "Redistributing support surfaces are to promote comfort for all bed-or chairbound residents, prevent skin breakdown, promote circulation and provide pressure relief or reduction," and, "Any individual at risk for developing pressure ulcers should be placed on a redistribution support surface, such as foam, gel, static air, alternating air, or air-loss or gel when lying in bed."

2.) The surveyor reviewed the closed record for Resident #131.

According to the Admission Record, Resident #131 was admitted with diagnoses which included, but were not limited to, NJ Ex Order 26.4(b)(1) [redacted] NJ Ex Order 26.4(b)(1), NJ Ex Order 26. [redacted], and NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1)).

Review of the admission Minimum Data Set (MDS), an assessment tool used to facilitate the

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management of care, dated [NJ Ex Order 26.4(b)(], included the resident had a Brief Interview for Mental Status score of "[NJ Ex O]" which indicated that the resident's cognition was [NJ Ex Order] Further review of the MDS revealed the resident was at risk of NJ Ex Order 26.4(b)(1).

Review of the admission Progress Note, dated [NJ Ex Order 26.4(b)], included "NJ Ex Order 26.4(b)(1) assessment done," and did not indicate that the resident had any NJ Ex Order 26.4(b)(1).

Review of the admission Nursing Comprehensive Assessment, dated [NJ Ex Order 26.4(b)], included a [NJ Ex Or] assessment, and did not indicate that the resident had any NJ Ex Order 26.4(b)(1).

Review of the Care Plan, initiated on [NJ Ex Order 26.4(b)], included, "[Resident #131] has potential for [NJ Ex Order 26.4(b)(1)] development r/t [related to] NJ Ex Order 26.4(b)(1)."

Review of the [NJ Ex Order 26.] Consult, dated [NJ Ex Order 26.4(b)], revealed, "Patient c/o [complained of] [NJ Ex Order 26.4(b)] [NJ Ex Order 26.] to [NJ Ex Order 26.4] and observed [NJ Ex Order 26.4(b)(1)] to NJ Ex Order 26.4(b)(1)." Further review of the [NJ Ex Order 26.] Consult indicated the resident had a NJ Ex Order 26.4(b)(1) to the [NJ Ex Order 26.4(b)(1)] measuring NJ Ex Order 26.4(b)(1) and the date of origin was identified as [NJ Ex Order 26.4(b)].

On 05/17/24, the surveyor requested all incident reports for Resident #131, which the facility was unable to provide.

During an interview with the surveyor on 05/21/24 at 9:43 AM, the U.S. FOIA (b) (6)) stated that if a resident had a new [NJ Ex Order 26.4(b)(1)], she would report it to the nurse and fill out a

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statement to give the U.S. FOIA (b) (6). The U.S. FOIA further stated that it was important for the facility to investigate NJ Ex Order 26.4(b)(1) to prevent reoccurrence.

During an interview with the surveyor on 05/21/24 at 9:50 AM, the U.S. FOIA (b) (6) stated that if a resident had a NJ Ex Order 26.4(b)(1), the nurse would notify the supervisor and complete an incident report and obtain statements from the primary nurse and CNAs. The U.S. FOIA further stated that it was important for the facility to investigate NJ Ex Order 26.4(b)(1) to determine if the NJ Ex Order 26 was preventable or unavoidable.

During an interview with the surveyor on 05/21/24 at 10:04 AM, the NJ Ex Order 26.4(b) stated if a resident had a NJ Ex Order 26.4(b)(1), the nurse would complete an incident report and obtain statements from the nurses and CNAs going back 48 hours. The NJ Ex Order 26.4(b) further stated that it was important for the facility to investigate NJ Ex Order 26.4(b)(1) to determine the cause and to develop interventions to promote NJ Ex Order 26.4(b)(1) or prevent further NJ Ex Order 26.4(b)(1).

During an interview with the surveyor on 05/21/24 at 10:16 AM, the U.S. FOIA (b) (6) stated if a resident had a NJ Ex Order 26.4(b)(1), the nurse would complete an incident report and obtain statements from the CNAs. The U.S. FOIA further stated that completed incident reports are given to the U.S. FOIA and that it was important to investigate NJ Ex Order 26.4(b)(1) to determine how the NJ Ex Order 26 was obtained and implement new interventions.

During an interview with the surveyor on 05/21/24

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F 686	Continued From page 35 at 10:50 AM, the U.S. FOIA (b) (6) verified that the facility did not have any incident reports for Resident #131. During a follow-up interview with the surveyor on 05/21/24 at 10:56 AM, the surveyor informed the U.S. FOIA of the missing incident report for Resident #131. The U.S. FOIA stated that when the NJ Ex Order 26 was discovered, the nurse should have completed an incident report for the facility NJ Ex Order 26.4(b)(1) Review of the facility's Accidents and Incidents - Investigating and Reporting policy, updated 01/2024, included, "The Nurse Supervisor/Charge Nurse and/or the department director or supervisor shall promptly initiate and document investigation of the accident or incident," and, "The following data, as applicable, shall be included on the Report of Incident/Accident form:.. the nature of the injury/illness (e.g. bruise, fall, nausea, etc.)." NJAC 8:39-27.1(a)	F 686		
F 693 SS=D	Tube Feeding Mgmt/Restore Eating Skills CFR(s): 483.25(g)(4)(5) §483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical	F 693		7/14/24

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F 693	Continued From page 36 condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and §483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of pertinent facility documents, it was determined that the facility failed to ensure a resident receiving NJ Ex Order 26.4(b)(1) received appropriate care and services to prevent complications of NJ Ex Order 26.4(b)(1), specifically by having the NJ Ex Order 26.4(b)(1) while NJ Ex Order 26.4(b)(1) resulting in NJ Ex Order 26.4(b)(1), failing to replace the NJ Ex Order 26.4(b)(1) every twenty-four hours, and failing to clean NJ Ex Order 26.4(b)(1) off of the NJ Ex Order supporting the NJ Ex Order 26.4(b)(1). This deficient practice was identified for 1 of 1 resident (Resident #22) investigated for NJ Ex Order and was evidenced by the following: According to the Admission Record, Resident #22 had a diagnosis which included, but was not limited to, NJ Ex Order 26.4(b)(1). A review of Resident #22's physician's orders located in the Electronic Medical Record (EMR) revealed an order for NJ Ex Order 26.4(b)(1) four times a day for prevention of NJ Ex Order 26.4(b) use NJ Ex Order 26	F 693	Resident 22 NJ Ex Order 26.4(b)(1) was connected per order on 5/15/24. Resident 22 NJ Ex Order 26.4(b)(1) was replaced, and NJ Ex Order 26.4(b)(1) was cleaned on 5/20/24. Residents with orders for Enteral Feeding have the potential to be affected. Residents with orders for Enteral Feeding were reviewed to ensure Enteral Feeding is connected and disconnected properly, irrigation syringe was replaced daily and Feeding Pole was clean. Director of Nursing/designee will educate licensed nursing staff on the Enteral Feeding Policy and Procedure to include placing the pump on hold or turning off when disconnecting to provide care and changing the irrigation system daily by 7/12/24. Unit manager/designee will randomly audit 5 residents a week x4 weeks, 5 residents a month x 2 months to ensure enteral feeding is connected and disconnected appropriately, irrigation syringe is replaced daily, and enteral feeding pole is clean. Results of audits will	

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F 693	Continued From page 37 NJ Ex Order 26.4(b)(1) for NJ Ex Order. Further, the EMR revealed an order that revealed, "NJ Ex Order 26.4(b)(1) in the evening NJ Ex Order 26.4(b)(1): Administer NJ Ex Order 26.4(b)(1) for a total NJ Ex Order 26.4(b)(1) to provide NJ Ex Order 26.4(b)(1). Start at 4pm, NJ Ex Order 26.4(b)(1). AND every shift Document NJ Ex Order 26.4(b)(1) daily once NJ Ex Order 26.4 completed." The order became active on NJ Ex Order 26.4(b)(1). A review of Resident #22's Care Plan located in the EMR revealed a focus that, "Res [Resident] is on NJ Ex Order 26.4(b)(via NJ Ex Ord d/t [due to] NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) H/o [History of] sig [significant] NJ Ex " The focus was initiated on NJ Ex Order 26.4(b)(1). On 05/15/2024 at 11:19 AM, Surveyor #1 observed Resident #22 in bed. At that time, the surveyor observed that the NJ Ex Order 26.4(b)(1) was NJ Ex Order 26.4 and the NJ Ex Order 2 was NJ Ex Order 26.4(b)(1) from the resident and instead, NJ Ex Order 26.4(b)(1) with NJ Ex Order 26.4(b)(1). On the same date at 11:46 AM in the presence of Surveyor #1, the U.S. FOIA (b) (6) observed the NJ Ex Order 26.4(b)(1) from the resident and NJ Ex Order 26.4(b) . At that time, the U.S. FOIA (b) (6) confirmed the NJ Ex Order 26.4(b)(1) should have been NJ Ex Order 26.4(b)(1) to Resident #22. On 05/20/2024 at 12:09 PM, Surveyor #2 observed NJ Ex Order 26.4(b)(1) on the NJ Ex Order 26.4 that held the NJ Ex Order 26.4(b)(1). The surveyor also observed an NJ Ex Order 26.4(b)(1)	F 693	be reviewed at the Quarterly Quality Assurance and Performance Improvement Committee Meeting over the duration of the audit process. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.	

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F 693	Continued From page 38 NJ Ex Order 26.4(b)(1)) on the bedside table. The date on the NJ Ex Order 26.4(b)(1) package revealed a handwritten date of "NJ Ex Order 26.4" indicating when the NJ Ex Order 26.4(b)(1) was opened. On 05/21/2024 at 08:42 AM, while in Resident #22's room, Surveyor #2 observed the same NJ Ex Order 26.4(b)(1) located on the bedside table. Again, the date on the NJ Ex Order 26.4(b)(1) package revealed a handwritten date of "NJ Ex Order 26.4" indicating when the NJ Ex Order 26.4(b)(1) was opened. On the same date at 09:02 AM, during an interview with Surveyor #2, the U.S. FOIA (b) (6) said the NJ Ex Order 26.4(b)(1) are to be changed every twenty-four hours. On the same date at 12:43 PM, during an interview with Surveyor #2, the U.S. FOIA (b) (6) replied, "Daily" when the surveyor asked when should the NJ Ex Order 26.4 be replaced. Secondly, the U.S. FOIA (b) replied, "No," when Surveyor #2 asked if NJ Ex Order 26.4(b)(1) should ever be NJ Ex Order 26.4 while NJ Ex Order 26.4(b)(1) from the resident. A review of the facility provided policy titled, "Enteral Nurtition" updated 1/2024 revealed under "Policy Statement" that, "Adequate nutritional support through enteral feeding will be provided to residents as ordered."	F 693		
F 725 SS=E	NJAC 8:39-27.1 Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with	F 725		7/14/24

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F 725	Continued From page 39 the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: Complaint #: NJ 169584, 169666, 169916, 167481, and 170088 Based on observation, interview, and review of pertinent documents, it was determined that the facility failed to ensure there was sufficient nursing staff on a 24-hour basis in accordance with the facility assessment to a.) maintain the required minimum direct care staff-to resident ratios as mandated by the State of New Jersey, b.) provide appropriate NJ Ex Order 26.4(b)(1) care to NJ Ex Order 26.4(b)(1) residents (Resident #12, #23 and	F 725	The facility failed to ensure here was sufficient nursing staff on a 24-hour basis in accordance with the facility assessment to a.) maintain the required minimum direct care staff-to resident ratios as mandated by the State of New Jersey, b.) provide appropriate NJ Ex Order 26.4(b)(1) care to NJ Ex Order 26.4(b)(1) residents (Resident #12, #23 and #30), c.) provide residents with scheduled NJ Ex Order 26.4(b) (Resident #45), and d.) prevent the increase of NJ Ex Or for (Resident #9, #56, #232, #233, #234,	

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F 725	Continued From page 40 #30), c.) provide residents with scheduled NJ Ex Order 26.4(b) (Resident #45), and d.) prevent the increase of NJ Ex Or for (Resident #9, #56, #232, #233, #234, #235, #236, #237, #238, #241 and #242). This deficient practice was identified for 6 of 6 residents and 9 of 9 closed records reviewed, affected all residents on 2 of 2 units, and was evidenced by the following: Refer to F677 1.) 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 effective on 02/01/2021: One (1) Certified Nurse Aide (CNA) to every eight (8) residents for the day shift. One (1) 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 (1) 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	F 725	#235, #236, #237, #238, #241 and #242). All residents have the potential to be affected. All residents were monitored for any adverse effects with none noted. A facility wide audit was done to ensure that all patients had their most recent scheduled NJ Ex Order 26. and appropriate NJ Ex Order 26.4(b)(1) care was completed. Also, the facility conducted an audit to ensure that there was no increase of NJ Ex Or trend. Residents #12, #23 and #30 were provided with the appropriate NJ Ex Order 26.4(b)(1) care and resident #45 received a NJ Ex Order 26.4 per preferences and scheduled NJ Ex Order 26.4 days. Residents #56 was assessed and there has not been any NJ Ex Or since NJ Ex Order 26.4(b)(1) No negative effects noted. Resident #9 was assessed and there has not been any NJ Ex Or since NJ Ex Order 26.4(b)(1) No negative effects noted. Residents #232, #233, #234, #235, #236, #237, #238, #241 and #242 no longer reside in the facility. The Certified Nursing Assistants, Licensed Practical Nurses, and Registered Nurses were reeducated by the Director of Nursing on the facility policy: Bath Shower/Tub to ensure that the residents needs are met, and documentation is completed as required. The Certified Nursing Assistants, Licensed Practical Nurses, and Registered Nurses were reeducated by the Director of Nursing on the following facility policy: Activities of Daily Living (ADLs) Supporting to ensure compliance with the requirement.	

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F 725	Continued From page 41 CNA and perform CNA duties. 1. For the week of Complaint staffing from 09/10/2023 to 09/16/2023, the facility was deficient in CNA staffing for residents on 6 of 7 day shifts as follows: -09/10/23 had 8 CNAs for 93 residents on the day shift, required at least 12 CNAs. -09/11/23 had 8 CNAs for 93 residents on the day shift, required at least 12 CNAs. -09/12/23 had 9 CNAs for 90 residents on the day shift, required at least 11 CNAs. -09/13/23 had 10 CNAs for 90 residents on the day shift, required at least 11 CNAs. -09/15/23 had 10 CNAs for 89 residents on the day shift, required at least 11 CNAs. -09/16//23 had 6 CNAs for 87 residents on the day shift, required at least 11 CNAs. 2. For the 2 weeks of Complaint staffing from 12/24/2023 to 01/06/2024, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows: -12/24/23 had 8 CNAs for 87 residents on the day shift, required at least 11 CNAs. -12/25/23 had 6 CNAs for 87 residents on the day shift, required at least 11 CNAs. -12/26/23 had 10 CNAs for 86 residents on the day shift, required at least 11 CNAs. -12/27/23 had 10 CNAs for 86 residents on the day shift, required at least 11 CNAs. -12/28/23 had 9 CNAs for 86 residents on the day shift, required at least 11 CNAs. -12/29/23 had 9 CNAs for 86 residents on the day shift, required at least 11 CNAs. -12/30/23 had 10 CNAs for 92 residents on the day shift, required at least 11 CNAs.	F 725	The Director of Nursing, Licensed Nursing Home Administrator, and Staffing Coordinator were reeducated by the Regional Administrator on the facility□s Staffing Policy. Director of Nursing/Designee will review staffing assignments daily to ensure that all residents receive appropriate incontinence care and showers as scheduled. The Director of Nursing/Designee will continue to monitor the falls to identify and address any trends. The facility will continue to utilize Agency staff from multiple companies to fill the open shifts. The Director of Nursing/Designees will conduct compliance audits as follows: Interview 2 residents weekly for 4 weeks, then 2 random residents 2x monthly for 2 months to ensure that residents are receiving appropriate incontinence care and showers as scheduled. 2 audits weekly for 4 weeks, then 2 audits 2x monthly for 2 months to ensure appropriate staff is scheduled to accommodate resident needs. Audit all fall incident reports weekly for 4 weeks, then 2x monthly for 2 months and to address any trends. Results of audits will be reviewed at the Quarterly Quality Assurance and Performance Improvement Committee Meeting over the duration of the audit process. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.	

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-12/31/23 had 9 CNAs for 92 residents on the day shift, required at least 11 CNAs.
-01/01/24 had 9 CNAs for 92 residents on the day shift, required at least 11 CNAs.
-01/02/24 had 9 CNAs for 95 residents on the day shift, required at least 12 CNAs.
-01/03/24 had 10 CNAs for 95 residents on the day shift, required at least 12 CNAs.
-01/04/24 had 7 CNAs for 94 residents on the day shift, required at least 12 CNAs.
-01/05/24 had 8 CNAs for 92 residents on the day shift, required at least 11 CNAs.
-01/06/24 had 7 CNAs for 92 residents on the day shift, required at least 11 CNAs.

3. For the 2 weeks of staffing prior to survey from 04/28/2024 to 05/11/2024, the facility was deficient in CNA staffing for residents on 9 of 14-day shifts and deficient in CNAs to total staff on 1 of 14 evening shifts as follows:

-04/28/24 had 6 CNAs for 76 residents on the day shift, required at least 9 CNAs.
-05/01/24 had 8 CNAs for 76 residents on the day shift, required at least 9 CNAs.
-05/03/24 had 7 CNAs for 76 residents on the day shift, required at least 10 CNAs.
-05/04/24 had 8 CNAs for 78 residents on the day shift, required at least 10 CNAs.

-05/05/24 had 8 CNAs for 82 residents on the day shift, required at least 10 CNAs.
-05/06/24 had 8 CNAs for 82 residents on the day shift, required at least 10 CNAs.
-05/08/24 had 9 CNAs for 82 residents on the day shift, required at least 10 CNAs.
-05/10/24 had 7 CNAs for 82 residents on the day shift, required at least 10 CNAs.

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-05/10/24 had 4 CNAs to 10 total staff on the evening shift, required at least 5 CNAs.
-05/11/24 had 7 CNAs for 79 residents on the day shift, required at least 10 CNAs.

On 5/21/24 at 12:05 PM, the surveyor interviewed the facility U.S. FOIA (b) (6)) regarding staffing. The U.S. FOIA was able to verbalize the regulation regarding CNA to resident staffing ratios. The U.S. FOIA stated the facility did its best to follow the regulation.

On 05/22/24 at 09:10 AM, the surveyor interviewed the U.S. FOIA (b) (6)) and the U.S. FOIA (b) (6) (U.S. FOIA (b) (6)) regarding staffing. The U.S. FOIA stated that the facility attempted to follow the CNA staffing guidelines. The U.S. FOIA stated that the facility scheduled staffing in accordance with the guidelines. The U.S. FOIA (b) (6) stated the facility tried its best to recover from call outs.

2.) On 05/20/24 at 9:17 AM, the surveyor interviewed the U.S. FOIA (b) (6)) who stated the unit census was 42 residents with six (6) aides and three (3) nurses.

On 05/20/24 at 9:23 AM, the surveyor interviewed Certified Nursing Assistant (CNA) #1 who stated that she was assigned to nine (9) residents that morning. CNA #1 stated that seven (7) of the 9 residents that she was assigned to were NJ Ex Order 26.4(b)(1) CNA #1 further stated that she still had four (4) NJ Ex Order 26.4(b)(1) residents still left to do.

At that time, CNA #1 entered Resident #23's room and requested permission to provide

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NJ Ex Order 26.4(b)(1) care to the resident in the presence of the surveyor. The resident who was lying in bed agreed. When interviewed at that time, Resident #23 stated that he/she was NJ Ex Order 26.4(b) a couple of hours ago. When CNA #1 pulled back the linens that covered the resident and NJ Ex Order 26.4(b)(1) the resident's NJ Ex Orde a NJ Ex Order 26.4(b)(1) was noted NJ Ex Order 26.4(b)(1 that NJ Ex Order 26.4(b)(1), but had not NJ Ex Order 26.4(b)(1) to the NJ Ex Order 26.4(b)(1) or onto the multiple NJ Ex Order 26.4(b)(1) that were NJ Ex Order 26.4(b)(1) the resident. When the surveyor asked CNA #1 why the resident wore NJ Ex Order 26.4(b)(instead of NJ Ex Ord she stated, "Either the resident was a NJ Ex Order 26.4(b)(1) or they were short staffed." The surveyor asked if any other residents that she had already NJ Ex Order 26.4(b) this morning. CNA #1 stated, "yes," Resident #9 and Resident #24. The surveyor asked CNA #1 if she placed NJ Ex Order 26.4(b)(on Resident #9 and Resident #24 when she changed them and she stated, "Another aide on the day shift told me to NJ Ex Order 26.4(b)(1), so I did." CNA #1 stated that when she last worked at the facility, date unknown, she observed residents that NJ Ex Order 26.4(b)(1). CNA #1 stated on that date, they were very short staffed and there were only two aides for the whole floor.

On 05/20/24 at 9:36 AM, CNA #1 entered Resident #30's room and requested permission to provide NJ Ex Order 26.4(b)(1) to the resident in the presence of the surveyor. The resident who was lying in bed agreed. The resident was not able to state when they were NJ Ex Order 26.4(b)(1). When CNA #1 pulled back the linens that covered the resident, NJ Ex Order 26.4(b)(1) were noted. CNA #1 stated that the resident NJ Ex Order 26.4(b)(1) the NJ Ex Order 26.4(b) and the other NJ Ex Order 26.4(b)(1) were NJ Ex O When CNA #1 assisted the resident to NJ Ex O onto their NJ Ex Order 26.4(b)(

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there were multiple [NJ Ex Ord] noted [NJ Ex Order 26.4(] the resident. CNA #1 stated that the [NJ Ex Ord] that was directly [NJ Ex Order 26.4(] the resident was [NJ Ex Order 26.4(b)(1)] When asked how it was possible for the [NJ Ex Order 26.4(b)(1)] to be [NJ Ex O] yet the [NJ Ex Ord] was [NJ Ex Order 26.4(b)(1)], CNA #1 stated, "The resident was not properly cared for or [NJ Ex Order 26.4(b] every two hours." CNA #1 explained that the night shift aides started AM care at 05:00 AM. CNA #1 further stated that when residents [NJ Ex Ord] more than [NJ Ex Order 26.4(b] and multiple [NJ Ex Order] it could lead to [NJ Ex Or]

On 05/20/24 at 09:44 AM, CNA #1 entered Resident #12's room and requested to provide [NJ Ex Order 26.4(b)(1)] care to the resident in the presence of the surveyor. The resident who was lying in bed agreed. When interviewed at that time, the resident stated that he/she was last [NJ Ex Order 26.4(b] at 05:00 AM, and was not normally changed again until 10:30 AM. The resident wore [NJ Ex Order 26.4(b)(] , a [NJ Ex Order 26.4(b)(] that was a [NJ Ex Order 26.4(b)(] according to CNA #1 and a [NJ Ex Order 26.4(b)(1)] that was a [NJ Ex Order 26.4(b)(] CNA #1 stated that the resident had [NJ Ex Order 26.4(b)(1)] the [NJ Ex Order 26.4(b)(1] . CNA #1 then proceeded to change the resident at that time at the resident's request.

On 05/20/24 at 09:50 AM, the surveyor asked the [U.S. FOIA (b) (6)] to accompany her into Resident #30's room. The surveyor asked the [U.S. FOIA (b) (6)] if she [NJ Ex Order 26.4] anything. [U.S. FOIA (b) (6)] stated that she [NJ Ex Order 26.4(b)(1)]. The surveyor asked if it were a strong scent and the [U.S. FOIA (b) (6)] stated, "Yes." [U.S. FOIA (b) (6)] then pulled back the resident's linens with resident permission, and [U.S. FOIA (b) (6)] stated that she saw [NJ Ex Order 26.4(b)(] , and was unsure if it were a [NJ Ex Order 26.4(b)(] , or a [NJ Ex Order 26.4(b)(1] (used for added absorbency). [U.S. FOIA (b) (6)] stated, "This should not

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be." U.S. FOIA (b) (6) stated the resident was not properly changed. U.S. FOIA (b) (6) state that staff were not allowed to NJ Ex Order 26.4(b)(1) because it could cause NJ Ex Order 26.4(b)(1). U.S. FOIA (b) (6) stated that either they did not want to change the resident often, or thought that he/she was a NJ Ex Order 26.4(b)(1) which was not appropriate and was not protocol.

On 05/20/24 at 09:58 AM, the U.S. FOIA (b) (6) and the surveyor entered Resident #23's room with resident permission. The resident was NJ Ex Order 26.4(at that time. U.S. FOIA (b) (6) stated that she observed the resident NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) the NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1). U.S. FOIA (b) (6) stated that this was not acceptable and could lead to NJ Ex Order 26.4(b)(1).

On 05/20/24 at 10:03 AM, during an interview with the U.S. FOIA (b) (6), she stated that last night on the 11 PM to 7 AM shift there were 3 aides for 42 residents, or 14 residents per aide. She stated that residents should be checked every two hours to see if they need NJ Ex Order 26.4(b)(1) and as needed. U.S. FOIA (b) (6) stated that it did not seem that the residents were NJ Ex Order 26.4(every two hours and she further stated she was surprised by the findings.

On 05/20/24 at 10:10 AM, in a later interview with the U.S. FOIA (b) (6), she stated that she would not have expected one aide to tell another aide to NJ Ex Order 26 . U.S. FOIA (b) (6) stated it was night time and there was no reason why residents did not get proper care.

On 05/20/24 at 10:17 AM, the surveyor interviewed Licensed Practical Nurse (LPN) #1 who stated she was assigned to Residents #12, #23 and #30. LPN #1 stated that Resident #30

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was a NJ Ex Order 26.4(b)(1). LPN #4 stated that residents should be checked to see if they need NJ Ex Order 26.4(b)(1) care every two hours if the ratio were good. LPN #1 stated that she would not expect to see NJ Ex Order 26.4(b)(1) because it was not proper and was going to lead to NJ Ex Order 26.4(b)(1) The surveyor asked what it meant if Resident #30 was NJ Ex Order 26.4(b)(1) and only the NJ Ex Order 26.4(b)(1) were NJ Ex O and the NJ Ex Orde that were NJ Ex Order 26.4(the resident were NJ Ex Order 26.4(b)(1)? LPN #1 stated that it meant that they did not NJ Ex Order 26.4 the resident's NJ Ex Order only their NJ Ex Orde and NJ Ex Order 26.4(b)(1) could result. LPN #1 stated that the aides may have done that to minimize the frequency of changes.

On 05/21/24 at 9:53 AM, the surveyor interviewed the U.S. FOIA (b) (6)) who stated that she began working at the facility in NJ Ex Order 26.4(b)(1) . The U.S. FOIA stated aides should round every two hours. U.S. FOIA (stated that NJ Ex Order 26 or NJ Ex Orde was never acceptable for a number of reasons such as dignity #1. The U.S. FOIA stated that there were no reasons to NJ Ex Order 26.4(b)(1). If the resident was on a NJ Ex Order 26.4(b)(1)) then the resident needed to be changed more frequently, not NJ Ex Order 26.4(b)(1). The U.S. FOIA (stated it was poor practice to NJ Ex Order 26.4(b)(1) and NJ Ex O hoped that it was not the standard here. The U.S. FOIA stated that there were enough aides to round every two hours at night unless there was a last minute call out or no show. Everyone was in bed and care should be number one at night.

On 05/21/24 at 10:16 AM, the surveyor interviewed the U.S. FOIA (b) (6) who stated that his expectation was for there to be constant rounding on all shifts. The U.S. FOIA (b) stated that residents should be checked and NJ Ex Order 26.4(b as needed. The

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U.S. FOIA (b) further stated that he was not sure if it were every one or two hours. The U.S. FOIA (b) stated that if NJ Ex Order 26 or NJ Ex Order 26.4(b)(1) were noted then he would check with both staff and the resident to identify if there were a resident preference or not. The U.S. FOIA (b) stated that if an aide did it, a severe education was done.

3. On 05/16/24 at 10:18 AM, the surveyor spoke with the facility's U.S. FOIA (b) (6)) who stated she was last at the facility on NJ Ex Order 26.4 and during her tour there were concerns with staffing. She explained there was a lack of staffing and the resident's needs were not met completely. The U.S. FO stated that Resident #45 did not receive their scheduled NJ Ex Order 26.4

On 05/16/24 at 11:16 AM, during tour the surveyor observed that Resident #45 was not in their room. A staff member informed the surveyor he/she was currently at the NJ Ex Order 26.4(b)(1)

On 05/17/24 at 10:01 AM, the surveyor observed Resident #45 in their room sitting in a wheelchair. Resident #45 stated that their scheduled NJ Ex Order 26. days were Tuesday and Friday during the 3 PM to 11 PM shift. The resident stated that they did not receive a NJ Ex Order 26. last NJ Ex Order 26NJ Ex Order 26.4(. When asked why they did not receive their scheduled NJ Ex Order 26.4(b The resident stated, "because of low staffing they did not offer." The resident further stated but they also did not ask. Resident #45 stated the last time they received their NJ Ex Order 26. was on NJ Ex Order 26.4(b , NJ Ex Order 26.4 NJ Ex Order 26. day and was scheduled for today NJ Ex Order 26.4 . The resident stated since he/she was able to NJ Ex Order 26.4(b)(1) in the NJ Ex Order 26.4(b)(1 they had no concerns. Resident

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#45 then stated but it did happen at least once a month where he/she did not receive their [NJ Ex Order 26.4(

On 05/17/24 at 10:06 AM, the surveyor interviewed the [J.S. FOIA (b) (6)] who stated that the CNAs documented the scheduled [NJ Ex Order 26.4(] in the electronic medical record (EMR). She further stated that the nurses documented if the resident refused a [NJ Ex Order 26.] in the Progress Notes and the nurses also completed weekly [NJ Ex Or] assessments on [NJ Ex Order 26.] days.

A review of the [NJ Ex Order 26.] schedule for the 2nd floor the Starlight Unit reflected Resident #45 scheduled [NJ Ex Order 26.] days were Tuesday/Friday 3PM to 11PM.

A review of the shower log revealed blanks on [NJ Ex Order 26.4(b)(1)], [NJ Ex Order 26.4(b)(1)], [NJ Ex Order 26.4(b)(1)], [NJ Ex Order 26.4(b)(1)], [NJ Ex Order 26.4(b)(1)] and [NJ Ex Order 26].

A review of the CNA assignment sheet for the [NJ Ex O] Unit on [NJ Ex Order 26.] evening shift 3PM to 11:30 PM, revealed a census of 43 with three (3) CNAs but one (1) CNA left the building, and the unit was left with two (2) CNAs. A further review indicated one (1) CNA had 22 residents and the second CNA had 21 residents. Resident #45 was 1 of 22 residents to receive care and 1 of 10 that was scheduled to receive a [NJ Ex Order 26.4(

On 05/20/24 at 10:14 AM, the surveyor interviewed CNA #3 who stated that the scheduled [NJ Ex Order 26.4(] were on their assignment sheet, and it indicated the specific days and time for that resident. She stated that they documented in the EMR if the resident received the [NJ Ex Order 26.] and how they assisted them; if they

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were independent, set up or full assist. CNA #3 stated they also informed the nurse if the [NJ Ex Order 26.] was given or if the resident refused. CNA #3 stated that she generally had between seven (7) to nine (9) residents on the day shift. When asked was there a time that was short staffed and she was unable to provide a [NJ Ex Order 26.] to the resident? She stated she felt she was able to provide care to residents during her shift.

On 05/20/24 at 10:23 AM, the surveyor interviewed CNA #2 who stated that this was her second time working at the facility. She stated that both times she had 9 residents for the day shift. CNA #2 stated she felt she had enough time to provide [NJ Ex Order 26.4(] and complete care to the residents.

On 05/21/24 at 09:31 AM, the surveyor interviewed LPN #2 who stated that the CNA documented in the EMR, and the nurse could access whether a [NJ Ex Order 26.] was completed under the "task" tab. She stated that if the resident refused then the nurses document in the EMR, but every week the resident had a [NJ Ex Or] assessment. LPN #2 stated that if there were blanks then it meant it was not done but that it should be at least a progress note from the nurses documenting that it was either done or refused.

On 05/21/24 at 09:38 AM, the surveyor interviewed CNA #4 who stated that she never had 15 residents but knows there are call outs and the facility utilized agency staff. CNA #4 stated she "always" felt she was able to provide care to the residents as she has been an aide for [NJ Ex Order 26.4b1]. She emphasized she rounded on her residents frequently. CNA #4 stated that she

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documented in the EMR if the resident had a [NJ Ex Order 26.] and informed the nurse if the resident refused the [NJ Ex Order 26.4]

On 05/21/24 at 09:53 AM, the [U.S. FOIA (b) (6)] in the presence of the surveyor reviewed the EMR for the shower for Resident #45. At that time, the [U.S. FOIA (b) (6)] stated that it was documented on the Treatment Medication Record (TAR) as the [NJ Exec Order 26.4b1] assessment for [NJ Ex Order 26.4(] was completed. She stated that [NJ Ex Or] assessments were done on [NJ Ex Order 26.] days. At that time, the [U.S. FOIA (b) (6)] stated that she would have to review additional documentation to confirm it the resident receive a [NJ Ex Order 26.4]

On 05/21/24 at 09:56 AM, during an interview with the surveyor the [U.S. FOIA (b) (6)] stated that [NJ Ex Order 26.4(] could be a challenge. She explained it was challenging due to staffing. She further explained it could be difficult for staff to provide [NJ Ex Order 26.4(] to the residents when they are short staffed.

On 05/21/24 at 10:35 AM, the surveyor interviewed the [U.S. FOIA (b) (6)] who stated that [NJ Ex Order 26.4(] were given twice a week. She stated that if a [NJ Ex Order 26.] was not given on the scheduled [NJ Ex Order 26.] day, then the practice was for the resident to receive a shower the next morning. At that time, the [U.S. FOIA] and the surveyor reviewed the [NJ Ex Order 26.] log. The [U.S. FOIA] confirmed based on the [NJ Ex Order 26.] log the resident did not receive a [NJ Ex Order 26.] on [NJ Ex Order 26.] or the next day [NJ Ex Order 26.4]

On 05/22/24 at 09:40 AM, the [U.S. FOIA (b) (6)] confirmed in the presence of the [U.S. FOIA (b)] the [U.S. FOIA (b) (6)]

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U.S. FOIA (b) (6)), the U.S. FOIA (b) (6) and the survey team that on the scheduled NJ Ex Order 26.4 days that were left blank, Resident #45 did not receive a NJ Ex Order 26.4

A review of the facility's Bath Shower/Tub updated 3/2024, included, "to promote cleanliness, provide comfort to the resident and to observe the condition of the resident's skin. Documentation 1. The date and time the shower/tub was performed."

4.) On 05/16/24 at 10:18 AM, the surveyor spoke with the facility's U.S. FOIA (b) (6)) who stated she was last at the facility on NJ Ex Order 26.4 and during her tour there were concerns with staffing. The U.S. FO informed the surveyor Resident #9 had a NJ Ex Order 26.4(b)(1)

On 05/16/24 at 11:03 AM, the surveyor observed Resident #9 sitting in a recliner chair wearing NJ Ex Order 26.4(b)(1) watching tv. Resident #9 stated he/she NJ Ex Order 26.4(b)(1). The resident stated they had NJ Ex Order 26.4(b)(1) but that their NJ Ex Order 26.4(b)(1). The resident stated that they used the call bell, but no one NJ Ex Order 26.4(b)(1), and he/she was trying to NJ Ex Order 26.4(b)(1) because they were NJ Ex Order 26.4(b)(1) . Resident #9 stated the facility was very short staffed and residents had to wait a long time for assistance.

A review the Accident/Incident Report for Resident #9 revealed the resident NJ Ex on NJ Ex Order 26.4 during the 7 AM to 3 PM shift. NJ Ex Order 26.4(b)(1) noted.

A review the Accident/Incident Report for

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT BRICK LLC	415 JACK MARTIN BLVD BRICK, NJ 08724

(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 725	Continued From page 53 NJ Ex Order 26.4(b)(1) revealed the following: - Resident #233 NJ Ex on NJ Ex Order 26.4(b during the 7 AM to 3 PM Shift. - Resident #241 NJ Ex on NJ Ex Order 26.4(b during the 3 PM to 11 PM Shift. - Resident #232 NJ Ex on NJ Ex Order 26.4(b during the 11 PM to 7 AM Shift. - Resident #56 NJ Ex on NJ Ex Order 26.4(b during the 11 PM to 7 AM Shift. - Resident #234 NJ Ex on NJ Ex Order 26.4(b during the 3 PM to 11 PM Shift. - Resident #242 NJ Ex on NJ Ex Order 26.4(b during the 3 PM to 11 PM Shift. - Resident #235 NJ Ex on NJ Ex Order 26.4(b during the 7 AM to 3 PM Shift. - Resident #236 NJ Ex on NJ Ex Order 26.4(b during the 7 AM to 3 PM Shift. - Resident #237 NJ Ex on NJ Ex Order 26.4(b during the 11 PM to 7 AM Shift. -Resident #238 NJ Ex on NJ Ex Order 26.4(b during the 11 PM to 7 AM Shift. No NJ Ex Order 26 were noted for the above NJ Ex Ord A review of the CNA staffing assignment sheet on the NJ Ex Order 26.4(b, 7 AM to 3 PM Shift there were 5 CNAs with a census of 49 on the NJ Ex floor. The CNA assigned to Resident #233 had 9 residents. A review of the CNA staffing assignment sheet on the NJ Ex Order 26.4(b, 3 PM to 11 PM Shift there were 3 CNAs with a census of 49 on the NJ Ex floor. The CNA assigned to Resident #241 had 16 residents. A review of the CNA staffing assignment sheet on the NJ Ex Order 26.4(b)(, 11 PM to 7 AM Shift there were 3 CNAs with a census of 40 on the NJ Ex floor. The	F 725		

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F 725	Continued From page 54 CNA assigned to Resident #232 had 16 residents. On 05/21/24 at 09:38 AM, the surveyor interviewed CNA #4 who stated today 5/21/24 she had 7 residents but sometimes she had 9 to 10 residents on the day shift. CNA #4 stated that she never had 15 residents but knows there are call outs and they utilize agency staff. When asked did she recall a lot of [NJ Ex Or] occurring? She stated she did not recall a lot of [NJ Ex Ord] but that there were only a few residents that [NJ Ex] sometimes. On 05/21/24 at 09:56 AM, the surveyor interviewed the [U.S. FOIA (b) (6)] regarding the number of [NJ Ex Ord]. The [U.S. FOIA (b) (6)] stated that they had a lot of [NJ Ex Or] but do not believe it was related to staffing. The [U.S. FOIA (b) (6)] emphasized in the past week they have gotten better with the number of [NJ Ex Ord]. On 05/21/24 at 10:41 AM, the surveyor interviewed the [U.S. FOIA] who stated that on paper staffing was sufficient based on the ratios but that they did get call outs. She stated that the call out have gotten better and they try to get enough coverage for the shifts. When asked about the number of [NJ Ex Or] the [U.S. FOIA] stated she conducted a [NJ Ex] tracking log and that and the number of [NJ Ex Or] have decreased. She stated there were more [NJ Ex Or] in the winter but does not think it was related to staffing. On 05/22/24 at 9:45 AM, the [U.S. FOIA] provided the surveyor with an undated staff in-service titled, "[NJ Ex Order 26.4(b)(1)] Care" which revealed the following: [NJ Ex Order 26.4(b)(1)] is not allowed, resident's are to be rounded and checked on every 2 (two) hours or as needed, [NJ Ex Order 26.4(b)(1)] can be uncomfortable to the resident and can potentially	F 725		

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F 725	Continued From page 55 cause NJ Ex Order 26.4(b)(1) Review of the facility policy, "Activities of Daily Living (ADLs), Supporting" (Updated 01/2023) revealed the following: Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene. ...Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: ...elimination (toileting) A review of the facility's the policy, "Staffing", update, did 1/2024. The policy statement indicated that the facility provides sufficient members of staff with the skills and competency necessary to provide care and services for all residents in accordance with resident care plans and the Facility Assessment. The facility Assessment Tool dated 08/18/2017 B.) "Staffing RNs, LPNs, CNAs, PTs" reflected the "We provide adequate staff to meet it's resident needs, preferences and routines. This includes services of a registered nurse for a least eight (8) consecutive hours a day, 7 days a week, a designated licensed nurse to serve as a charge nurse on each tour of duty and adequate staffing on each shift to ensure that our residents' needs are met by registered and licensed nursing staff,	F 725		

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F 725	Continued From page 56 certified/state tested assistants, and other support services that include, but not limited to, dietary, activities/recreational, social, therapy, and environmental services. The facility tries to maintain and meet the state required minimum ratios. We listen to reviews and provide adequate staffing based on census, acuity, and diagnoses of out resident population commensurate to their needs. NJAC 8:39-25.2 (a); 27.1(a)	F 725		
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.	F 755		7/14/24

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F 755	Continued From page 57 §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and pertinent record review, it was determined that the facility failed to ensure the accountability of the NJ Ex Order 26.4(Shift Count logs were completed in accordance with facility policy and accurately account for and document the administration of controlled medications. This deficient practice was identified on 2 of 3 medication carts and was evidenced by the following: On 05/16/24 at 11:44 AM, during medication storage observations, the surveyor, in the presence of Licensed Practical Nurse #1 (LPN #1), observed the NJ Ex Order 26.4(b)(1) inventory and count logs for the "Seabreeze" nursing unit's medication "Cart 3." The following was observed: NJ Ex Order 26.4(Shift Count" log for NJ Ex Order 26.4(b)(1 was missing a nursing signature for: - NJ Ex Order 26.4(b 11 PM - 7 AM shift going off duty nurse - NJ Ex Order 26.4(b 3 PM - 11 PM shift going off duty nurse - NJ Ex Order 26.4(b 11 PM - 7 AM shift going off duty nurse - NJ Ex Order 26.4(b 11 PM - 7 AM shift coming on duty nurse - NJ Ex Order 26.4(b 7 AM - 3 PM shift going off duty nurse - NJ Ex Order 26.4(b 11 PM - 7 AM shift going off duty nurse At that time, LPN #1 confirmed that there should	F 755	Facility is unable to retroactively correct the controlled substance shift-to-shift count. Residents that receive controlled substances have the potential to be affected. The Director of Nursing completed an initial audit of medication carts and controlled substance records to verify that narcotic counts were accurate. The Director of Nursing/designee will re-educate licensed nursing staff on Controlled Substance Policy and Procedure by 7/12/24. The supervisor or designee will monitor controlled substance count down sheet documentation to verify shift to shift. The Director of Nursing/designee will conduct audits weekly x 4, then monthly x 2 of shift to shift countdown sheets to verify shift to shift count is complete. Random observations of narcotic shift to shift down sheets is completed. Results of audits will be reviewed at the Quarterly Quality Assurance and Performance Improvement Committee Meeting over the duration of the audit process. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.	

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be no missing signatures for the shift change [NJ Ex Order 26.4] count log, and that the signature indicated that the incoming and outgoing nurses have counted and reconciled the [NJ Ex Order 26.4(b)(1)] in the medication cart at the change of shift.

On 05/16/24 at 12:18 PM, during medication storage observations, the surveyor, in the presence of LPN #2, observed the [NJ Ex Order 26.4(b)(1)] inventory and count logs for the "Starlight" nursing unit's medication "Cart 1." The following was observed: "[NJ Ex Order 26.4(b)] Shift Count" log for [NJ Ex Order 26.4(b)(1)] was missing a nursing signature for:
- [NJ Ex Order 26.4(b)] 11 PM - 7 AM coming on duty and going off duty nurse
- [NJ Ex Order 26.4(b)] 7 AM- 3 PM coming on duty nurse

At that time, LPN #2 acknowledged that there should be no missing signatures for these dates and times, and that the incoming nurse and outgoing nurse should count the [NJ Ex Order 26.4(b)] and sign the log together at the change of shift.

The surveyor along with LPN #2 continued review of the logbook and the individual [NJ Ex Order 26.4] declining inventory logs. At that time, LPN #2 indicated to the surveyor that she had administered the ordered 9:00 AM [NJ Ex Order 26.4(b)(1)] ([NJ Ex Order 26.4(b)(1)] to Resident #44 that day and failed to sign the [NJ Ex Order 26.4] out on the declining inventory sheet. LPN #2 was able to show that she signed the medication out in the resident's electronic Medication Administration Record (MAR) but did not sign it out in the narcotic log.

On 05/20/24 at 11:15 AM, the surveyor interviewed the [U.S. FOIA (b) (6)]) who

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F 755	Continued From page 59 stated that there should never be any missing signatures or documentation on the [NJ Ex Order 26.4] shift count log, and that the incoming and outgoing nurses should be counting the [NJ Ex Order 26.4(b)] and signing the log together in real time. The [U.S. FOIA] further stated that the declining inventory log should be updated and filled out by the administering nurse at the time of dispensing an ordered [NJ Ex Order 26.4] to a resident and not wait to fill it out later. Review of the facility's "Controlled Substance" policy updated 3/2024 included but was not limited to: "The facility shall comply with all laws, regulations, and other requirements related to handling, storage, disposal, and documentation of Schedule II and other controlled substances." "4. If the count is correct, an individual resident controlled substance record must be made for each resident who will be receiving a controlled substance ... 9. Nursing staff must count controlled medications at the end of each shift. The nurse coming on duty and the nurse going off duty must make the count together. They must document and report any discrepancies to the Director of Nursing Services." NJAC 8:39-29.7(c)	F 755		
F 758 SS=E	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic;	F 758		7/14/24

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F 758	Continued From page 60 (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a resident, the facility must ensure that--- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for	F 758		

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F 758	Continued From page 61 the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of pertinent facility documentation, it was determined that the facility failed to provide a NJ Exec Order 26.4b1 of NJ Ex Order 26.4(b)(1) medication (NJ Ex Order 26.4(b)(1)) in the absence of NJ Ex Order 26.4(behaviors and obtain a NJ Ex Order 26.4(b)(1) consult for the use of a NJ Ex Order 26.4(b)(1) medication. This deficient practice was identified for 1 of 5 residents (Resident #24) reviewed for unnecessary medications and was evidenced by the following: According to the Admission Record, Resident #24 was admitted to the facility with diagnoses which included, but were not limited to, NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) with other NJ Exec Order 26.4b . The quarterly Minimum Data Set (MDS), an assessment that facilitates care, dated NJ Ex Order 26.4(b , indicated that Resident #24 was sometimes NJ Ex Order 26.4(b)(1) and ability was limited to NJ Ex Order 26. . The MDS also indicated that the resident responded to NJ Ex Order 26.4(b)(1) however able. The MDS reflected that the resident was taking NJ Ex Order 26.4(b)(1) medications and was not exhibiting NJ Ex Order 26.4(b)(1) The MDS also reflected that the resident had received NJ Ex Order 26.4(b)(1) medications and that the physician had not documented that a NJ Exec O was clinically contraindicated or attempted. On 05/15/24 at 10:56 AM, the surveyor observed Resident #24 sitting in the wheelchair. The resident's call bell was observed in reach of the	F 758	Resident 24 NJ Ex Order 26.4(b)(1) medication was discontinued on NJ Ex Order 26.4 . Residents receiving psychotropic medications have the potential to be affected. Residents receiving psychotropic medications will be referred to psychiatry for evaluation and potential dose reduction of psychotropic medications. Pharmacy consultant recommendations regarding gradual dose reductions will be reviewed with psychiatrist and primary physician for new orders or rationale for continuing medications. Residents on psychotropic medications will have behavior monitoring initiated. Unit managers where in-serviced on Psychotropic Medication Use on 6/20/24. Director of Nursing/designee will audit 10 residents on psychotropic medications a week x4 weeks, 10 residents a month x 2 months for behavior monitoring, recommendations for gradual dose reduction and psychiatric consults for dose reductions or documented rationale for continuation of current dosage of medication. Results of audits will be reviewed at the Quarterly Quality Assurance and Performance Improvement Committee Meeting over the duration of the audit process. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.	

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resident's right hand. The resident was NJ Ex Order 26.4(b)(with the surveyor and NJ Ex Order 26.4(b)(The resident was able to shake his/her NJ Exec Or NJ Exec or NJ E when the surveyor asked direct questions, however, the resident's NJ Exec Order 2 was NJ Exec Order 2 and NJ Exec Order 26.4b1.

On 05/17/24 at 11:20 AM, the surveyor reviewed Resident #24's electronic medical record (EMR) which revealed the following information:

The physician orders audit report (PO), dated NJ Exec Order 26.4b indicated that the resident was to receive, "NJ Ex Order 26.4(b)(1) Give 1 tablet by mouth one time a day for NJ Ex Order 26.4(b)(with NJ Ex Order 26.4(b)(1)."

The surveyor reviewed the facility Monthly NJ Ex Order 26.4(b)(1) Review NJ Ex Order) forms dated NJ Ex Order 26.4(through NJ Ex Order 26.4(, which indicated that the resident was on NJ Ex Order 26.4(b)(1) for NJ Ex Order 26.4(b)(1). The forms also indicated that the resident's NJ Ex Order 26.4(b)(were identified as "NJ Ex Order 26.4(b)(and NJ Ex Order 26 Upon review of the NJ Ex Orde forms there was no documentation that the resident had any episodes of these NJ Ex Order 26.4(b)(from NJ Ex Order 26.4(to NJ Ex Order 26.4(.

The surveyor could not locate documentation in the EMR that a NJ Exec Or was attempted in the absence of NJ Ex Order 26.4(b)(1) The surveyor could not locate documentation of the resident exhibiting any NJ Ex Order 26.4(b)(and there was no documentation that the resident was evaluated by a NJ Ex Order 26.4(b)(1)

The U.S. FOIA (b) (6)) monthly review dated NJ Ex Order 26.4(b)(1) indicated that the NJ Ex Order 26.4(b)(1) medication NJ Ex Order 26.4(b)(1) daily would continue as per the U.S. FOIA (b) (6).

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F 758	Continued From page 63 On 05/20/24 at 09:03 AM, the surveyor interviewed the U.S. FOIA (b) (6)) and requested that the U.S. FOIA provide any consults from the facility U.S. FOIA (b) (6) The U.S. FOIA stated that Resident #24 was never seen by the facility U.S. FOIA (b) (6) and that the NJ Ex Order 26.4(b)(1) medications were managed by the resident's primary care physician. The U.S. FOIA stated that Resident #24 had the diagnosis of NJ Ex Order 26.4(b)(1) and had been on the NJ Ex Order 26.4(b)(1) medication NJ Ex Order 26.4(b) for years for NJ Ex Order 26.4(b)(1) such as NJ Ex Order 26.4(b)(1) at times. The U.S. FOIA had no explanation as to why there was no documentation of NJ Ex Order 26.4(b) monitoring or NJ Ex Order 26.4(b)(1) medication monitoring for Resident #24. On 05/20/24 at 09:20 AM, the surveyor interviewed the U.S. FOIA (b) (6)) who stated that she had been employed through the agency. The U.S. FOIA stated that she provided care to Resident #24 and was not informed that the resident NJ Exec Order 26.4b1 . The U.S. FOIA stated that that the resident had not have any NJ Ex Order 26.4b1 while she cared for NJ Ex O On 05/20/24 at 09:24 AM, the surveyor interviewed the U.S. FOIA (b) (6)) who stated that she was the resident's primary care nurse. The U.S. FOIA explained the process of monitoring resident behaviors and stated that behaviors were monitored in the progress notes. She explained that there was not a specific area in the MAR to document behavior monitoring or NJ Ex Order 26.4(b)(1) medication monitoring. She stated that the facility did not utilize NJ Ex Order 26.4(b monitoring sheets. The U.S. FOIA continued to explain that if a resident was on NJ Ex Order 26.4(b)(1) medications, then the resident should be seen by the U.S. FOIA (b) (6)	F 758		

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	315342	A. BUILDING _____ B. WING _____	C 06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT BRICK LLC	415 JACK MARTIN BLVD BRICK, NJ 08724

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F 758	Continued From page 64	F 758		

and that it was important for U.S. FOIA (b) (6) to examine the resident for appropriate diagnoses, reassessment, and tapering of medication usage. She also stated that the use of NJ Ex Order 26.4(b)(1) medication should be documented in the residents Care Plan.

On 05/20/24 at 09:33 AM, the surveyor interviewed the U.S. FOIA (b) (6) who stated that if the resident had NJ Ex Order 26.4(b)(1) they were documented in progress notes and monthly NJ Ex Order 26.4(b)(1) summaries. The U.S. FOIA (b) (6) stated that Resident #24 had not had any NJ Ex Order 26.4(b) issues in a while and confirmed that there was no documentation in the progress notes or monthly NJ Ex Order 26.4(b)(1) notes that the resident had exhibited any NJ Ex Order 26.4(b)(1) such as NJ Ex Order 26 NJ Ex Order 26.4(b)(1) or NJ Ex Order 26.4(b)(1) The U.S. FOIA (b) (6) could also not provide documentation of the physician's rational for not attempting a NJ Exec Or in the NJ Exec Order 26.4b1 The U.S. FOIA (b) (6) then provided the surveyor with a progress note dated NJ Ex Order 26.4(b) that reflected that the facility's NJ Ex Order 26.4(b)(1) reviewed Resident #24's medications and recommended that a NJ Exec Or be attempted, however the U.S. FO did not want any medication changes. The U.S. FOIA (b) (6) explained that the NJ Ex Order 26.4(b)(1) could give recommendations regarding NJ Ex Order 26.4(b)(1) medication usage during NJ Ex Order 2 rounds, however the resident was not being following by the NJ Ex Order 26.4(b)(1)

On 05/20/24 at 12:04 PM, the surveyor interviewed Resident #24's U.S. FOIA (b) (6)) who indicated that he thought that Resident #24 was being followed by the U.S. FOIA (b) (6) and that the U.S. FOIA (b) (6) was writing the rationales on why a NJ Exec Or was not attempted

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F 758	Continued From page 65 in the last year. He stated that if there was no documentation from the [redacted] on the rationale of why a [redacted] was not attempted, he stated he would have a conversation with the [redacted] and would have to try and do better regarding documentation of rationales in the resident's medical record. The facility policy titled; "Psychotropic Medication Use" dated 01/2024 indicated that residents on psychotropic medications receive a GDR unless clinically contraindicated, in an effort to discontinue these medications. The facility policy titled; "Tapering Medications and Gradual Drug Dose Reduction" dated 01/2024 indicated that all medications shall be considered for possible tapering. Tapering that is applicable to psychotropic medications are referred to as a gradual dose reduction. The policy indicated that the staff and practitioner would consider tapering as one approach to finding an optimal dose or determining whether continued use of a medication is benefiting the resident. The staff and practitioner would consider tapering under certain circumstances include when the underlying causes of the original target symptoms have resolved. The policy reflected that within the first year after the resident was started on a psychotropic medication the staff or practitioner shall attempt a GDR in two separate quarters (with at least one month between attempts), unless clinically contraindicated. After the first year an attempt a least annually unless clinically contraindicated. NJAC 8:39-27.1(a)	F 758		
F 761 SS=D	Label/Store Drugs and Biologicals	F 761		7/14/24

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F 761	Continued From page 66 CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documentation, it was determined that the facility failed to a.) properly secure medications during medication administration, and b.) properly secure a resident's home supply medications. This deficient practice was identified for 2 of 2 nurses observed during medication administration, and 1 of 1 resident (Resident #28)	F 761	LPN 1 educated on ensuring medications are in medication cart and locked prior to entering residents room on 5/17/24. LPN 2 educated on locking medication cart prior to entering residents room on 5/17/24 Resident 28 no longer resides in the facility. Residents receiving medications have the potential to be affected.	

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F 761	Continued From page 67 reviewed for NJ Ex Order 26.4(b)(1), and was evidenced by the following: 1.) On 05/16/24 at 8:34 AM, during medication administration observation, the surveyor observed Licensed Practical Nurse #1 (LPN #1) prepare to administer medications to Resident #21. After preparing the ordered medications including NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1) , LPN #1 left the bottle of NJ Ex Order 26.4(b)(1), which contained medication, on top of the locked medication cart in the hallway and proceeded into the resident's room to administer their medications. At 8:38 AM, the LPN returned to the medication cart, at that time the surveyor pointed out the bottle to the LPN. The LPN stated it was not supposed to be left out of the cart, unsecured, and that she "didn't mean to, it was behind the gloves, I didn't even see it." On 05/16/24 at 9:19 AM, during medication administration observations, the surveyor observed LPN #2 prepare and administer medications to Resident #58. After having prepared the ordered medications for the resident, LPN #2 entered the resident's room, leaving the medication cart unlocked in the hallway outside the resident's room. While obtaining the resident's NJ Exec Order 26.4b1 prior to administering their medication, LPN #2 acknowledged to the surveyor that she had "noticed the cart is unlocked." The LPN continued obtaining the resident's NJ Exec Order 26.4b1 and administered their medication before returning to the medication cart. At 9:59 AM, the surveyor interviewed LPN #2 who stated, she was not supposed to leave the medication cart unlocked when not attended.	F 761	Residents that request self-administration of medications have the potential to be affected. Director of Nursing/designee re-educated licensed nursing staff on Medication Administration and Storage. Director of Nursing/designee will complete a Self Administration of Medication Assessment on residents that request medications at bedside. Director of Nursing/Designee will obtain order for self administration of medications, update plan of care and provide resident with a locked drawer for storage of medication. Director of Nursing/Designee will randomly audit medication carts on each shift weekly x4, monthly x2 to ensure medications are stored properly and medication carts are locked. Director of Nursing/designee will review residents that have been identified to Self administer medications weekly x4, monthly x2 to ensure medications are stored properly and plan of care is updated. Results of audits will be reviewed at the Quarterly Quality Assurance and Performance Improvement Committee Meeting over the duration of the audit process. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.	

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F 761	Continued From page 68 On 05/20/24 at 11:15 AM, the surveyor interviewed the U.S. FOIA (b) (6)) who stated when nurses walk away from the medication cart, "even for a second," it should be locked, and medications, "even if NJ Ex Order 26.4(b)(1) " should "never" be left unsecured on top of the medication cart. 2.) On 05/15/24 at 11:15 AM, during initial tour of the facility, the surveyor observed Resident #28 in their room. The resident was out of bed, dressed, and sitting in a wheelchair. As the surveyor entered the resident's room, the resident was observed NJ Ex Order 26.4(b)(1), which the resident identified as a bottle of his/her own NJ Ex Order 26.4(b) The resident then placed the bottle into the unlockable top drawer of their nightstand table next to the bed. The resident informed the surveyor that the facility is aware that he/she has his/her own NJ Ex Order 26. which is kept in the resident's room. On 05/16/24 at 12:11 PM, the surveyor observed Resident #28 in their room. The resident showed the surveyor that they have a bottle of NJ Ex Order 26.4(b)(1) tablets as well as an NJ Ex Order 26.4(b) (NJ Ex Order 26.4(b)(1)) in their nightstand drawer, stating the facility lets him/her "have it here so I can take it." On 05/21/24 at 11:01 AM, the surveyor interviewed LPN #2, who stated residents are not to keep medication in their room. On 05/21/24 at 11:17 AM, the surveyor interviewed the U.S. FOIA (b) (6)) who stated residents who self-administer medications should first be assessed and approved by the	F 761		

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F 761	Continued From page 69	F 761		

physician to be able to self-administer. The U.S. FOIA (b) (6) added that medications, even if self-administered, should be secured, or locked in the U.S. FOIA (b) office. The U.S. FOIA (b) (6) stated that there were no residents on that nursing unit that were assessed and approved for self-administering medication or to keep medication in their room.

On 05/21/24 at 11:22 AM, the surveyor and the U.S. FOIA (b) (6) proceeded to Resident #28's room. The resident was not in their room at that time, the U.S. FOIA (b) (6) opened the top drawer of the nightstand and observed an NJ Ex Order 26.4b1 as well as a container of NJ Ex Order 26.4b1. The U.S. FOIA (b) (6) stated that the resident should not have that in their room, and that she would speak with the resident and secure the medications.

On 05/21/24 at 11:29 AM, the surveyor interviewed the U.S. FOIA (b She stated that resident's medication should not be kept at bedside and should be secured by nursing.

Review of Resident #28's admission Minimum Data Set (MDS; a comprehensive assessment tool), dated NJ Ex Order 26.4(b, indicated the resident had a Brief Interview of Mental Status (BIMS) score of NJ E out of 15, indicating NJ Ex Order 26.4(b)(1)

Further review of the resident's medical record did not indicate the resident was assessed or care planned to self-administer or keep medications at their bedside.

Review of the facility's "Administering Medication" policy updated 1/2024 included but was not limited to: "during administration of medications, the medication cart will be kept closed and locked

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F 761	Continued From page 70 when out of sight of the medication nurse or aide." Review of the facility's "Storage of Medication" policy updated 1/2024, included but was not limited to: "compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes) containing drugs and biologicals are locked when not in use. Unlocked medication carts are not left unattended." Review of the facility's "Self-Administration of Medications" policy updated 1/2024 included but was not limited to: "any medications found at the bedside that are not authorized for self-administration are turned over to the nurse in charge for return to the family or responsible party ... the nursing staff routinely checks self-administered medication ad removes expired, discontinued, or recalled medications." NJAC 8:39-29.4	F 761		
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.	F 812		7/14/24

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F 812	Continued From page 71 (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of facility documentation, it was determined that the facility failed to a.) label, date, and store potentially hazardous foods appropriately to prevent food borne illness and b.) maintain kitchen equipment in a manner to prevent microbial growth. This deficient practice was evidenced by the following: On 05/15/24 at 09:52 AM, accompanied by the U.S. FOIA (b) (6)), the surveyor made the following observations in the kitchen during the initial tour: 1.) The surveyor observed the can opener blade, shaft, and base of the can opener had sticky brown food particles throughout. The surveyor interviewed the U.S. FOIA (b) (6) at that time who stated that the can opener was usually cleaned daily, however, was not cleaned yet. 2.) The surveyor observed a large plastic bin of dry rice with scooper left inside the bin. The U.S. FO stated that the scooper should not be left inside the bin and removed it. 3.) On a bottom shelf of a preparation table, the	F 812	The facility failed to label, date, and store potentially hazardous foods appropriately to prevent food borne illness and maintain kitchen equipment in a manner to prevent microbial growth. No residents were identified. All residents have the potential to be affected. All residents were monitored for any adverse effects with none noted. The can opener blade, shaft, and base of the can opener were thoroughly cleaned on 5/15/2024. The scooper that was left inside the bin of dry rice was removed on 5/15/2024. The onions that were on the bottom shelf of the preparation table were discarded on 5/15/2024. The bread toaster that was observed full of crumbs and debris was thoroughly cleaned on 5/15/2024. The lids for the tubs of beef base that were on the bottom shelf of the preparation table were thoroughly cleaned and the brown debris was removed on 5/15/2024. The 10 lb. box of bacon with no open date and was exposed to air was discarded on 5/15/2024. All dietary staff were re-educated by the Licensed Nursing Home Administrator on	

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F 812	Continued From page 72 surveyor observed a large bin of loose onions, some of the onions were whole and were cut up some cut up, stored uncovered next to a trash can. The U.S. FOIA (b) (6) stated that the onions were usually stored in the fridge and removed the onions. 4.) The surveyor observed on a shelf a bread toaster full of crumbs and debris. 5.) On the bottom shelf of the preparation table, the surveyor observed 3 (three) 25-pound (lb.) tubs of beef base with brown debris all over the top of the lids. 6.) The surveyor observed a 10 lb. box of bacon stored in the with no open date. The plastic that covered the bacon was opened exposing the meat to air. On 05/15/24 10:23 AM, the surveyor interviewed the U.S. FOIA (b) (6)) who accompanied the surveyor and observed the can opener, three 25-lbs tubs of beef base, and opened box of bacon and stated that the beef base lids should be free of debris, onions should not have been stored uncovered next to the trash can, and that bacon should have had an opening date. The facility undated policy titled; "Equipment Cleaning) indicated that the toaster should be cleansed with soap and water after each use. The policy also indicated that the can opener shaft should be ran through the dish 3 compartment sink and the base of the can opener and holder should be cleansed with soap and water. The facility undated policy titled; "Receiving and	F 812	the following policies: Equipment cleaning, Receiving and Storage, Food Storage, Dry Food. Food Service Director/Designee will conduct compliance audits of the identified kitchen areas to ensure that all foods are labeled, dated, and stored properly and that all equipment is cleaned as required. The Food service Director/Designee will conduct three audits weekly x 4 weeks, then monthly x 2 months. Results of audits will be reviewed at the Quarterly Quality Assurance and Performance Improvement Committee Meeting over the duration of the audit process. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.	

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F 812	Continued From page 73 Storage" indicated that all foods follow the first in, first out method and are dated and labeled. The facility undated policy titled; "Dry Food Policy" indicated that dry product were to be kept in the original packaging or in a tightly covered, clearly labeled containers. NJAC 8:39-17.2(g)	F 812		
F 842 SS=E	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. §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;	F 842		7/14/24

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F 842	Continued From page 74 (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 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:	F 842		

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	315342	A. BUILDING _____ B. WING _____	C 06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT BRICK LLC	415 JACK MARTIN BLVD BRICK, NJ 08724

(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 842	Continued From page 75 Complaint # NJ169584 Based on interview, record review, and review of facility documents, it was determined that the facility failed to maintain medical records that were complete by not documenting the completion of medications and treatments for 3 of 22 (Resident #19, #131, and #182) sampled residents. This deficient practice was evidenced by the following: 1.) According to the Admission Record (AR), Resident #19 was admitted with diagnoses which included, but were not limited to, NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) . Review of the Quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated NJ Ex Order 26.4(b, revealed that Resident #19 had a Brief Interview for Mental Status (BIMS) score of NJ Ex O which indicated the resident was NJ Ex Order 26.4(b)(1). Review of Resident #19's Order Summary Report (OSR) with active orders as of NJ Ex Order 26.4(b)(1), revealed a physician order dated NJ Ex Order 26.4(b)(1) for NJ Ex Order 26.4(b)(1) oral tablet give one tablet by mouth at bedtime for NJ Ex Order 26.4(b)(1)). Review of the NJ Ex Order 26.4(b)(1 Medication Adminstration Record (MAR) revealed the corresponding NJ Ex Order 26.4(b)(1) order for NJ Ex Order 26.4(b)(1 was not signed out as completed and left bank on NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) at 2100. Review of Resident #19's OSR with active orders as of NJ Ex Order 26.4(b)(1), revealed a physician order	F 842	Facility is unable to retroactively complete the documentation of medication and treatments for residents 19, 131,182. Residents receiving medications and treatments have the potential to be affected. Director of Nursing/designee will re-educate licensed nursing staff on the Medication Administration Policy and the Charting and Documentation Policy by 7/12/24. Unit Manager/Supervisor will review medication administration and treatment administration for missed documentation every shift. Director of Nursing/designee will complete and audit daily during clinical meeting x 4 weeks, then monthly x 2 months on missed medications and treatments. Results of audits will be reviewed at the Quarterly Quality Assurance and Performance Improvement Committee Meeting over the duration of the audit process. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.	

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F 842		F 842		

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dated NJ Ex Order 26.4(b)(1) for NJ Ex Order 26.4(b)(1) give one tablet by mouth every morning and at bedtime for NJ Ex Order 26.4(b)(1).

Review of the NJ Ex Order 26.4(b)(1) MAR revealed the corresponding NJ Ex Order 26.4(b)(1) order for NJ Ex Order 26.4(b) The MAR was not signed out as completed and left bank on NJ Ex Order 26.4(b) and NJ Ex Order 26.4(b) at 2100.

Review of Resident #19's OSR with active orders as of NJ Ex Order 26.4(b)(1), revealed a physician order dated NJ Ex Order 26.4(b)(1) for NJ Ex Order 2 oral capsule NJ Ex Order 26 give 2 capsules by mouth at bedtime for NJ Ex Order 26.4(b)(1)

Review of the NJ Exec Order 26.4b1 MAR revealed the corresponding NJ Ex Order 26.4(b)(1) order for NJ Ex Order 2 oral capsule was not signed out as completed and left bank on NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) at 2100.

Review of Resident #19's OSR with active orders as of NJ Ex Order 26.4(b)(1), revealed a physician order dated NJ Ex Order 26.4(b)(1) for NJ Ex Order 26.4(b)(1) give one capsule by mouth every 12 hours for NJ Ex Order 26.4(b)(1)

Review of the NJ Ex Order 26.4(b)(1) MAR revealed the corresponding NJ Ex Order 26.4(b)(1) order for NJ Ex Order 26.4(b)(1) was not signed out as completed and left bank on NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) at 2100.

Review of Resident #19's OSR with active orders as of NJ Ex Order 26.4(b)(1), revealed a physician order dated NJ Ex Order 26.4(b)(1) for NJ Ex Order 26 oral capsule NJ Ex Order 26 give one capsule by mouth at bedtime for a NJ Ex Order 26.4b1

Review of the NJ Ex Order 26.4(b)(1) MAR revealed the corresponding NJ Ex Order 26.4(b)(1) order for NJ Ex Order 2 was

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not signed out as completed and left bank on [redacted] and [redacted] at 2100.

Review of Resident #19's OSR with active orders as of [redacted], revealed a physician order dated [redacted] for [redacted] oral tablet extended release 24 hour [redacted] give one tablet by mouth every 12 hours for [redacted]

Review of the [redacted] MAR revealed the corresponding [redacted] order for [redacted] was not signed out as completed and left bank on [redacted] and [redacted] at 2100.

During an interview with the surveyor on 05/21/2024 at 10:20 AM, the U.S. FOIA (b) (6) [redacted] stated that when administering medications the nurse should document in the MAR once the medications were administered. [redacted] stated there should not be blanks in the MAR and if there is a blank, it is presumed that the medication was not given. When [redacted] and the surveyor reviewed the [redacted] MAR for Resident #19, she acknowledged that there were blanks in the MAR.

During an interview on 05/21/24 at 10:52 AM, the U.S. FOIA (b) (6) [redacted]) stated that nurses should document that they have administered medications in the resident MAR. [redacted] furthered that if there are blanks in the MAR it means the medication was not given.

Review of the facility's Charting and Documentation policy, revised July 2017 and updated 01/2024 included, "the following information is to be documented in the resident medical record: b. Medications administered."

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F 842	Continued From page 78 2.) According to the Admission Record, Resident #131 was admitted with diagnoses which included, but were not limited [redacted], and [redacted]). Review of the admission Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated [redacted], included the resident had a Brief Interview for Mental Status score of [redacted] which indicated that the resident's cognition was [redacted] Further review of the MDS revealed the resident was at risk of developing [redacted]. Review of the Care Plan, initiated on [redacted], included, "[Resident #131] has potential for [redacted] development r/t [related to] [redacted]," with an intervention to, "Administer treatments as ordered" and, "if the resident refuses treatment ... Document alternative methods." Review of the [redacted] Consult, dated [redacted], revealed, "Patient c/o [complained of] [redacted]. [redacted] and observed [redacted] to [redacted]." Further review of the [redacted] Consult indicated the resident had a [redacted] to the [redacted] measuring [redacted] and the date of origin was identified as [redacted]. Review of the [redacted] Treatment Administration Record (TAR) included a physician's order, dated [redacted], for "[redacted]: apply [redacted] to [redacted] prior to application of [redacted] every day and evening shift." Further review of the TAR	F 842		

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F 842	Continued From page 79	F 842		

revealed the treatment was not signed out as completed and was left blank on [redacted] evening shift.

Further review of the [redacted] TAR included a physician's order, dated [redacted], for "[redacted]: cleanse with [redacted], apply [redacted] and cover with [redacted]] daily and PRN [as needed] if [redacted] every day and evening shift for [redacted] care." Further review of the TAR revealed the treatment was not signed out as completed and was left blank on [redacted] evening shift.

Review of the [redacted] TAR included a physician's order, dated [redacted], for "[redacted]: cleanse with [redacted] apply [redacted] and cover with [redacted] daily and PRN if [redacted] every evening shift for [redacted]." Further review of the TAR revealed the treatment was not signed out as completed and was left blank on [redacted], [redacted], and [redacted].

3.) According to the Admission Record, Resident #182 was admitted with diagnoses which included, but were not limited to, [redacted], [redacted], [redacted]), and [redacted].

Review of the admission Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated [redacted], included the resident had a Brief Interview for Mental Status score of "[redacted]" which indicated the resident's cognition was [redacted] Further review of the MDS revealed the resident had a [redacted]

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F 842	Continued From page 80	F 842		

NJ Ex Order 26.4(b)(1) present on admission.

Review of the Care Plan, revised NJ Ex Order 26.4(b)(1), included, "the resident has NJ Ex Order 26.4(b)(1) " with an intervention to, "administer treatments as ordered."

Review of the NJ Ex Order 26.4(b)(1), dated NJ Ex Order 26.4(b), revealed the resident had a NJ Ex Order 26.4(b)(1) to the NJ Ex Order 26.4(b)(1) measuring 3.8 NJ Ex Order 26.4(b)(1)

Review of the NJ Ex Order 26.4(b)(1) TAR included a physician's order, dated NJ Ex Order 26.4(b), for, " NJ Ex Order 26.4(b)(1): cleanse with NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) Apply NJ Ex Order 26.4(b)(1) to NJ Ex Order 26.4(b)(1) followed by NJ Ex Order 26.4(b)(1) with NJ Ex Order 26.4(b)(1) daily and as needed." Further review of the TAR revealed the treatment was not signed out as completed and was left blank on NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1).

Further review of the NJ Ex Order 26.4(b)(1) TAR included a physician's order, dated NJ Ex Order 26.4(b)(1), for NJ Ex Order 26.4(b)(1) : cleanse with NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1). Apply medihoney to NJ Ex Order 26.4(b)(1) following by NJ Ex Order 26.4(b)(1) with NJ Ex Order 26.4(b)(1) daily and as needed." Further review of the TAR revealed the treatment was not signed out as completed and left blank on NJ Ex Order 26.4(b)(1) day and evening shifts.

Further review of the NJ Ex Order 26.4(b)(1) TAR included a physician's order, dated NJ Ex Order 26.4(b)(1), for NJ Ex Order 26.4(b)(1) : cleanse with NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1). Apply NJ Ex Order 26.4(b)(1) to NJ Ex Order 26.4(b)(1) with NJ Ex Order 26.4(b)(1) with NJ Ex Order 26.4(b)(1) BID [twice a day] and as needed." Further review of the treatment

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F 842	Continued From page 81	F 842		

revealed the treatment was not signed out as completed and was left blank on [redacted] day shift.

Review of the [redacted] TAR included a physician's order, dated [redacted], for "[redacted]: cleanse with [redacted]. Apply [redacted] to NJ Ex Order 26.4(b)(1) with [redacted] with [redacted] BID [twice a day] and as needed." Further review of the treatment revealed the treatment was not signed out as completed and was left blank on [redacted] evening shift [redacted] evening shift, [redacted] day and evening shift, and [redacted] evening shift.

Further review of the [redacted] TAR included a physician's order, dated [redacted], for "[redacted]: cleanse with [redacted]. Apply [redacted] and NJ Ex Order 26.4(b)(1) daily and PRN." Further review of the TAR revealed the treatment was not signed out as completed and was left blank on [redacted]

During an interview with the surveyor on [redacted] at 9:50 AM, the U.S. FOIA (b) (6)) stated that nurses sign off treatments in the TAR right after the treatment was completed and that if there was a blank on the TAR, it was considered not done. The [redacted] further stated that it was important for nurses to document on the TAR so that staff would know "the resident was taken care of and the treatment was completed as ordered."

During an interview with the surveyor on 05/21/24 at 10:04 AM, the U.S. FOIA (b) (6) [redacted] stated that nurses sign off

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F 842	Continued From page 82 treatments in the TAR when the treatment was completed and that a blank on the TAR indicated that the nurse did not document the treatment. The U.S. FOIA (b) (6) further stated that it was important for nurses to document on the TAR "to show that the treatment was completed." During an interview with the surveyor on 05/21/24 at 10:16 AM, the U.S. FOIA (b) (6)) stated that nurses sign off treatments in the TAR when the treatment was completed and that a blank on the TAR "would look like the treatment wasn't completed." The U.S. FOIA I further stated that it was important for nurses to document on the TAR to "assure the treatment was complete." During a follow-up interview with the surveyor on 05/21/24 at 10:56 AM, the surveyor informed the U.S. FOIA I of the blanks on the TARs for Resident #131. The U.S. FOIA I stated the nurses should have documenting on the TAR whether the treatment was completed or not. Review of the facility's Charting and Documentation policy, updated 01/2024, included, "The following information is to be documented in the resident medical record: ... Treatments or services provided," and, "Documentation in the medical record will be objective, complete, and accurate." NJAC 8:39-35.2 (d)	F 842		
F 868 SS=D	QAA Committee CFR(s): 483.75(g)(1)(i)-(iii)(2)(i); 483.80(c) §483.75(g) Quality assessment and assurance. §483.75(g) Quality assessment and assurance. §483.75(g)(1) A facility must maintain a quality	F 868		7/14/24

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F 868	Continued From page 83 assessment and assurance committee consisting at a minimum of: (i) The director of nursing services; (ii) The Medical Director or his/her designee; (iii) At least three other members of the facility's staff, at least one of who must be the administrator, owner, a board member or other individual in a leadership role; and (iv) The infection preventionist. §483.75(g)(2) The quality assessment and assurance committee reports to the facility's governing body, or designated person(s) functioning as a governing body regarding its activities, including implementation of the QAPI program required under paragraphs (a) through (e) of this section. The committee must: (i) Meet at least quarterly and as needed to coordinate and evaluate activities under the QAPI program, such as identifying issues with respect to which quality assessment and assurance activities, including performance improvement projects required under the QAPI program, are necessary. §483.80(c) Infection preventionist participation on quality assessment and assurance committee. The individual designated as the IP, or at least one of the individuals if there is more than one IP, must be a member of the facility's quality assessment and assurance committee and report to the committee on the IPCP on a regular basis. This REQUIREMENT is not met as evidenced by: Based on interview and review of pertinent facility documents, it was determined that the facility failed to ensure that the required members were present during the quarterly Quality Assurance and Performance Improvement	F 868	The facility failed to ensure that the required members were present during the quarterly Quality Assurance and Performance Improvement (QAPI) Program committee meetings.	

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F 868	Continued From page 84 (QAPI) Program committee meetings. This deficient practice occurred during 3 of the 4 quarterly QAPI meetings reviewed and was evidenced by the following: On 05/21/2024 at 09:40 AM, the surveyor interviewed the U.S. FOIA (b) (6) regarding the Quality Assurance Performance Improvement (QAPI) process in the facility. The surveyor reviewed the quarterly QAPI meeting sign in sheets in the presence of the U.S. FOIA (b) (According to the quarterly sign in sheets provided by the facility, there was no U.S. FOIA (b) (6)) in attendance at the quarterly QAPI meeting that was held on 04/18/2024. When the surveyor reviewed the sign in sheets for the quarterly meetings, the sign in sheets were missing the U.S. FOIA (b) (6) signature indicating that the U.S. FOIA had not been in attendance for two of the four meetings held on 07/26/2023 and 01/22/2024. The U.S. FOIA (b) confirmed with the surveyor that the U.S. did not sign the sign in sheet for the 04/18/2024 meeting and was not present at the meeting. The U.S. FOIA (b) further verified that the U.S. FOIA did not sign the sign in sheet for the 07/26/2023 and 01/22/2024 meeting. The U.S. FOIA (b) stated, "I thought the U.S. FOIA was present at the 01/22/2024 meeting, but according to the attendance sheet, she was not present." On 05/21/2024 at 11:25 AM, during an interview with the surveyor, the U.S. stated, "I do not believe I was at the April meeting because I was doing NJ Ex Order 28 rounds at that time." The surveyor presented the 04/18/2024 sign in sheet to the U.S. who confirmed that she did not sign the sign in	F 868	No residents were identified. All residents have the potential to be affected. All residents were monitored for any adverse effects with none noted. The U.S. FOIA (b) (6) was educated on 5/22/24 by the Regional Administrator on the facility's policy and procedure for Quality Assurance and Performance Improvement (QAPI) Program and the requirement that the Infection Preventionist and the Director of Nursing are required to attend the quarterly Quality Assurance and Performance Improvement (QAPI) Program committee meetings. The Licensed Nursing Home Administrator/Designee will conduct compliance audits to ensure that all the required members are present during all Quality Assurance and Performance Improvement (QAPI) Program committee meetings. The Licensed Nursing Home Administrator/Designee will conduct an audit monthly x 3 months for the presence of the required committee members including the Director of Nursing and the Infection Preventionist. Results of audits will be reviewed at the Quarterly Quality Assurance and Performance Improvement Committee Meeting over the duration of the audit process. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.	

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F 868	Continued From page 85 sheet as she did not attend the meeting. On 05/21/2024 at 11:29 AM, the surveyor interviewed the U.S. FOIA (b) (6)) who stated, "I did not attend the QAPI meeting on 01/22/2024 because I had to leave early that day." On 05/21/2024 at 12:09 PM, a review of the facility policy and procedure for Quality Assurance and Performance Improvement (QAPI) Program, updated 11/2022 revealed the following under Authority section: 3. The administrator is responsible for assuring that this facility's QAPI Program complies with federal, state, and local regulatory agency requirements. On 05/22/2024 at 12:35 PM, a review of the facility policy and procedure for Quality Assurance and Performance Improvement (QAPI) Program - Governance and Leadership, updated 11/2022 revealed the following under Policy Interpretation and Implementation: 6. The following individuals serve on the committee: a. Administrator, or a designee who is in a leadership role; b. Director of Nursing Services; c. Medical Director; d. Infection Preventionist. NJAC 8:39-33.1(b)	F 868		
F 880 SS=E	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	F 880		7/14/24

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COMPLETE CARE AT BRICK LLC	415 JACK MARTIN BLVD BRICK, NJ 08724

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F 880	Continued From page 86	F 880		

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 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

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F 880	Continued From page 87 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. §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: Complaint # NJ168787 Based on observation, interview, and review of medical records and other pertinent facility documentation, it was determined that the facility failed to a.) follow NJ Exec Order 26.4b1 [redacted] to prevent the potential spread of infection by not utilizing personal protectice equipment (PPE) for a resident on NJ Ex Order 26.4 [redacted] for 1 of 1 resident (Resident #63) reviewed for NJ Exec Or[redacted] b.) obtain a physician's order to include a resident's NJ Exec Order 26.4b1 [redacted] for 1 of 3 residents (Resident #182) reviewed for NJ Ex Order 26.4(b)(1), c.) maintain a resident's NJ Ex Order 26.4(b)(1) off the floor for 1 of 1 resident (Resident #5) reviewed for NJ Ex Order 26 [redacted], and d.) test residents for NJ Ex Order 26.4(b)(1) in accordance with the Center for Disease Control	F 880	Resident 63 NJ Ex Order 26.4(b)(1) orders discontinued on NJ Ex Order 26.4 [redacted]. Order obtained for Enhanced Barrier Precautions on NJ Ex Order 26.4 [redacted]. CNA #1 and CNA #2 educated on Contact precautions on 5/17/24 to include reading the isolation precaution signs on the door prior to entering the room. Housekeeping staff educated on appropriate PPE for residents on contact isolation. Resident 181 order for NJ Ex Order 26.4 [redacted] obtained on NJ Ex Order 26.4 [redacted]. Care plan for NJ Ex Order 26.4(b)(1) updated on NJ Ex Order 26.4 [redacted]. Resident #5 NJ Ex Order 26.4(b)(1) placed in NJ Ex Order 26.4(b)(1) on NJ Ex Order 26.4 [redacted]. NJ Ex Order 26.4(b)(1) [redacted] placed on NJ Ex Order 26.4(b)(1) on NJ Ex Order 26.4 [redacted].	

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F 880	Continued From page 88 and Prevention (CDC) guidelines for 5 of 5 residents (Resident #2, #8, #231, #239, and #240) reviewed. This deficient practice and was evidenced by the following: 1.) According to the Admission Record, Resident #63 was admitted to the facility with the diagnoses which included but was not limited to; NJ Ex Order 26.4(b)(1)), NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1)) and NJ Ex Order 26.4(b)(1)). The quarterly Minimum Data Set (MDS), a resident assessment tool dated NJ Ex Order 26.4(b)(1, reflected that Resident #63 had NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) with activities of daily living (ADLs). On 05/16/24 at 12:25 PM, the surveyor observed a sign on Resident #63's room which indicated that the resident was on NJ Ex Order 26.4(b)(1). The sign also indicated that gloves and NJ Ex Order 26.4(b)(1) must be applied before entering the room. On 05/16/24 at 12:30 PM, the surveyor observed a staff member inside Resident #63's room providing the resident with a lunch tray. The staff member was observed not wearing any personal protective equipment (PPE) such as an NJ Ex Order 26.4(or gloves. There was a sign posted on the resident's doorway which indicated that the resident was on NJ Ex Order 26.4(b)(1) and there was a PPE caddy hanging on the resident's door which contained NJ Ex Order 26.4(b)(1) and gloves. The staff member then exited the resident's room, walked	F 880	Unable to retroactively perform NJ Ex Order 26.4(b) testing for residents 2, 8, 231, 239 and 240. Residents with Transmission Based Precautions have the potential to be affected. Infection preventionist reviewed residents on Transmission Based Precautions to ensure orders, care plans and signage were appropriate for type of infection. Residents with Foley Catheters have the potential to be affected. Unit managers assessed residents with Foley Catheters to ensure privacy bag was in place and catheter bag was not touching the floor. Residents with respiratory symptoms and an elevated temperature during influenza season have the potential to be affected. Infection Preventionist will educate facility staff on Transmission Based Precautions by 7/12/24. Infection Preventionist will educate nursing staff on Urinary Catheter care by 7/12/24. Infection Preventionist will educate nursing staff to test for influenza during influenza season for residents that are symptomatic by 7/12/24. Infection Preventionist will audit newly identified infections to determine type of isolation, appropriate order, care plan and signage are in place. Infection preventionist/designee will randomly audit 5 residents a week x4 weeks, then 10 residents a month x months for appropriate orders, care plans, signage. Infection Preventionist will randomly observe 5 staff members a week x 4 weeks, and 10 staff members a month x 2	

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F 880	Continued From page 89 down the hallway, retrieved a straw from the nurse that was at the medication cart, then went back into Resident #63's room and did not apply PPE. The staff member then exited out of the resident's room. The staff member utilized alcohol-based hand rub (ABHR) and then went into another resident's room. The staff member then exited the other resident's room, and the surveyor interviewed the staff member. She identified herself as a Certified Nursing Assistant (CNA #1) and stated that she worked at the facility through the nursing agency. She admitted to not reading the sign on the door that the resident was on NJ Ex Order 26.4(b)(1) and that she should have donned (applied) an NJ Ex Order 26.4(b)(1) and worn gloves while in the resident's room. CNA #1 stated that she had infection control education and that she should have worn the appropriate PPE to prevent the spread of infection. The surveyor reviewed the physician's order (PO) dated 05/15/2024 which reflected a PO to maintain the resident on NJ Ex Order 26.4(b)(1) precautions (used for patients with NJ Ex Order 26.4(b) caused by NJ Ex Order 26.4(b)(1)) that are spread through direct and indirect contact) related to NJ Ex Order 2 and NJ Ex Order 26.4(b)(1) [redacted] (NJ Ex Order 26.4(b)(1) [redacted] of NJ Ex Order 26.4(b) . The surveyor reviewed Resident # 63's Medication Administration Record (MAR) which reflected a PO dated NJ Ex Order 26.4(b) , to maintain NJ Ex Order 26.4(b)(1) precautions for NJ Ex Order 2 and NJ Ex Ord [redacted] The surveyor reviewed the residents Care Plan dated NJ Ex Order 26.4(b) , which reflected that Resident #63	F 880	months for appropriate usage of PPE. Unit Managers/designee will audit 5 residents a week x 4 weeks, then 5 residents a month x 2 months with orders for a Foley Catheter to ensure privacy bag is in place and foley drainage bag is not touching the floor. During Respiratory outbreaks the Infection Preventionist will notify the New Jersey Department of Health and follow guidance related to the Department of Health□s recommendations. The Director of Nursing will audit the influenza outbreak for the duration of the outbreak for testing results and orders obtained. Results of audits will be reviewed at the Quarterly Quality Assurance and Performance Improvement Committee Meeting over the duration of the audit process. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.	

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F 880	Continued From page 90	F 880		

was on NJ Ex Order 26.4(b)(1) precautions for NJ Ex Order 2[redacted] and VRE of the urine.

On 05/16/24 at 12:45 PM, the surveyor interviewed the Licensed practical Nurse Unit Manager (LPN/UM #1) who stated CNA #1 should have worn the correct PPE when entering Resident #63's room. NJ Ex Or[redacted] explained to the surveyor that NJ Ex Order 26.4(b)(1) meant that a NJ Ex Order[redacted] and gloves were to be utilized while in the resident's room and while caring for the resident because the resident had NJ Ex Order 26.4(b)(1). NJ Ex Or[redacted] stated that it was important to wear the PPE that was required to prevent spread of infection. She indicated that the resident was followed by U.S. FOIA (b) (6) [redacted] and that a NJ Ex Order 26[redacted] would have to be obtained prior to the discontinuation of NJ Ex Order 26.4(b)(1).

On 05/17/24 at 09:50 AM, the surveyor observed the environmental service (housekeeper) collecting a food tray from another employee inside Resident #63s room. Surveyor observed that the housekeeper was not wearing an NJ Ex Order 26.4(b)(1) or gloves inside the resident's room while retrieving a food tray from the other employee. The housekeeper was interviewed that this time and indicated that he thought that the only time that he must wear a NJ Ex Order 26.4(b)(1) and gloves was if he was performing direct patient care. The housekeeper admitted that the did not read the sign posted on the resident's door that the resident was on NJ Ex Order 26.4(b)(1) and that NJ Ex Order[redacted] and gloves were to be worn before entering the resident's room. The housekeeper then admitted that the did not know that when a resident was on NJ Ex Order 26.4(b)(1) that an NJ Ex Order 26.4([redacted] and gloves were required when in contact with the resident or the resident's environment.

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He stated that he had infection control education but could not recal NJ Exec Order 26.4b1 [redacted] called NJ Ex Order 26.4(b)(1).

On 05/17/24 09:52 AM, the surveyor interviewed a CNA #2 who stated that she had been employed in the facility for NJ Ex Order 26.4. The surveyor observed this CNA in the Resident #63's room not wearing an NJ Ex Order 26.4(b)(1) or gloves. CNA #2 was observed giving the housekeeper Resident #63 food tray to put back on the food tray cart. The surveyor interviewed the CNA who stated that she always entered this resident's room without wearing a NJ Ex Order or gloves to provide meal or retrieve the residents tray after done eating because she was not providing direct resident care. She stated that she thought that she only needed to wear the NJ Ex Order 26.4(b)(1) and gloves when she was providing direct resident care. She stated that she had received infection control education and that she should have read the sign completely before she entered the resident's room. Stated it would be important to follow what type of NJ Exec Order 26.4b1 [redacted]) the resident was on to prevent the spread on NJ Exec Order 26.4b [redacted]

On 05/17/24 at 10:45 AM, the surveyor interviewed the U.S. FOIA (b) (6) [redacted]) who stated that she had been in the role of U.S. for NJ [redacted]. She stated that education regarding infection control and NJ Exec O [redacted] was provided annually, and reeducation was provided monthly regarding handwashing and proper application and removal of PPE. She stated that review of NJ Exec O [redacted] was provided to all-staff members in the facility. She stated that it was part of their annual competencies. She explained that staff were educated that NJ Ex Order 26.4(b)(1) [redacted]

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F 880	Continued From page 92 ([NJ Ex Ord]-a type of [NJ Exec Or] were to be provided for residents with any internal body access such as catheters, wounds, internal tubes etc. She stated that [NJ Ex Ord] are utilized to protect the residents from staff and cross contamination. The [U.S.] continued to explain that staff were educated regarding contact precautions were utilized to prevent the spread of infection from the resident and that gown and gloves were to be utilized while in the resident's room and when in contact with the resident. She stated that [NJ Ex Order 26.4(b)(1)] and gloves must be applied prior to entrance into a resident's room. She stated that signs on the resident's door would indicate as such. She stated that staff were required to follow [NJ Exec O] to prevent the spread of infection. On 05/17/24 at 10:59 AM, the surveyor interviewed the ([U.S. FOIA (b) (6)] who stated that "[NJ Ex Order]" meant that gloves and [NJ Ex Order] were required for any hands-on contact for a resident with a [NJ Exec Order 26.4b1]. She explained that "contact precautions" were required for any resident with confirmed infection and [NJ Ex Order 2] and gown were required when in contact with the resident and the resident's environment. The facility policy titled "Isolation-Categories of Transmission-Based Precautions" dated 03/06/24 indicated that Contact Precautions were implemented for resident's known or suspected to be infected with microorganism that could be transmitted by direct contact with the resident or indirect contact with the resident's environment. The policy indicated that staff and visitors were required to wear gloves and disposable gown when entering the room and prior to leaving the	F 880		

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room to avoid touching potentially contaminated environmental surfaces or items in the resident's room.

The facility policy titled "Isolation-Categories of Transmission-Based Precautions" dated 03/06/24 indicated that Contact Precautions were implemented for resident's known or suspected to be infected with microorganism that could be transmitted by direct contact with the resident or indirect contact with the resident's environment. The policy indicated that staff and visitors were required to wear gloves and disposable gown when entering the room and prior to leaving the room to avoid touching potentially contaminated environmental surfaces or items in the resident's room.

2.) On 05/17/24 at 10:15 AM, the surveyor observed Resident #182's doorway had a sign indicating 'NJ Ex Order 26.4(b)(1) ," and that staff were required to don PPE for NJ Exec Order 26.4b1

On 05/20/24 at 9:30 AM, the surveyor observed the NJ Ex Order 26.4(b)(1) sign on Resident #182's doorway had been replaced with a sign indicating 'NJ Ex Order 26.4(b)(1) ," and that staff were required to don PPE prior to entering the resident's room.

According to the Admission Record, Resident #182 was admitted with diagnoses which included, but were not limited to, NJ Ex Order 26.4(b)(1) , NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1)), and NJ Ex Order 26.4(b)(1)

Review of the admission Minimum Data Set

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F 880	Continued From page 94 (MDS), an assessment tool used to facilitate the management of care, dated [NJ Ex Order 26.4(b)], included the resident had a Brief Interview for Mental Status score of '[NJ Ex O]' which indicated the resident's [NJ Exec Order 26.4b] was [NJ Ex Order] Further review of the MDS revealed the resident had a [NJ Ex Order 26.4(b)] present on admission. Review of the Care Plan, revised [NJ Ex Order 26.4(b)], included a focus of "The resident is on [NJ Ex] r/t [related to][NJ Ex Order 26.4(b)(1)]," and another focus of, "The resident has NJ Ex Order 26.4(b)(1) of the [NJ Ex Order 26.4(b)(1)]." Both focuses had an active intervention of NJ Ex Order 26.4(b)(1), initiated [NJ Ex Order 26.4(b)(1)] Further review of the Care Plan revealed at the top of the first page, NJ Ex Order 26.4(b)(1) for NJ Ex Order 26.4(b)(1)] of [NJ Ex Order] ," but did not include a date of when it was initiated. Review of the Order Summary Report (OSR), as of [NJ Ex Order 26.4(b)], included an active physician's order to "Maintain NJ Ex Order 26.4(b)(1) ," dated [NJ Ex Order 26.4(b)]. Further review of the OSR revealed there was no physician's order for [NJ Ex Order 26.4(b)(1)] Review of the [NJ Ex Order 26.4(b)(1)] lab result, dated [NJ Ex Order 26.4(b)], revealed the resident's [NJ Ex Order 26.4(b)(1)] contained [NJ Ex Order 26.4(b)(1)] including [NJ Ex Order 26.4(b)(1)] and [NJ Ex Order] Further review of the lab result included, [NJ Ex Order 26.4(b)] indicated." Review of the Progress Note, dated [NJ Ex Order 26.4(b)], included the U.S. FOIA (b) (6)	F 880		

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U.S. FOIA (b) (6) was notified of the NJ Ex Order 26 results and a physician's order was obtained for NJ Ex Order 26.4(b) treatment, however, there was no indication that a physician's order for NJ Ex Order 26.4(b)(1) was obtained.

During an interview with the surveyor on 05/21/24 at 9:43 AM, the Certified Nursing Assistant (CNA #3) stated that she knows which residents are on NJ Ex Order 26.4(b)(1) by the sign posted on the resident's door. The CNA further stated that it was important for staff to follow NJ Exec O to prevent the spread of NJ Exec Order 26.4

During an interview with the surveyor on 05/21/24 at 9:50 AM, the Licensed Practical Nurse (LPN #1) stated that when a resident is placed on NJ Exec Or the nurse should obtain a physician's order for the specific type of NJ Ex Order 26.4(b) The LPN further stated that it was important for staff to follow NJ Exec O to prevent the spread of NJ Exec Order 26.4

During an interview with the surveyor on 05/21/24 at 10:04 AM, the Licensed Practical Nurse/Unit Manager (LPN/UM #2) stated that when a resident is placed on NJ Exec Or the nurse should obtain a physician's order for the specific type of NJ Ex Order 26.4(b) The LPN further stated that it was important for staff to follow NJ Exec O to prevent the spread of NJ Exec Order 26.4

During an interview with the surveyor on 05/21/24 at 10:10 AM, the U.S. FOIA (b) (6)) stated that nurses would know which residents were on NJ Exec O based on the residents' physician's orders. The U.S. FOIA (b) (6) further stated that it was important for staff to follow NJ Exec O to protect the residents and staff from NJ Exec Order 26.4

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F 880	Continued From page 96 During an interview with the surveyor on 05/21/24 at 10:16 AM, the U.S. FOIA (b) (6)) stated that residents on NJ Exec O would have a physician's order to specify the type of NJ Ex Order 26.4(b) The U.S. FOIA stated that it would be important for staff to follow NJ Exec O to prevent the transmission of NJ Exec Order 26.4(b) During a follow-up interview with the surveyor on 05/21/24 at 10:56 AM, the surveyor informed the U.S. FOIA that Resident #182 had a physician's order for NJ Ex Order 26.4(b)(1) , but the sign on the resident's doorway was for NJ Ex Order 26.4(b) . The U.S. FOIA stated that when the resident was placed on NJ Ex Order 26.4(b)(1), the nurse should have obtained a physician's order for NJ Ex Order 26.4(b)(1). Review of the facility's Isolation - Categories of Transmission-Based Precautions policy, updated 03/06/2020, included, "Contact precautions may be implemented for residents with known or suspected to be infected with microorganisms that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident-care items in the resident's environment." 3.) On 05/15/24 at 11:23 AM, during the initial tour of the facility, the surveyor observed Resident #5 in their room in bed with a CNA assisting the resident with putting on a t-shirt to finish NJ Ex Order 26.4(b) after morning care. The resident had a NJ Ex Order 26 leading from the resident to a NJ Ex Orde which was observed to be NJ Ex Order 26.4(b) without being in a NJ Ex Order 26.4(b)(1) and in NJ Ex Order 26.4(b)(1).	F 880		

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	315342	A. BUILDING _____ B. WING _____	C 06/06/2024

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F 880	Continued From page 97 On 05/20/24 at 9:35 AM, the surveyor observed the resident in bed. The resident's NJ Ex Order 26.4(b)(1) for the NJ Ex Order 26.4(b)(1) was observed to be in the NJ Ex Order 26.4(b)(1), hanging from the NJ Ex Order 26.4(b)(1) under the resident, and in contact, resting on the NJ Ex Orde The resident informed the surveyor that he/she had a NJ Ex Order 26.4(b)(1) since NJ Ex Order 26.4(b)(1). Review of the Resident #5's Admission Record indicated the resident was admitted to the facility with diagnosis which included but was not limited to NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1)), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1) Review of the Quarterly Minimum Data Set (MDS) (a comprehensive assessment tool) dated NJ Ex Order 26 indicated the resident had a BIMS of NJ E out of 15 reflecting NJ Ex Order 26.4(b)(1) and had an NJ Ex Order 26.4(b)(1). Review of the physician's Order Summary Report included an order with a start date of NJ Ex Order 26.4 to render 'NJ Ex Order 26.4(b)(1) care every shift and as needed every eight hours as needed for care, and another order dated NJ Ex Order 26.4 to monitor NJ Ex Order every shift for signs and symptoms of infection every shift. Review of the resident's Care Plan included, but was not limited to, a focus area for having a NJ Ex Order 26.4(b)(1), and included interventions for NJ Ex Order 26.4(b)(1), and to monitor and report signs and symptoms of NJ Ex Order 26.4(b)(1) to the physician.	F 880		

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F 880	Continued From page 98 On 5/21/24 at 10:48 AM, the surveyor interviewed Certified Nurses Aid 2 (CNA #4), who stated that resident's NJ Ex Order 26.4(b)(1) should be NJ Ex Order 26.4(b)(1) in a NJ Ex Order 26.4(b)(1) and not in contact with NJ Ex Order 26.4(b). She stated this is for infection control purposes and a resident can obtain a NJ Ex O if it is on the NJ Ex Orde On 5/21/24 at 10:55 AM, the surveyor interviewed Licensed Practical Nurse (LPN #2) who stated that included with resident's NJ Ex Order 26.4(b)(1) care is to ensure the NJ Ex Order 26.4(b)(1) is not on the NJ Ex Ord NJ Ex Ord at any point and being in contact with the could create a risk for NJ Exec Order 26.4(On 5/21/24 at 11:24 AM, the surveyor interviewed the LPN Unit Manager (LPN/UM #2) who stated that NJ Ex Order 26.4(b)(1) should be in a NJ Ex Order 26. and not on NJ Ex Order 26.4(for infection control purposes. On 5/21/24 at 11:33 AM, the surveyor interviewed the U.S. FOIA (b) (6)), who stated NJ Ex Orde should be in a NJ Ex Order 26.4(b)(1) , NJ Ex Order 26.4(from a non-movable portion of NJ Ex Order 26.4, when the resident is in bed, and not in contact with NJ Ex O Review of the facility's "Catheter Care, Urinary" policy with an updated date of 1/2024 under the section titled "Infection Control," included but was not limited to: "be sure the catheter tubing and drainage bag are kept off the floor." 4.) Reference: Center for Disease Control and Prevention (CDC) Influenza A: Interim Guidance for Influenza Outbreak Management in Long-Term Care and	F 880		

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Post-Acute Facilities. The following guidance for the 2023-2024 influenza season:
"Influenza Testing - Even if it's not influenza season, influenza testing should occur when any resident has sign and symptoms of acute respiratory illness or influenza-like illness."

Center for Disease Control and Prevention (CDC) Influenza A: Testing and Management Considerations for Nursing Home Residents with Acute Respiratory Illness Symptoms when SARS-CoV-2 and Influenza Viruses are Co-circulating:
"Test any resident with symptoms of Covid-19 or influenza for both viruses."

A review of the facility's [redacted] line list revealed two (2) staff members tested [redacted] for [redacted]. The first staff member was the [redacted] for the [redacted] lasted worked [redacted] and tested [redacted] on [redacted]. A further review of the facility's [redacted] line list revealed 5 of 5 residents (Resident #2, #8, #231, #239, and #240) were sent to the hospital and tested [redacted] for [redacted]

A review of the Progress Notes (PN) reflected the following:

-Resident #2 had a [redacted] on [redacted]. A further review indicated on [redacted] the resident exhibited [redacted] and was sent to the hospital. There was no evidence the resident was tested at the facility for [redacted] during the [redacted].

-Resident #8 had a [redacted] on

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NJ Ex Order 26.4(b). A further review indicated on NJ Ex Order 26.4(b) the resident exhibited NJ Ex Order 26.4(b)(1) and a NJ Ex Order 26.4(b)(1) and was sent to the hospital. There was no evidence the resident was tested at the facility for NJ Ex Order 26.4(b) during the NJ Ex Order 26.4(b)(1).

-On NJ Ex Order 26.4(b) Resident #231 exhibited signs and symptoms of NJ Ex Order 26.4(b)(1), was NJ Ex Order 26.4(b) and was sent to the hospital. There was no evidence the resident was tested at the facility for NJ Ex Order 26.4(b) during the NJ Ex Order 26.4(b)(1)

-Resident #239 had a NJ Ex Order 26.4(b)(1) on NJ Ex Order 26.4(b). A further review indicated on NJ Ex Order 26.4(b) the resident started exhibiting NJ Ex Order 26.4(b)(1) and a NJ Ex Order 26.4(b)(1). The resident was started on NJ Ex Order 26 (NJ Ex Order 26.4(b)(1) on NJ Ex Order 26.4(b). The resident was sent to the hospital on NJ Ex Order 26.4(b). There was no evidence the resident was tested at the facility for NJ Ex Order 26.4(b) during the NJ Ex Order 26.4(b)(1).

-Resident #240 had a NJ Ex Order 26.4(b)(1) on NJ Ex Order 26.4(b). A further review indicated on NJ Ex Order 26.4(b) the resident exhibited NJ Ex Order 26.4(b)(1) NJ Exec Order 26.4b1 and was sent to the hospital. There was no evidence the resident was tested at the facility for NJ Ex Order 26.4(b) during the NJ Ex Order 26.4(b)(1).

On 05/17/24 at 10:46 AM, the surveyor interviewed the U.S. FOIA (b) (6) who stated in the presence of the survey team that she only worked at the facility for NJ Ex Order 26.4(b)(1). She stated that anything prior to her start date she did not have access to the files and was unaware. The U.S. FOIA (b) (6) stated that she provided education annually and if staff needed to be re-educated, she did that as

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well on anything related to infection control. When asked what was the process for discovering potential infections and outbreaks? The U.S. FOIA (b) (6) stated "typically when we had NJ Ex Order 26.4(b)(1)), we try to NJ Ex Order 26 to one wing and depending on the floor we NJ Ex Order 2 per floor. When asked what was the facility's testing policy? The U.S. FOIA (b) (6) stated they did NJ Ex Order 26.4(b)(1) for employees and residents on admission.

On 05/17/24 at 11:17 AM, the surveyor interviewed the U.S. FOIA (b) (6)) who stated that if a resident was tested for NJ Ex Order 26.4(b) or NJ Ex Order 26.4(b) then the nurses would document it in the progress notes.

On 05/20/24 at 09:32 AM, the U.S. FOIA (b) (6) stated in the presence of the U.S. FOIA and the surveyor that the U.S. FOIA (b) (6) in NJ Ex Order 26.4(b)(1) left to pursue another position. The U.S. FOIA (b) confirmed that the facility was in an NJ Ex Order 26.4(b)(1) in NJ Ex Order 26.4(b)(1). He stated that the protocol was mandatory NJ Ex Order 26.4(b) and NJ Ex Order 26.4(b)(1) were put into place. He further stated that the all the residents were tested for NJ Ex Order 26 The surveyor asked when did testing start? The U.S. FOIA (b) stated he was not sure when they started testing at the facility.

On 05/20/24 at 09:37 AM, the U.S. FOIA stated in the presence if the U.S. FOIA (b) and the surveyor that NJ E started NJ Ex Order 26.4(b)(1) and ended in NJ Ex Order 26 The U.S. FOIA stated she did not start until NJ Ex Order 26.4(b)(1) but explained they would get guidance from their local Department of Health. She further stated that if a resident was symptomatic then

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they would test for NJ Ex Order 26.4(b)(1).

On 05/20/24 at 10:26 AM, the surveyor interviewed the U.S. FOIA (b) (6) who stated that there was a NJ Ex Order 26.4(b)(1) in NJ Ex Order 26.4(b)(1) on the NJ Exec Order 26.4b1. She stated that during the NJ Ex Order 26.4(b) they provided NJ Ex Order 26.4(b)(1) for the resident unless it was contraindicated by the physician, or if the resident refused. The U.S. FOIA (b) (6) stated that they were in an NJ Ex Order 26.4(b) because they had a couple of residents that NJ Ex Order 26.4(b)(1) for NJ Ex Order 2 a few days apart. When asked if residents were tested in the facility? The U.S. FOIA (b) (6) stated they were tested in the facility of the resident exhibited signs and symptoms for NJ Ex Order 1 NJ Ex Order 2 or NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1)). She further stated that they would document in the electronic medical record (EMR) that the resident was NJ Ex Order 26 the results, and the results would also be under the "results" tab.

On 05/20/24 at 10:29 AM, the surveyor continued to interview the U.S. FOIA (b) (6). The U.S. FOIA (b) (6) stated that she remembered Resident #231 was NJ Ex Order 2 for NJ Ex Order had a NJ Ex Order 26.4(b)(1), and was placed on NJ Ex Order 26.4(b)(1). She NJ Ex Order 2 she did not recall if the resident was tested for NJ E at the facility but knew the resident had NJ Ex Order 26.4(b)(1) at the hospital. The U.S. FOIA (b) (6) stated that if it was during the NJ E then they would test for NJ Ex Order 2. She further stated that NJ Ex Order 26.4(was the beginning of the NJ Ex Order 26.4(b)(1) so confirmed that Resident #231 would also be tested for NJ E when he/she was tested for NJ Ex Order 1

On 05/21/24 at 09:34 AM, the surveyor interviewed LPN #2 who stated that during the NJ E

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F 880	Continued From page 103 NJ Ex Order 26.4(b) in NJ Ex Order 26.4(b)(1), every staff NJ Ex Order 26.4(b)(1), and they did NJ Ex Order 26.4(b)(on the residents and if NJ Ex Order 26.4(b)(1) the resident was placed on NJ Ex Order 26.4(b) LPN #2 stated the residents were also started on NJ Ex Order 26.4(b)(1) once they received the physician order. On 05/21/24 at 09:44 AM, during a follow up interview the U.S. FOIA (b) (6) stated the facility's protocol for an NJ Ex Order 26.4(b) would be to test the residents for NJ Ex Order 2 and then they would provide NJ Ex Order 26.4(b)(1) . She stated that she was one of the staff members that NJ Ex Order 26.4(b)(1), so she was not there during that week. The U.S. FOIA (b) (6) stated that only if the resident had NJ Exec Or and NJ Exec Order 26.4b1 they NJ Ex Order 26.4(b) the resident. She then stated to her knowledge the facility did not NJ Ex Orde the residents for NJ Ex Order 2 and that the residents were only offered NJ Ex Order 26.4 The U.S. FOIA (b) (6) revealed she was unsure if the residents should be NJ Ex Order 26.4(b) for the NJ Ex She stated if there was a NJ Ex Order 26.4(b)(1) then all residents would get a NJ Ex Order 26.4(b)(1) but that she was not sure if all residents would get NJ Ex Order 26.4(b) for NJ Ex Order 2 On 05/21/24 at 10:26 AM, during a follow up interview the U.S. FOIA stated that if there was a NJ E , they would NJ Ex O the residents. She further stated that if the resident exhibited NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) then they would test for NJ Ex Order 2 NJ Ex and NJ Ex Orde At that time, the U.S. FOIA confirmed the facility did test the residents for NJ Ex Orde but not for NJ E during the NJ Ex Order 26.4(b)(1). The U.S. FOIA stated based on the resident exhibiting NJ Ex Orde and NJ Ex Order 26.4(b)(1) she would expect the residents to been tested for NJ Ex Order 26.4(b)(1) and the NJ Ex She stated the 5 residents were not NJ Ex Order 2 at the facility but at the hospital. The U.S. FOIA concluded if the facility was in an NJ Ex Order 26.4(b)(she	F 880		

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would expect all residents to be [redacted]

On 05/22/24 at 09:41 AM, the [redacted] stated in the presence of the [redacted] the [redacted] the [redacted] and the survey team that during the [redacted] they provided testing and [redacted] He stated that the guidance the previous [redacted] and [redacted] received was to provide [redacted] the [redacted] and to track the [redacted] of residents.

A review of the email provided from the local DOH guidance dated [redacted], included the CDC Interim guidance for [redacted] and the NJDOH [New Jersey Department of Health] also recommended that residents who become [redacted] in the affected unit should be [redacted] and a [redacted] must be obtained. [redacted] must be offered to all staff on that unit and all residents. Further guidance to review the [redacted] management and [redacted] guidance on the CDC.

A review of the facility's Influenza, Prevention and Control of Seasonal policy revised 1/2019, included, "Surveillance 1. The Infection Preventionist has established procedures for monitoring and reporting influenza activity in the facility."

A review of the facility's Outbreak of Communicable Diseases policy reviewed 3/2024, included, "1. An outbreak of most communicable diseases can be defined as one of the following: a. one case of an infection that is highly communicable. c. Occurrence of three (3) or more cases of the same infection over a specific period of time and in a defined area. 4. An outbreak of influenza is defined as anything

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F 880	Continued From page 105 exceeding the endemic rat, or a single case if unusual for the facility. A single case of influenza is reportable to the Department of Health. NJAC 8:39-19.4 (m)(n), 27.1 (a)	F 880		

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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 # NJ169584, 169916, 169666 and 170088 Based on interview and review of other facility documents, it was determined that the facility failed to maintain the required minimum direct care staff-to-resident ratios for the dates below as mandated by the State of New Jersey and was evidenced by the following: 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	S 560	The facility leadership team has met on an ongoing basis and continues to identify staffing challenges and areas of improvement for licensed and certified needs. Recruitment efforts include online advertisements, local community advertisements, sign on bonus, refer a friend bonus for current employees, onsite and on the spot interview availability, and continued use of agency staff to supplement. The center also utilizes the assistance of nurse management, physical therapist, and occupational therapists to assist with direct care as directed by the Director of Nursing. All residents have the potential to be affected.	7/14/24

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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 (1) Certified Nurse Aide (CNA) to every eight (8) residents for the day shift. One (1) 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 (1) 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 09/10/2023 to 09/16/2023, the facility was deficient in CNA staffing for residents on 6 of 7 day shifts as follows: -09/10/23 had 8 CNAs for 93 residents on the day shift, required at least 12 CNAs. -09/11/23 had 8 CNAs for 93 residents on the day shift, required at least 12 CNAs. -09/12/23 had 9 CNAs for 90 residents on the day shift, required at least 11 CNAs. -09/13/23 had 10 CNAs for 90 residents on the day shift, required at least 11 CNAs. -09/15/23 had 10 CNAs for 89 residents on the day shift, required at least 11 CNAs. -09/16//23 had 6 CNAs for 87 residents on the day shift, required at least 11 CNAs. 2. For the 2 weeks of Complaint staffing from	S 560	The facility has implemented a competitive market rate for nurses and certified nursing aides including a sign on bonus when appropriate. The facility continues to utilize online recruitment with immediate interviews and contingency offers. The facility implemented an expediated but robust onboarding process. The facility will use agency staff as needed to meet staffing needs. Administrator/Designee will conduct 2 audits per week for 4 weeks, then 2 audits monthly for 3 months to ensure adequate staff is scheduled to accommodate resident needs. All results will be provided to the Quality Assurance Performance Improvement committee monthly, x3 months, to ensure compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	656001	A. BUILDING: _____ B. WING _____	C 06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT BRICK LLC	415 JACK MARTIN BLVD BRICK, NJ 08724

(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) COMPLETE DATE
S 560	Continued From page 2 12/24/2023 to 01/06/2024, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows: -12/24/23 had 8 CNAs for 87 residents on the day shift, required at least 11 CNAs. -12/25/23 had 6 CNAs for 87 residents on the day shift, required at least 11 CNAs. -12/26/23 had 10 CNAs for 86 residents on the day shift, required at least 11 CNAs. -12/27/23 had 10 CNAs for 86 residents on the day shift, required at least 11 CNAs. -12/28/23 had 9 CNAs for 86 residents on the day shift, required at least 11 CNAs. -12/29/23 had 9 CNAs for 86 residents on the day shift, required at least 11 CNAs. -12/30/23 had 10 CNAs for 92 residents on the day shift, required at least 11 CNAs. -12/31/23 had 9 CNAs for 92 residents on the day shift, required at least 11 CNAs. -01/01/24 had 9 CNAs for 92 residents on the day shift, required at least 11 CNAs. -01/02/24 had 9 CNAs for 95 residents on the day shift, required at least 12 CNAs. -01/03/24 had 10 CNAs for 95 residents on the day shift, required at least 12 CNAs. -01/04/24 had 7 CNAs for 94 residents on the day shift, required at least 12 CNAs. -01/05/24 had 8 CNAs for 92 residents on the day shift, required at least 11 CNAs. -01/06/24 had 7 CNAs for 92 residents on the day shift, required at least 11 CNAs. 3. For the 2 weeks of staffing prior to survey from 04/28/2024 to 05/11/2024, the facility was deficient in CNA staffing for residents on 9 of 14-day shifts and deficient in CNAs to total staff on 1 of 14 evening shifts as follows:	S 560		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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COMPLETE CARE AT BRICK LLC	415 JACK MARTIN BLVD BRICK, NJ 08724

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S 560	Continued From page 3 -04/28/24 had 6 CNAs for 76 residents on the day shift, required at least 9 CNAs. -05/01/24 had 8 CNAs for 76 residents on the day shift, required at least 9 CNAs. -05/03/24 had 7 CNAs for 76 residents on the day shift, required at least 10 CNAs. -05/04/24 had 8 CNAs for 78 residents on the day shift, required at least 10 CNAs. -05/05/24 had 8 CNAs for 82 residents on the day shift, required at least 10 CNAs. -05/06/24 had 8 CNAs for 82 residents on the day shift, required at least 10 CNAs. -05/08/24 had 9 CNAs for 82 residents on the day shift, required at least 10 CNAs. -05/10/24 had 7 CNAs for 82 residents on the day shift, required at least 10 CNAs. -05/10/24 had 4 CNAs to 10 total staff on the evening shift, required at least 5 CNAs. -05/11/24 had 7 CNAs for 79 residents on the day shift, required at least 10 CNAs. On 5/21/24at 12:05 PM, the surveyor interviewed the facility Staffing Coordinator (SC) regarding staffing. The SC was able to verbalize the regulation regarding CNA's. She stated the facility does its best to follow the regulation. On 05/22/24 09:10 AM, the surveyor interviewed the Director of Nursing (DON) and the Registered Nurse Vice President of Clinical Services (RN) regarding staffing. The DON stated that the facility attempts to follow the CNA staffing guidelines. We schedule in accordance with the guidelines. The RN stated the facility tries its best to recover from call outs. On 5/21/24 at 12:17 PM, the surveyor reviewed	S 560		

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S 560	Continued From page 4 the policy titled, "Staffing", updated 1/2024. The policy statement indicated that the facility provides sufficient members of staff with the skills and competency necessary to provide care and services for all residents in accordance with resident care plans and the Facility Assessment.	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
315342 Y1	A. Building B. Wing Y2	7/15/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT BRICK LLC	415 JACK MARTIN BLVD BRICK, NJ 08724

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 F0550	Correction	ID Prefix F0580	Correction	ID Prefix F0584	Correction
Reg. # 483.10(a)(1)(2)(b)(1)(2)	Completed	Reg. # 483.10(g)(14)(i)-(iv)(15)	Completed	Reg. # 483.10(i)(1)-(7)	Completed
LSC	07/14/2024	LSC	07/14/2024	LSC	07/14/2024
ID Prefix F0676	Correction	ID Prefix F0677	Correction	ID Prefix F0686	Correction
Reg. # 483.24(a)(1)(b)(1)-(5)(i)-(iii)	Completed	Reg. # 483.24(a)(2)	Completed	Reg. # 483.25(b)(1)(i)(ii)	Completed
LSC	07/14/2024	LSC	07/14/2024	LSC	07/14/2024
ID Prefix F0693	Correction	ID Prefix F0725	Correction	ID Prefix F0755	Correction
Reg. # 483.25(g)(4)(5)	Completed	Reg. # 483.35(a)(1)(2)	Completed	Reg. # 483.45(a)(b)(1)-(3)	Completed
LSC	07/14/2024	LSC	07/14/2024	LSC	07/14/2024
ID Prefix F0758	Correction	ID Prefix F0761	Correction	ID Prefix F0812	Correction
Reg. # 483.45(c)(3)(e)(1)-(5)	Completed	Reg. # 483.45(g)(h)(1)(2)	Completed	Reg. # 483.60(i)(1)(2)	Completed
LSC	07/14/2024	LSC	07/14/2024	LSC	07/14/2024
ID Prefix F0842	Correction	ID Prefix F0868	Correction	ID Prefix F0880	Correction
Reg. # 483.20(f)(5), 483.70(i)(1)-(5)	Completed	Reg. # 483.75(g)(1)(i)-(iii)(2)(i); 483.80(c)	Completed	Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed
LSC	07/14/2024	LSC	07/14/2024	LSC	07/14/2024

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?
6/6/2024	☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
656001 Y1	A. Building B. Wing Y2	7/15/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT BRICK LLC	415 JACK MARTIN BLVD BRICK, NJ 08724

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	07/14/2024	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	
6/6/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315342	A. BUILDING **01** B. WING _____	**06/06/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT BRICK LLC	**415 JACK MARTIN BLVD** **BRICK, NJ 08724**

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E 000	Initial Comments This facility is in substantial compliance with Appendix Z-Emergency Preparedness for All Provider and Supplier Types Interpretive Guidance 483.73, Requirements for Long Term Care (LTC) Facilities.	E 000		
K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 6/5/24 and 6/6/24, was found to be in noncompliance 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 The facility is a 2- story building, with a partial basement,that was built in the 90's. It is composed of Type II fire resistant construction. The facility is divided into 6- smoke zones. The exterior diesel 400 KW generator does 100% of the building. *Currently the first floor wing containing rooms 1 through 10 is closed. The facility has 137 certified beds. At the time of the survey the census was 77.	K 000		
K 351 SS=F	Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an	K 351		7/14/24

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

Electronically Signed | 06/20/2024

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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K 351	Continued From page 1 approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Based on record review and interview on 06/06/24, in the presence of the facility U.S. FOIA (b) (6)) and U.S. FOIA (b) (6) , it was determined that the facility failed to provide automatic fire sprinkler protection to all areas in accordance with NFPA 13. This deficient practice could affect 50 residents residing in the facility by the following: At 1:15 PM, the surveyor observed that fire sprinklers were not installed under the first accessible landing for 3 of 4 stairwells observed: Stair #4 Stair #2 Stair# 1 An interview was conducted with the U.S. FOIA (b) (6) and U.S. FOIA (b) (6) who both confirmed that no fire sprinkler heads	K 351	Facility failed to provide automatic fire sprinkler protection to all areas in accordance with NFPA 13. Fire Sprinklers were not installed under the first accessible landing for 3 of 4 stairwells in the following observed areas: Stair #4, Stair #2, and Stair #1. No patients were identified. All residents residing in the facility had the potential to be affected. All residents were monitored for any adverse effects with none noted. The automatic fire sprinklers were installed on 6/10/2024 under the first accessible landing for the following identified areas: Stair #4, Stair #2, and Stair #1. All areas were inspected by the Maintenance Director on 6/10/2024 to ensure that automatic fire sprinkler protection existed in all areas as required. No other areas were identified as out of	

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K 351	Continued From page 2 were observed at the first accessible landing for 3 of 4 stairwells observed. The U.S. FOIA (b) (6) was informed of the findings at the life safety code exit on 06/06/24. NFPA 13, 25 NJAC 8:39-31.1(c) NJAC 8:39-31.2(e)	K 351	compliance. The Maintenance Director/Designee will conduct compliance audits to ensure that automatic fire sprinkler protection to all areas are in accordance with NFPA 13. The audits will be one-time weekly for 4 weeks then two times monthly for 2 months. Results of audits will be reviewed at Quarterly Quality Assurance and Performance Improvement Committee Meeting over the duration of the audit process. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.	
K 353 SS=F	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25	K 353		7/14/24

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K 353	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on interview and record review on 06/06/24, in the presence of the U.S. FOIA (b) (6) and U.S. FOIA (b) (6)), it was determined that the facility failed to annually inspect 2 of 2 private property fire hydrants as per NFPA 25 National Fire Protection Association (NFPA) 20 and 25. This deficient practice could affect 77 residents residing in the facility and was evidenced by the following: At approximately 11:30 AM, the surveyor reviewed all related documentation from the fire sprinkler vendor, most recent report dated: 03/27/24. The report did not indicate any annual inspection of the two private fire hydrants on the facility's property as required by NFPA 25. The U.S. FOIA (b) (6) and U.S. FOIA (b) (6) , both indicated that the annual fire hydrant inspection requirement was not performed, and no further documentation was provided. The U.S. FOIA (b) (6) was notified of the findings at the Life Safety Code exit conference on 06/06/24. NJAC 8:39-31.1(c) NJAC 8:39-31.2(e) NFPA 20: Standard for the Installation of Stationary Pumps for Fire Proctetion NFPA 25: Standard for the Inspection, Testing, and Maintenance of Water Based Fire Protection Systems	K 353	Facility failed to annually inspect 2 of 2 private property fire hydrants as per NFPA 25 National Fire Protection Association (NFPA) 20 and 25. No patients were identified. All residents residing in the facility had the potential to be affected. All residents were monitored for any adverse effects with none noted. The 2 fire hydrants identified were inspected on 6/14/2024 to meet the annual inspection requirement. No concerns were identified. No additional private property fire hydrants are present. The Maintenance Director/Designee will conduct compliance audits to ensure that the requirements are met. The audits will be one-time monthly for 3 months, then quarterly to ensure that the annual inspection requirement is met. Results of audits will be reviewed at Quarterly Quality Assurance and Performance Improvement Committee Meeting over the duration of the audit process. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.	
K 363 SS=E	Corridor - Doors	K 363		7/14/24

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K 363	Continued From page 4 CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices,	K 363		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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COMPLETE CARE AT BRICK LLC	**415 JACK MARTIN BLVD** **BRICK, NJ 08724**

(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
K 363	Continued From page 5 etc. This REQUIREMENT is not met as evidenced by: Based on observation and interview on 06/06/24, in the presence of the U.S. FOIA (b) (6)) and U.S. FOIA (b) (6)), it was determined that the facility failed to ensure that corridor doors were able to resist the passage of smoke in accordance with the requirements of NFPA 101, 2012 LSC Edition, Section 19.3.6, 19.3.6.3, 19.3.6.3.1 and 19.3.6.5. This deficient practice was identified for 6 of 52 resident rooms observed and had the potential to affect 42 residents who resided at the facility and was evidenced by the following: During the building tour, conducted from 9:15 AM to 12:45 PM, the surveyor, in the presence of the U.S. FO and U.S. FOIA (b) (6 toured the facility and observed the following compromised resident room doors in the following areas: # 217 door would not latch and the top of door was warped. # 203 wood door was warped, leaving a 1/2 gap at the top. # 211 wood door was warped, leaving a 1/2 gap at the top. # 110 wood door was warped, leaving a 1/2 gap at the top. # 127 wood door was warped, leaving a 1/2 gap at the top. # 116 wood door was warped, leaving a 1/2 gap at the top. At the time of observations, the surveyor interviewed the U.S. FOIA (b) (6) and U.S. FOIA (b) (6) , who both	K 363	Facility failed to ensure that corridor doors were able to resist the passage of smoke in accordance with the requirements of NFPA 101, 2012 LSC Edition, Section 19.3.6, 19.3.6.3, 19.3.6.3.1, and 19.3.6.6. This was identified for 6 of 52 resident rooms No patients were identified. All residents residing in the facility had the potential to be affected. All residents were monitored for any adverse effects with none noted. The doors identified in rooms #217, #203, #211, #110, #127, #116 were repaired on 6/19/24 to ensure that they meet the requirements. All other doors were inspected by the Maintenance Director on 6/10/2024 to ensure that they meet the requirements. No other areas were identified as out of compliance. The Maintenance Director/Designee will conduct compliance audits to ensure that the requirements are met. The audits will be one-time weekly for 4 weeks then two times monthly for 2 months. Results of audits will be reviewed at Quarterly Quality Assurance and Performance Improvement Committee Meeting over the duration of the audit process. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315342	A. BUILDING **01** B. WING _____	**06/06/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT BRICK LLC	**415 JACK MARTIN BLVD** **BRICK, NJ 08724**

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K 363	Continued From page 6 confirmed the above findings. The U.S. FOIA (b) (6) was informed of the findings at the Life Safety Code exit conference on 06/06/24. NJAC 8:39-31.1(c), 31.2(e) NFPA 101, 2012 LSC Edition, Section 19.3.6, 19.3.6.3, 19.3.6.3.1 and 19.3.6.5.	K 363		
K 920 SS=F	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 06/06/24,	K 920	Facility failed to prohibit the use of	7/14/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315342	A. BUILDING **01** B. WING _____	**06/06/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT BRICK LLC	**415 JACK MARTIN BLVD** **BRICK, NJ 08724**

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K 920	Continued From page 7 in the presence of the U.S. FOIA (b) (6)) and U.S. FOIA (b) (6)), the facility failed to prohibit the use of extension cords beyond temporary installation, as a substitute for adequate wiring, exceeding 75% of the capacity, in accordance with the requirements of NFPA 101, 2012 LSC Edition, Section 19.5, 19.5.1, 9.1, 9.1.2. NFPA 70, 2011 LSC Edition, Section 400.8 and 590.3 (D). NFPA 99, 2012 LSC Edition, Section 10.2.3.6 and 10.2.4. This deficient practice does not ensure prevention of an electrical fire or electric shock hazard. This deficient practice was idenitified for 4 of 4 electrical wires observed and could affect 77 residents residing in the facility and was evidenced by the following: From 9:15 AM, to 12:45 PM, the surveyor, U.S. FOI and U.S. FOIA (b) observed in the exit/egress corridors that 4 of 4 computer tablets with wall brackets, were installed on the corridor walls. The electrical wires were then installed through a hole in the wall board, then up approximately 4' through a hole, then plugged into a duplex wall outlet by resident rooms #212, #224, #112, and #124. The findings were verified by the U.S. FO and U.S. FOIA (b) at the time of the observations, where they stated and confirmed the findings above. The U.S. FOIA (b) (6) was notified of the findings at the Life Safety Code exit conference on 06/06/24. NJAC 8:39-31.2(e)	K 920	extension cords beyond temporary installation. This was identified in 4 of 4 electrical wires. No patients were identified. All residents residing in the facility had the potential to be affected. All residents were monitored for any adverse effects with none noted. The 4 computer tablets identified with the installed wall brackets and the electrical wires installed through a hole in the wall board and plugged into a duplex wall outlet by resident rooms #212, #224, #112, and #124 were repaired to meet the requirement. All other areas were inspected by the Maintenance Director on 6/10/2024 to ensure that extension cords are used out of compliance with the requirement. None were identified. The Maintenance Director/Designee will conduct compliance audits to ensure that extension cords are not beyond temporary installation as required. The audits will be one-time weekly for 4 weeks then two times monthly for 2 months. Results of audits will be reviewed at Quarterly Quality Assurance and Performance Improvement Committee Meeting over the duration of the audit process. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.	

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
315342 Y1	A. Building 01 - MAIN BUILDING 01 B. Wing Y2	7/15/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT BRICK LLC	415 JACK MARTIN BLVD BRICK, NJ 08724

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	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed
LSC K0351	07/14/2024	LSC K0353	07/14/2024	LSC K0363	07/14/2024
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # NFPA 101	Completed	Reg. #	Completed	Reg. #	Completed
LSC K0920	07/14/2024	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	

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