

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

PRINTED: 05/07/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315454</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/22/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SHORE GARDENS REHABILITATION AND NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>231 WARNER STREET</b> <b>TOMS RIVER, NJ 08755</b>		
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F 000	<p>INITIAL COMMENTS</p> <p>Complaint #: NJ00179177, NJ00179069</p> <p>Census: 143</p> <p>Sample Size: 7</p> <p>THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.</p> <p>F610 IJ</p> <p>Based on interviews, medical records reviews, and review of other pertinent facility documentation on 11/11/2024, 11/12/2024, and 11/22/2024, it was determined that the facility failed to investigate an allegation of <b>NJ Exec Order 26.4b1</b> between two residents, a <b>NJ Exec Order 26.4b1</b> (Resident #1), <b>U.S. FOIA (b)(6)</b> and Resident #4, who has <b>NJ Exec Order 26.4b1</b>. On <b>NJ Exec Order 26.4b1</b> at 8:35 p.m., the <b>US FOIA (b) (6)</b> received a grievance by email written by Resident #1's <b>NJ Exec Order 26.4b1</b> which included an alleged <b>NJ Exec Order 26.4b1</b> between Resident #1 and Resident #4. The <b>US FOIA (b) (6)</b> forwarded the email to the <b>US FOIA (b) (6)</b> with instructions to write a Grievance. However, the grievance was not addressed, and an investigation was never initiated into the allegation.</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

12/23/2024

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 000	<p>Continued From page 1</p> <p>The facility's failure to address the grievance and investigate the <b>NJ Exec Order 26.4b1</b> and follow its policies titled "Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigation," "Abuse Prevention Program," the "Grievance Policy and Procedure" and the <b>U.S. FOIA (b)(6)</b> and <b>U.S. FOIA</b> job description placed Resident #1 and all other residents in an immediate jeopardy (IJ) situation. This IJ was identified and reported to the facility's <b>U.S. FOIA (b)(6)</b> on <b>NJ Exec Order 26.4b1</b> at 6:15 p.m. The <b>U.S. FOIA (b)(6)</b> was presented with the IJ template, which included information about the issue. The IJ began on <b>NJ Exec Order 26.4b1</b> when Resident #1's <b>NJ Exec Order 26.4b1</b> emailed <b>U.S. FOIA (b)(6)</b> about the allegation and continued through <b>NJ Exec Order 26.4b1</b> when the facility submitted an acceptable Removal Plan to the New Jersey Department of Health. This deficient practice was identified for 1 of 7 residents (Resident #1</p> <p>On 11/29/2024, the Surveyor verified the Removal Plan was implemented. The facility implemented the Removal Plan, which included the following:</p> <p>Initiating an investigation related to the grievance/allegation of the <b>NJ Exec Order 26.4b1</b>.</p> <p>Based on the outcome of the investigation, the facility was unable to substantiate the allegation of <b>NJ Exec Order 26.4b1</b>.</p> <p>Completing an assessment related to any signs and symptoms of <b>NJ Exec Order 26.4b1</b>.</p> <p>Initiating in-services for the <b>U.S. FOIA</b> and all staff on the facility's policy on Abuse and Neglect, Investigating and Reporting, the Abuse Prevention Program Policy, and the Grievance Policy and Procedure.</p> <p>Auditing of the last thirty days of incidents and</p>	F 000			

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F 585	accident reports and grievances to ensure there were not any additional unresolved investigative allegations of <b>NJ Exec Order 26.4b1</b> identified.				
SS=D	Grievances CFR(s): 483.10(j)(1)-(4)  §483.10(j) Grievances. §483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay.  §483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph.  §483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident.  §483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must include: (i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally	F 585			12/23/24

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F 585	Continued From page 3 (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system; (ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations; (iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated; (iv) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law; (v) Ensuring that all written grievance decisions include the date the grievance was received, a	F 585			

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F 585	<p>Continued From page 4</p> <p>summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued;</p> <p>(vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and</p> <p>(vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision.</p> <p>This REQUIREMENT is not met as evidenced by: C#: NJ00179177, NJ 00179069</p> <p>Based on interviews, record review, and review of other pertinent facility documents on 11/11/2024, 11/12/2024, and 11/22/2024, it was determined that the facility failed to implement its policy titled "Grievance Policy and Procedure" and the [US FOIA (b) (6)] Job description after a resident [NJ Exec Order] made an allegation of [NJ Exec Order 26.4b1]. This deficient practice was identified for 1 of 7 residents, Resident #1, and was evidenced by the following:</p> <p>1. According to the Admission Record (AR), Resident #1 was admitted on [NJ Exec Order 26.4b1] with diagnoses that included but were not limited to</p>	F 585	<p>1. Corrective Action:</p> <ul style="list-style-type: none"> <li>On 11/26/2024, an investigation was initiated by the Administrator/DON related to the grievance/allegation of [NJ Exec Order 26.4b1].</li> <li>On 11/22/24, the Administrator/Director of Nursing initiated the following in-services for all staff, on the facility policy of grievances, the abuse prevention program, misappropriation and exploitation-reporting and investigating.</li> <li>On 11/25/24, the Administrator/DON educated the [U.S. FOIA (b)(6)] on her role and the facility policy on grievances, the abuse prevention program, and misappropriation and</li> </ul>		

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F 585	<p>Continued From page 5</p> <p><b>NJ Exec Order 26.4b1</b></p> <p>According to the Minimum Data Set (MDS), an assessment tool, dated <b>NJ Exec Order 26.4b1</b>, Resident #1 had a Brief Interview for Mental Status (BIMS) score of <b>NJ Exec Order 26.4b1</b> which indicated that the Resident's <b>NJ Exec Order 26.4b1</b>. The MDS also showed Resident #1 needed <b>NJ Exec Order 26.4b1</b> and <b>NJ Exec Order 26.4b1</b> with <b>NJ Exec Order 26.4b1</b> and <b>NJ Exec Order 26.4b1</b> with <b>NJ Exec Order 26.4b1</b> the unit.</p> <p>A review of the Resident's Care Plan (CP) initiated on <b>NJ Exec Order 26.4b1</b> revealed under "Indicator": Resident #1 <b>NJ Exec Order 26.4b1</b> on unit occasionally <b>NJ Exec Order 26.4b1</b>. Under "Goal," indicated "Provide a safe environment for <b>NJ Exec Order 26.4b1</b> through the next review date; Under Interventions," included: "Involve in programs of interest, <b>NJ Exec Order 26.4b1</b> during overnight shift <b>NJ Exec Order 26.4b1</b> discussed with family who <b>NJ Exec Order 26.4b1</b> and <b>NJ Exec Order 26.4b1</b> when trying to <b>NJ Exec Order 26.4b1</b> <b>US FOIA (b) (6)</b> will <b>NJ Exec Order 26.4b1</b> and involve in activities and Place <b>NJ Exec Order 26.4b1</b> on most <b>NJ Exec Order 26.4b1</b>.</p> <p>2. According to the AR, Resident #4 was admitted on <b>NJ Exec Order 26.4b1</b> with diagnoses that included but were not limited to <b>NJ Exec Order 26.4b1</b></p> <p>According to the MDS, dated <b>NJ Exec Order 26.4b1</b>, Resident #4 had a BIMS score of <b>NJ Exec Order 26.4b1</b> which indicated that the Resident's <b>NJ Exec Order 26.4b1</b>. The MDS also showed that</p>	F 585	<p>exploitation-reporting and investigation.</p> <ul style="list-style-type: none"> <li>On 11/26/24, the Administrator and DON audited the last 30 days of incident and accident reports and grievances to assure there were not any additional unresolved and investigated allegations of abuse and neglect identified.</li> <li>On 11/27/24, the <b>U.S. FOIA (b)(6)</b> <b>NJ Exec Order 26.4b1</b> was <b>NJ Exec Order 26.4b1</b></li> </ul> <p>2. Identification of other residents or areas having the potential to be affected due to the nature of the deficiency:</p> <ul style="list-style-type: none"> <li>All residents have the potential to be affected by this deficient practice.</li> </ul> <p>2. Measures Put into Place:</p> <ul style="list-style-type: none"> <li>During morning /clinical meeting, the Administrator/DON and/or designee will audit through review of incident and accident investigations/reports and clinical report for any allegations of abuse and neglect or grievances that require timely investigation and resolution.</li> <li>Upon identification of a new employee that will assume the role of Director of social services, they will be in-serviced on their job description/roles and responsibilities as well as the grievance process by the Nurse Educator.</li> </ul> <p>4. How Will These Actions Be Measured:</p> <ul style="list-style-type: none"> <li>The results of audits completed during the morning/clinical meeting will be submitted to the Quality Assurance and Process Improvement Committee Meeting monthly for 3 months. Based on the</li> </ul>		

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F 585	<p>Continued From page 6</p> <p>Resident #4 is <b>NJ Exec Order 26.4b1</b>.</p> <p>A review of the CP initiated on <b>NJ Exec Order 26.4b1</b> revealed under "Indicator": Resident #1 <b>NJ Exec Order 26.4b1</b> on unit occasionally <b>NJ Exec Order 26.4b1</b>. Under "Goal," indicated "Provide a safe environment for <b>NJ Exec Order 26.4b1</b> through the next review date; Under Interventions," included: "Find out what the Resident is <b>NJ Exec Order 26.4b1</b>, involve in the program of interest, Use <b>NJ Exec Order 26.4b1</b> at the <b>NJ Exec Order 26.4b1</b> and <b>NJ Exec Order 26.4b1</b> placed on <b>NJ Exec Order 26.4b1</b>."</p> <p>Review of an Email Grievance dated <b>NJ Exec Order 26.4b1</b> at 8:35 p.m., presented to the Surveyor from the <b>U.S. FOIA (b)(6)</b> revealed documentation from Resident #1's <b>NJ Exec Order 26.4b1</b>, which included a complaint of an incident <b>NJ Exec Order 26.4b1</b> between Resident #1 and Resident #4. According to the email, the <b>NJ Exec Order 26.4b1</b> went to the Resident's room (date unknown) and observed the door closed with Resident #1 and Resident #4 in the room. The <b>NJ Exec Order 26.4b1</b> wrote that when <b>NJ Exec Order 26.4b1</b> walked into the room, Resident #4 <b>NJ Exec Order 26.4b1</b> and <b>NJ Exec Order 26.4b1</b> out of the room. <b>NJ Exec Order 26.4b1</b> continued, "I then found my [Resident #1] <b>NJ Exec Order 26.4b1</b> with [his/her] <b>NJ Exec Order 26.4b1</b> and <b>NJ Exec Order 26.4b1</b> [his/her] <b>NJ Exec Order 26.4b1</b> and [the] <b>NJ Exec Order 26.4b1</b> to [his/ her] <b>NJ Exec Order 26.4b1</b>...." The <b>NJ Exec Order 26.4b1</b> further wrote that a staff member "told me [Resident #4] <b>NJ Exec Order 26.4b1</b> [Resident #1] <b>NJ Exec Order 26.4b1</b> because he/she <b>NJ Exec Order 26.4b1</b>, she [staff member] <b>NJ Exec Order 26.4b1</b> (Resident 1 and Resident #4) ... <b>NJ Exec Order 26.4b1</b> f and <b>NJ Exec Order 26.4b1</b> ...."</p> <p>Further review of the email showed that on <b>NJ Exec Order 26.4b1</b> at 10:06 a.m., the <b>U.S. FOIA (b)(6)</b> forwarded the</p>	F 585	<p>results of these audits, a decision will be made regarding the need for continued submission and reporting. The next Quality Assurance and Process Improvement Committee Meeting will be held on January 16th, 2025.</p>		

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F 585	<p>Continued From page 7</p> <p>email from Resident #1's [REDACTED] NJ Exec Order 26.4b1 to the U.S. FOIA (b)(6). The [REDACTED] U.S. FOIA (b)(6) wrote: "Please write a grievance for Resident #1."</p> <p>Review of a "Grievance Timeline," undated from the [REDACTED] U.S. FOIA, on [REDACTED] NJ Exec Order 26.4b1 she received an email from the [REDACTED] U.S. FOIA (b)(6) about a grievance; she then reached out to the [REDACTED] NJ Exec Order 26.4b1 by telephone and in person and suggested the best way to address all of the issues on the grievance is to have an Interdisciplinary Care Team (IDCT) meeting. The [REDACTED] NJ Exec Order 26.4b1, in return, informed the [REDACTED] U.S. FOIA NJ Exec Order 26.4b1 was coming in person to the facility to take care of other matters. On [REDACTED] NJ Exec Order 26.4b1, the [REDACTED] U.S. FOIA initiated a "Record of Concern Form," which describes, "Investigation will begin after IDCT has taken place for more clarity of the issues and concerns." According to the [REDACTED] U.S. FOIA (b)(6) statement, the [REDACTED] NJ Exec Order 26.4b1 was provided with the date of the IDCT meeting via email; [REDACTED] NJ Exec Order 26.4b1 further informed the [REDACTED] U.S. FOIA NJ Exec Order 26.4b1 could not attend the meeting.</p> <p>During an interview on 11/12/2024 at 11:00 a.m., the [REDACTED] U.S. FOIA (b)(6) stated Resident #1 [REDACTED] NJ Exec Order 26.4b1 [REDACTED] U.S. FOIA further stated Resident #1 has been in Resident #4 room before, [REDACTED] NJ Exec Order 26.4b1 of any [REDACTED] NJ Exec Order 26.4b1 [REDACTED]</p> <p>During an interview on 11/13/2024 at 10:37 a.m., Resident #4 stated he/she [REDACTED] NJ Exec Order 26.4b1 [REDACTED]</p> <p>During an interview on 11/22/2024 at 11:50 a.m., the [REDACTED] U.S. FOIA (b)(6) stated he redirected the residents wandering in the hallway, assisted other residents in the dayroom, and</p>	F 585			

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F 585	<p>Continued From page 8</p> <p>watched the doors. [U.S. FOIA (b)] stated that he had not heard of any [NJ Exec Order 26.4b1].</p> <p>During an interview on 11/22/2024 at 12:02 p.m., Resident #1, assigned CNA, stated that the Resident [NJ Exec Order 26.4b1]. She explained that a [U.S. FOIA (b)] in the hallway always monitors the residents and assists them. The [U.S. FOIA (b)] further stated that she had never seen Resident #1 and Resident #4 together.</p> <p>During an interview on 11/22/2024 at 1:43 p.m., the [U.S. FOIA (b)] stated on [NJ Exec Order 26.4b1], he received a complaint via email from Resident #1 [NJ Exec Order 26.4b1] but did not read the complaint. On [NJ Exec Order 26.4b1] at 10:06 a.m., he forwarded the email to the [U.S. FOIA (b)]. The [U.S. FOIA (b)(6)] further stated, "his expectation was for the [U.S. FOIA (b)] to do a full investigation and write a grievance.</p> <p>During an interview on 11/22/2024 at 1:53 p.m., the [U.S. FOIA (b) (6)] stated he was not aware of the grievance presented by a [NJ Exec Order] of Resident #1. According to the [U.S. FOIA (b)(6)] the [U.S. FOIA (b)] should have completed the grievance process, and the IDCT should have met and reviewed the complaint at the next meeting.</p> <p>During an interview on 11/22/2024 at 2:11 p.m., the [U.S. FOIA (b)] stated on [NJ Exec Order 26.4b1] at 10:06 a.m., she received an email from the [U.S. FOIA (b)(6)] which included an allegation of [NJ Exec Order 26.4b1] between Resident #1 [NJ Exec Order 26.4b1] and Resident #4 [NJ Exec Order 26.4b1]. The [U.S. FOIA (b)] further stated she spoke with the CNAs in the unit, as she actively tries to reach out to Resident #1's family. She further stated that she did not speak to the nurses, [U.S. FOIA (b)], [U.S. FOIA (b)(6)], or</p>	F 585			

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F 585	<p>Continued From page 9</p> <p><b>U.S. FOIA (b)(6).</b></p> <p>Review of the facility's policy titled "Grievance Policy and Procedure" included the following: Under Policy: All Residents, responsible parties, interested family have the right to voice grievances that are free from interference, coercion, discrimination, or reprisal concerning: 1. The care, treatment, and services that are, or fail to be, furnished. 3. The behavior of other residents, responsible parties, interested family members and staff. Facility will promptly address, investigate, and then respond to every grievance that it receives from all such parties. All grievances will be handled as promptly, prudently, and courteously as possible. Under: "Procedure" revealed the following: 1. All Residents, responsible parties, interested family members, and staff should file grievances by verbalizing or by written notice and employee of the facility. If a grievance is verbalized to an employee, it is the responsibility of the employee to submit the verbalization to the department head. 2. All grievances will be initially addressed with a prompt effort to resolve said complaint/grievance. All grievances will be reviewed by social services. The supervisory designee will try to acknowledge the grievance as promptly as possible. 3. Besides making sure that all grievances are promptly considered, investigated, resolved, and answered, and later reviewed, this file will provide documentation of our continued commitment to optimum quality.</p> <p>Review of the facility's "Director of Social Service Job Description." Under: the Job Summary revealed: The primary focus of the Director of Social Services is to assist in the Resident's adjustment to the facility and maintain the highest</p>	F 585			

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F 585	Continued From page 10 possible level of psycho-social functioning within the facility environment. Under: "Job Requirements" included: 1. An understanding of the psycho-social dynamic of the geriatric population and ability to empathize and provide guidance to them. 4. Maintain grievance book, perform other related duties as directed by the Administrator..." Under: "Main Duties" revealed: 3. Keep Resident's rights current and up-to date with state and federal regulation. 6. Perform other related duties as directed by the Administrator.	F 585			
F 610 SS=J	NJAC 8:39-13.2(c) Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4)  §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:  §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated.  §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.  §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: C#: NJ00179177, NJ00179069	F 610	1. Corrective Action:		12/23/24

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F 610	<p>Continued From page 11</p> <p>Based on interviews, medical records reviews, and review of other pertinent facility documentation on 11/11/2024, 11/12/2024, and 11/22/2024, it was determined that the facility failed to investigate an allegation of U.S. FOIA (b)(6) between two residents, a NJ Exec Order 26.4b1 resident (Resident #1), NJ Exec Order 26.4b1 and Resident #4, who has NJ Exec Order 26.4b1. On NJ Exec Order 26.4b1 at 8:35 p.m., the U.S. FOIA (b)(6) received a grievance by email written by Resident #1's NJ Exec Order 26.4b1, which included an alleged NJ Exec Order 26.4b1 between Resident #1 and Resident #4. The U.S. FOIA (b)(6) forwarded the email to the U.S. FOIA (b)(6) with instructions to write a Grievance. However, the grievance was not addressed, and an investigation was never initiated into the allegation.</p> <p>The facility's failure to address the grievance and investigate the NJ Exec Order 26.4b1 and follow its policies titled "Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigation," and "Abuse Prevention Program," and the U.S. FOIA (b)(6) job description placed Resident #1 and all other residents in an immediate jeopardy (IJ) situation. This IJ was identified and reported to the facility's U.S. FOIA (b)(6) on NJ Exec Order 26.4b1. The U.S. FOIA (b)(6) was presented with the IJ template, which included information about the issue. The IJ began on NJ Exec Order 26.4b1 when Resident #1's NJ Exec Order 26.4b1 emailed U.S. FOIA (b)(6) about the allegation and continued through U.S. FOIA (b)(6) when the facility submitted an acceptable Removal Plan to the New Jersey Department of Health. This deficient practice</p>	F 610	<p>" On 11/26/24, an investigation was initiated by the Administrator/DON related to the grievance/allegation of NJ Exec Order 26.4b1, which include a clinical and body assessment and assessment related to any signs/symptoms of NJ Exec Order 26.4b1 concern.</p> <p>" On 11/22/24, the Administrator/Director of Nursing initiated the following in-services for all staff, on the facility policy of grievances, the abuse prevention program, misappropriation and exploitation-reporting and investigating.</p> <p>" On 11/25/24, the Administrator/DON educated the U.S. FOIA (b)(6) on her role and the facility policy on grievances, the abuse prevention program, and misappropriation and exploitation-reporting and investigation.</p> <ul style="list-style-type: none"> <li>• On 11/25/24 the U.S. FOIA (b)(6) was reeducated by ownership on the Grievance process, abuse prevention program and abuse and neglect investigating and reporting policies.</li> </ul> <p>" On 11/26/24, the Administrator and DON audited the last 30 days of incident and accident reports and grievances to assure there were not any additional unresolved and investigated allegations of abuse and neglect identified.</p> <p>" On 11/27/24, the U.S. FOIA (b)(6) was NJ Exec Order 26.4b1</p> <ul style="list-style-type: none"> <li>• Resident #4 had a tendency to NJ Exec Order 26.4b1 resident #1. The facility's intervention was to NJ Exec Order 26.4b1 of resident #4.</li> </ul>		

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F 610	<p>Continued From page 12</p> <p>was identified for 1 of 7 residents (Resident #1)</p> <p>On 11/29/2024, the Surveyor verified the Removal Plan was implemented. The facility implemented the Removal Plan, which included the following:</p> <p>Initiating an investigation related to the grievance/allegation of the [REDACTED].</p> <p>Based on the outcome of the investigation, the facility was unable to substantiate the allegation of <b>NJ Exec Order 26.4b1</b>.</p> <p>Completing an assessment related to any signs and symptoms of <b>NJ Exec Order 26.4b1</b>.</p> <p>Initiating in-services for the [REDACTED] and all staff on the facility's policy on Abuse and Neglect, Investigating and Reporting, the Abuse Prevention Program Policy, and the Grievance Policy and Procedure.</p> <p>Auditing of the last thirty days of incidents and accident reports and grievances to ensure there were not any additional unresolved investigative allegations of <b>NJ Exec Order 26.4b1</b> identified.</p> <p>1. According to the Admission Record (AR), Resident #1 was admitted on <b>NJ Exec Order 26.4b1</b> with diagnoses which included but were not limited to: <b>NJ Exec Order 26.4b1</b></p> <p>According to the Minimum Data Set (MDS), an assessment tool, dated <b>NJ Exec Order 26.4b1</b> Resident #1 had a Brief Interview for Mental Status (BIMS) score of [REDACTED], which indicated that the Resident's <b>NJ Exec Order 26.4b1</b>. The MDS also showed Resident #1 needed <b>NJ Exec Order 26.4b1</b></p>	F 610	<p>2. Identification of other residents or areas having the potential to be affected due to the nature of the deficiency:</p> <p>" All residents have the potential to be affected by this deficient practice.</p> <p>3. Measures Put into Place:</p> <p>" During morning /clinical meeting, the Administrator/DON and/or designee will audit through review of incident and accident investigations/reports and clinical report for any allegations of abuse and neglect or grievances that require timely investigation and resolution.</p> <p>" Upon identification of a new employee that will assume the role of Director social services, they will be in-serviced on their job description/roles and responsibilities as well as the grievance process by the Nurse Educator.</p> <ul style="list-style-type: none"> <li>Resident #4 was care planned for <b>NJ Exec Order 26.4b1</b> as needed to ensure resident #4 does not <b>NJ Exec Order 26.4b1</b></li> <li>Resident #1 has a tendency to <b>NJ Exec Order 26.4b1</b>. <b>NJ Exec Order 26.4b1</b> were placed on those specific rooms to <b>NJ Exec Order 26.4b1</b> resident #1 from <b>NJ Exec Order 26.4b1</b> there.</li> </ul> <p>4. How Will These Actions Be Measured:</p> <p>" The results of audits completed during the morning/clinical meeting will be submitted to the Quality Assurance and Process Improvement Committee Meeting monthly for 3 months. Based on the results of these audits, a decision will be</p>		

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F 610	<p>Continued From page 13</p> <p>NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1 ) and NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1 the unit.</p> <p>A review of the Resident's Care Plan (CP) initiated on NJ Exec Order 26.4b1 revealed under "Indicator": Resident #1 NJ Exec Order 26.4b1 on unit occasionally NJ Exec Order 26.4b1. Under "Goal," indicated: "Provide a safe environment for NJ Exec Order 26.4b1 through the next review date; Under Interventions," included: "Involve in programs of interest, NJ Exec Order 26.4b1 during overnight shift, NJ Exec Order 26.4b1 discussed with family who NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 when trying to NJ Exec Order 26.4b1 U.S. FOIA (b)(6) will NJ Exec Order 26.4b1 and involve in activities and place NJ Exec Order 26.4b1 on mos NJ Exec Order 26.4b1.</p> <p>2. According to the AR, Resident #4 was admitted on NJ Exec Order 26.4b1 with diagnoses that included but were not limited to NJ Exec Order 26.4b1</p> <p>According to the MDS dated NJ Exec Order 26.4b1 Resident #4 had a Brief Interview for Mental Status (BIMS) score of NJ Exec Order 26.4b1, which indicated that the Resident's NJ Exec Order 26.4b1 The MDS also showed Resident #4 is NJ Exec Order 26.4b1.</p> <p>A review of the Resident's CP initiated on NJ Exec Order 26.4b1 revealed under "Indicator": Resident #4 NJ Exec Order 26.4b1 on unit occasionally NJ Exec Order 26.4b1 Under "Goal," indicated "Provide a safe environment for NJ Exec Order 26.4b1 through the next review date; Under Interventions," included: "Find out what the Resident is NJ Exec Order 26.4b1 involve in the</p>	F 610	made regarding the need for continued submission and reporting. The next Quality Assurance and Process Improvement Committee Meeting will be held on January 16th, 2025.		

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F 610	<p>Continued From page 14</p> <p>program of interest, Use [redacted] at the [redacted] and [redacted] placed on [redacted]</p> <p>Review of an Email Grievance dated [redacted] at 8:35 p.m., presented to the Surveyor from the [redacted] U.S. FOIA (b)(6) revealed documentation from Resident #1's [redacted] NJ Exec Order 26.4b1, which included a complaint of an incident [redacted] observed between Resident #1 and Resident #4. According to the email, the [redacted] went to the Resident's room (date unknown) and observed the door closed with Resident #1 and Resident #4 in the room. The [redacted] NJ Exec Order 26.4b1 wrote that when [redacted] walked into the room, Resident #4 [redacted] NJ Exec Order 26.4b1 and [redacted] out of the room. [redacted] continued, "I then found my [Resident #1] [redacted] NJ Exec Order 26.4b1, [redacted] with [his/her] [redacted] NJ Exec Order 26.4b1 and [redacted] [his/her] [redacted] and [the] [redacted] NJ Exec Order 26.4b1 to [his/ her] [redacted] NJ Exec Order 26.4b1...." The [redacted] NJ Exec Order 26.4b1 further wrote that a staff member "told me [Resident #4] [redacted] NJ Exec Order 26.4b1 [redacted] NJ Exec Order 26.4b1 and that [Resident #1] [redacted] NJ Exec Order 26.4b1 on because he/she [redacted] NJ Exec Order 26.4b1, she [staff member] [redacted] NJ Exec Order 26.4b1 (Resident 1 and Resident #4) ... [redacted] NJ Exec Order 26.4b1 [redacted]."</p> <p>Further review of the email showed that on [redacted] NJ Exec Order 26.4b1, the [redacted] U.S. FOIA (b)(6) forwarded the email from Resident #1's [redacted] NJ Exec Order 26.4b1 to the [redacted] U.S. FOIA (b)(6). The [redacted] U.S. FOIA (b)(6) wrote: "Please write a grievance for Resident #1."</p> <p>Review of a "Grievance Timeline," undated from the [redacted] U.S. FOIA (b)(6), she received an email from the [redacted] U.S. FOIA (b)(6) about a grievance; she then reached out to the [redacted] NJ Exec Order 26.4b1 by telephone and in person and suggested the best way to</p>	F 610			

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F 610	<p>Continued From page 15</p> <p>address all of the issues on the grievance is to have an Interdisciplinary Care Team (IDCT) meeting. The [NJ Exec Order 26.4b1], in return, informed the [U.S. FOIA (b)(6)] was coming in person to the facility to take care of other matters. On [NJ Exec Order 26.4b1], the [U.S. FOIA (b)(6)] initiated a "Record of Concern Form," which describes, "Investigation will begin after IDCT has taken place for more clarity of the issues and concerns." According to the [U.S. FOIA (b)(6)] statement, the [NJ Exec Order 26.4b1] was provided with the date of the IDCT meeting via email; [U.S. FOIA (b)(6)] further informed the [U.S. FOIA (b)(6)] she could not attend the meeting.</p> <p>During an interview on 11/12/2024 at 11:00 a.m., the [NJ Exec Order 26.4b1] stated Resident #1 [U.S. FOIA (b)(6)] Resident's [U.S. FOIA (b)(6)] further stated Resident #1 has been in Resident #4 room before, unaware of any [U.S. FOIA (b)(6)]</p> <p>During an interview on 11/13/2024 at 10:37 a.m., Resident #4 stated he/she [NJ Exec Order 26.4b1]</p> <p>During an interview on 11/22/2024 at 11:50 a.m., the [U.S. FOIA (b)(6)] stated he redirected the residents wandering in the hallway, assisted other residents in the dayroom, and watched the doors; [U.S. FOIA (b)(6)] stated that he had not heard of any [NJ Exec Order 26.4b1]</p> <p>During an interview on 11/22/2024 at 12:02 p.m., Resident #1, assigned CNA, stated that the Resident [NJ Exec Order 26.4b1] into [NJ Exec Order 26.4b1] She explained that a [U.S. FOIA (b)(6)] in the hallway always monitors the residents and assists them. The CNA further stated that she</p>	F 610			

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F 610	<p>Continued From page 16</p> <p>had never seen Resident #1 and Resident #4 together.</p> <p>During an interview on 11/22/2024 at 1:43 p.m., the [U.S. FOIA (b)(6)] stated on [NJ Exec Order 26.4b1] he received a complaint via email from Resident #1 [NJ Exec Order 26.4b1] but did not read the complaint. On [NJ Exec Order 26.4b1] at 10:06 a.m., he forwarded the email to the [U.S. FOIA (b)(6)]. The [U.S. FOIA (b)(6)] further stated, "his expectation was for the [U.S. FOIA (b)(6)] to do a full investigation and write a grievance.</p> <p>During an interview on 11/22/2024 at 1:53 p.m., the [U.S. FOIA (b)(6)] stated he was not aware of the grievance presented by a [NJ Exec Order 26.4b1] of Resident #1. According to the [U.S. FOIA (b)(6)], the [U.S. FOIA (b)(6)] should have completed the grievance process, and the IDCT should have met and reviewed the complaint at the next meeting.</p> <p>During an interview on 11/22/2024 at 2:11 p.m., the [U.S. FOIA (b)(6)] stated on [NJ Exec Order 26.4b1] at 10:06 a.m., she received an email from the [U.S. FOIA (b)(6)] which included an allegation of [NJ Exec Order 26.4b1] between Resident #1 [NJ Exec Order 26.4b1] and Resident #4 [NJ Exec Order 26.4b1]. The [U.S. FOIA (b)(6)] further stated she spoke with the [U.S. FOIA (b)(6)] in the unit, as she actively tries to reach out to Resident #1's family. She further stated that she did not speak to the nurses, [U.S. FOIA (b)(6)], or [U.S. FOIA (b)(6)].</p> <p>Review of an undated facility policy titled; "Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigation," included the following: Under: "Policy Statement: All reports of Resident abuse (including injuries of unknown origin), neglect, exploitation, or theft/misappropriation of resident property are</p>	F 610			

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F 610	<p>Continued From page 17</p> <p>reported to local state and federal agencies (as required by current regulations) and thoroughly investigated by facility management. Findings of all investigations and documentation are reported. Under "Policy Interpretation and Implementation" Investigating Allegations: 1. All allegations are thoroughly investigated. The Administrator initiates investigations. 2. Investigations may be assigned to an individual trained in reviewing, investigating, and reporting such allegations. 4. The Administrator is responsible for keeping the Resident and his/her representative (sponsor) informed of the progress of the investigation. 5. The Administrator ensures that the Resident and the person(s) reporting the suspected violation are protected from retaliation or reprisal by the alleged perpetrator, or by anyone associated with the facility.</p> <p>Review of the facility's policy titled "Abuse Prevention Program " revealed the following: Under the "Policy Statement" section the policy revealed, "Our Residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual, or physical abuse, and physical or chemical restraint not required to treat the Resident's symptoms. Under "Policy Interpretation and Implementation" included As part of the Resident abuse prevention, the administration will: 1. Protect our residents from abuse by anyone including, but not necessarily limited to: facility staff, other residents, consultants, volunteers, staff from other agencies, family members, legal representatives, friends, visitors, or any other individual. 2. Develop and implement policies and procedures to aid our facility in preventing abuse,</p>	F 610			

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F 610	<p>Continued From page 18</p> <p>neglect, or mistreatment of our residents. 3. Identify and investigate all possible incidents of abuse. 4. Protect residents during abuse investigations.</p> <p>Review of the facility's "Director of Social Service Job Description." Under: the Job Summary revealed: The primary focus of the Director of Social Services is to assist in the Resident's adjustment to the facility and maintain the highest possible level of psycho-social functioning within the facility environment. Under: "Job Requirements" included: 1. An understanding of the psycho-social dynamic of the geriatric population and ability to empathize and provide guidance to them. 4. Maintain grievance book, perform other related duties as directed by the Administrator..." Under: "Main Duties" revealed: 3. Keep Resident's rights current and up-to date with state and federal regulation. 6. Perform other related duties as directed by the Administrator.</p> <p>Review the facility's "Administrator Job Description." The "Purpose of Your Job Position" revealed: 1. The primary purpose of your position is to direct the day-to-day functions of the facility in accordance with current federal, state, and local standards, guidelines, and regulations that govern nursing facilities to assure that the highest degree of quality care can be provided to our residents at all times. Under " Delegation of Authority" included: 1. As Administrator you are delegated the administrative authority, responsibility, and accountability necessary for carrying out your assigned duties. Under: " Job Function" showed: 1. Every effort has been made to identify the essential functions of this position. However, it in no way states or implies that these are the only duties you will be required to</p>	F 610			

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F 610	Continued From page 19 perform. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or is an essential function of the position. Under the " Duties and Responsibilities." "Administrative Function" included: 1. Develop and maintain written policies and procedures and professional standards of practice that govern the operation of the facility. 2. Assist department directors in the development, use and implementation of departmental policies and procedures and professional standards of practices. 4. Interpret the Facility's policies and procedures to employees, residents, family members, visitors, government agencies, etc., as necessary. 5. Ensure that all employees, residents, visitors, and the general public follow the facility's established policies and procedures. 8. Conduct daily meeting with appropriate staff during Facility inspections to discuss survey finding and formulation of plans of action and correction. Under the "Personnel Function " revealed: 1. Delegate Administrative authority, responsibility, and accountability to other staff personnel as deemed necessary to perform their assigned duties. 1. Review accident and incident reports (e.g., falls, injuries of an unknown source, abuse, etc.). Monitor to determine the effectiveness of the facility's risk management program. Under "Resident Rights " included 1. Review resident complaints and grievances and make written reports of action taken. Discuss actions with the Resident and family as appropriate.	F 610			
F 835 SS=D	NJAC 8:39-9.4(f) Administration	F 835			12/23/24

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F 835	<p>Continued From page 20 CFR(s): 483.70</p> <p>§483.70 Administration. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: C#:NJ 00179177, NJ 00179069</p> <p>Based on interviews, Medical Record (MR) review, and review of pertinent facility documentation on 11/11/2024, 11/12/2024 and 11/11/2024, it was determined that the facility's Administration failed to ensure a thorough and complete investigation was completed for an allegation of <b>NJ Exec Order 26.4b1</b> and follow its Abuse and Neglect, Investigating and Reporting, the Abuse Prevention Program Policy, the Grievance Policy and Procedure, and the Administrator's Job Description.</p> <p>This deficient practice was identified for 2 of 7 residents (Resident #1 and Resident #4) and was evidenced by the following:</p> <p>According to the Admission Record (AR), Resident #1 was admitted on <b>NJ Exec Order 26.4b1</b> with diagnoses which included but were not limited to: <b>NJ Exec Order 26.4b1</b></p> <p>According to the Minimum Data Set (MDS), an assessment tool, dated <b>NJ Exec Order 26.4b1</b>, Resident #1 had a Brief Interview for Mental Status (BIMS)</p>	F 835	<p>1. Corrective Action:</p> <ul style="list-style-type: none"> <li>On 11/25/2024, the <b>US FOIA (b) (6)</b> was educated on his job description, roles, and responsibilities to ensure that policies and procedures and effective systems were implemented to assure that thorough and complete investigations are completed for allegations of resident-to-resident sexual abuse.</li> <li>On 11/25/2024, the <b>US FOIA (b) (6)</b> was educated on the following policies: Abuse and Neglect Policy, Investigating and Reporting Policy, The Abuse Prevention Program Policy and Grievance Policy.</li> </ul> <p>2. Identification of other residents or areas having the potential to be affected due to the nature of the deficiency:</p> <ul style="list-style-type: none"> <li>All residents have the potential to be affected by this deficient practice.</li> </ul> <p>3. Measures Put into Place:</p> <ul style="list-style-type: none"> <li>The LNHA/designee will conduct weekly audits/review of any grievances and allegations of sexual abuse to assure timely implementation of investigation and resolution has occurred.</li> </ul> <p>4. How Will These Actions Be</p>		

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F 835	<p>Continued From page 21</p> <p>score of <b>U.S. FOIA (b)(6)</b>, which indicated that the Resident's <b>U.S. FOIA (b)(6)</b>. The MDS also showed Resident #1 needed <b>NJ Exec Order 26.4b1</b> and <b>NJ Exec Order 26.4b1</b> with <b>NJ Exec Order 26.4b1</b> and <b>NJ Exec Order 26.4b1</b> with <b>NJ Exec Order 26.4b1</b> the unit.</p> <p>A review of the Care Plan (CP) initiated on <b>NJ Exec Order 26.4b1</b> revealed under "Indicator": Resident #1 <b>NJ Exec Order 26.4b1</b> on unit <b>NJ Exec Order 26.4b1</b>. Under "Goal," indicated "Provide a safe environment for <b>NJ Exec Order 26.4b1</b> through the next review date; Under Interventions," included: "Involve in programs of interest, <b>NJ Exec Order 26.4b1</b> during overnight shift, <b>NJ Exec Order 26.4b1</b> discussed with family who <b>NJ Exec Order 26.4b1</b> and <b>NJ Exec Order 26.4b1</b> when <b>NJ Exec Order 26.4b1</b> <b>US FOIA (b) (6)</b> will <b>NJ Exec Order 26.4b1</b> and involve in activities and Place <b>NJ Exec Order 26.4b1</b> on most <b>NJ Exec Order 26.4b1</b>.</p> <p>According to the AR, Resident #4 was admitted on <b>NJ Exec Order 26.4b1</b> with diagnoses which included, but were not limited to, <b>NJ Exec Order 26.4b1</b>.</p> <p>According to the MDS dated <b>U.S. FOIA (b)(6)</b>, Resident #4 had a BIMS score of <b>NJ Exec Order 26.4b1</b>, which indicated that the Resident's <b>NJ Exec Order 26.4b1</b>. The MDS also showed Resident #4 is <b>NJ Exec Order 26.4b1</b>.</p> <p>A review of the CP initiated on <b>NJ Exec Order 26.4b1</b> revealed under "Indicator": Resident #1 <b>NJ Exec Order 26.4b1</b> on unit <b>NJ Exec Order 26.4b1</b>. Under "Goal" indicated, "Provide a safe environment for <b>NJ Exec Order 26.4b1</b> through the next review date; Under</p>	F 835	<p>Measured:</p> <ul style="list-style-type: none"> <li>The results of the weekly audits will be submitted to the Quality Assurance and Process Improvement Committee Meeting monthly for 3 months. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting. The next Quality Assurance and Process Improvement Committee Meeting will be held on January 16th, 2025.</li> </ul>		

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F 835	<p>Continued From page 22</p> <p>Interventions," included: "Find out what the Resident <sup>NJ Exec Order 26.4b1</sup>, involve in program of interest, Use <sup>NJ Exec Order 26.4b1</sup> at doorway and <sup>NJ Exec Order 26.4b1</sup>.</p> <p>Review of an Email Grievance dated <sup>NJ Exec Order 26.4b1</sup> at 8:35 p.m., presented to the Surveyor from the <sup>U.S. FOIA (b)(6)</sup> revealed documentation from Resident #1's <sup>NJ Exec Order 26.4b1</sup>, which included a complaint of an incident <sup>NJ Exec Order 26.4b1</sup> observed between Resident #1 and Resident #4. According to the email, the <sup>NJ Exec Order 26.4b1</sup> to the Resident's room (date unknown) and observed the door closed with Resident #1 and Resident #4 in the room. The <sup>NJ Exec Order 26.4b1</sup> wrote that when <sup>NJ Exec Order 26.4b1</sup> walked into the room, Resident #4 <sup>NJ Exec Order 26.4b1</sup> out of the room. She continued, "I then found my [Resident #1] <sup>NJ Exec Order 26.4b1</sup>. <sup>NJ Exec Order 26.4b1</sup> [his/her] <sup>NJ Exec Order 26.4b1</sup> <sup>NJ Exec Order 26.4b1</sup>..". The <sup>NJ Exec Order 26.4b1</sup> further wrote that a staff member "told me [Resident #4] <sup>NJ Exec Order 26.4b1</sup> and that [Resident #1] <sup>NJ Exec Order 26.4b1</sup> she [staff member] finds them [Resident 1 and Resident #4] ... <sup>NJ Exec Order 26.4b1</sup>."</p> <p>Further review of the email showed that on <sup>NJ Exec Order 26.4b1</sup> the <sup>U.S. FOIA (b)(6)</sup> forwarded the email from Resident #1's <sup>NJ Exec Order 26.4b1</sup> to the <sup>NJ Exec Order 26.4b1</sup>. The <sup>U.S. FOIA (b)(6)</sup> wrote: "Please write a grievance for Resident #1."</p> <p>During an interview on 11/22/2024 at 1:43 p.m., the <sup>U.S. FOIA (b)(6)</sup> stated <sup>NJ Exec Order 26.4b1</sup>, he received a complaint via email from Resident #1</p>	F 835			

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F 835	<p>Continued From page 23</p> <p>NJ Exec Order 26.4b1 but did not read the complaint. He further stated on NJ Exec Order 26.4b1, he forwarded the email to the U.S. FOIA. In addition, the U.S. FOIA (b)(6) said "his expectation was for the U.S. FOIA to do a full investigation and write a grievance.</p> <p>During an interview on 11/22/2024 at 2:11 p.m., the U.S. FOIA stated on NJ Exec Order 26.4b1 she received an email from the U.S. FOIA (b)(6) which included an allegation of NJ Exec Order 26.4b1 between Resident #1 (NJ Exec Order 26.4b1) and Resident #4 (NJ Exec Order 26.4b1). The U.S. FOIA further stated she spoke with the CNAs in the unit, as she actively tries to reach out to Resident #1's family. She further stated that she did not speak to the U.S. FOIA (b)(6)</p> <p>Review of an undated facility policy titled; "Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigation," included the following: Under "Policy Statement: All reports of Resident abuse (including injuries of unknown origin), neglect, exploitation, or theft/misappropriation of resident property are reported to local state and federal agencies (as required by current regulations) and thoroughly investigated by facility management. Findings of all investigations and documentation are reported. Under "Policy Interpretation and Implementation" Investigating Allegations: 1. All allegations are thoroughly investigated. The Administrator initiates investigations. 2. Investigations may be assigned to an individual trained in reviewing, investigating, and reporting such allegations. 4. The Administrator is responsible for keeping the Resident and his/her representative (sponsor) informed of the progress</p>	F 835			

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F 835	<p>Continued From page 24</p> <p>of the investigation. 5. The Administrator ensures that the Resident and the person(s) reporting the suspected violation are protected from retaliation or reprisal by the alleged perpetrator, or by anyone associated with the facility.</p> <p>Review of the facility's policy titled "Grievance Policy and Procedure" included the following: Under Policy: All Residents, responsible parties, interested family have the right to voice grievances that are free from interference, coercion, discrimination, or reprisal concerning: 1. The care, treatment, and services that are, or fail to be, furnished. 3. The behavior of other residents, responsible parties, interested family members and staff. Facility will promptly address, investigate, and then respond to every grievance that it receives from all such parties. All grievances will be handled as promptly, prudently, and courteously as possible. Under: "Procedure" revealed the following: 1. All Residents, responsible parties, interested family members, and staff should file grievances by verbalizing or by written notice and employee of the facility. If a grievance is verbalized to an employee, it is the responsibility of the employee to submit the verbalization to the department head. 2. All grievances will be initially addressed with a prompt effort to resolve said complaint/grievance. All grievances will be reviewed by social services. The supervisory designee will try to acknowledge the grievance as promptly as possible. 3. Besides making sure that all grievances are promptly considered, investigated, resolved, and answered, and later reviewed, this file will provide documentation of our continued commitment to optimum quality.</p> <p>Review of the facility's policy titled "Abuse</p>	F 835			

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F 835	<p>Continued From page 25</p> <p>Prevention Program " revealed the following: Under the "Policy Statement" section the policy revealed, "Our Residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual, or physical abuse, and physical or chemical restraint not required to treat the Resident's symptoms. Under "Policy Interpretation and Implementation" included As part of the Resident abuse prevention, the administration will: 1. Protect our residents from abuse by anyone including, but not necessarily limited to: facility staff, other residents, consultants, volunteers, staff from other agencies, family members, legal representatives, friends, visitors, or any other individual. 2. Develop and implement policies and procedures to aid our facility in preventing abuse, neglect, or mistreatment of our residents. 3. Identify and investigate all possible incidents of abuse. 4. Protect residents during abuse investigations.</p> <p>Review the facility's "Administrator Job Description." The "Purpose of Your Job Position" revealed: 1. The primary purpose of your position is to direct the day-to-day functions of the facility in accordance with current federal, state, and local standards, guidelines, and regulations that govern nursing facilities to assure that the highest degree of quality care can be provided to our residents at all times. Under " Delegation of Authority" included: 1. As Administrator you are delegated the administrative authority, responsibility, and accountability necessary for carrying out your assigned duties. Under: " Job Function" showed: 1. Every effort has been made to identify the essential functions of this position.</p>	F 835			

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

PRINTED: 05/07/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315454</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/22/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SHORE GARDENS REHABILITATION AND NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>231 WARNER STREET</b> <b>TOMS RIVER, NJ 08755</b>		
(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 835	Continued From page 26 However, it in no way states or implies that these are the only duties you will be required to perform. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or is an essential function of the position. Under the " Duties and Responsibilities." "Administrative Function" included: 1. Develop and maintain written policies and procedures and professional standards of practice that govern the operation of the facility. 2. Assist department directors in the development, use and implementation of departmental policies and procedures and professional standards of practices. 4. Interpret the Facility's policies and procedures to employees, residents, family members, visitors, government agencies, etc., as necessary. 5. Ensure that all employees, residents, visitors, and the general public follow the facility's established policies and procedures. 8. Conduct daily meeting with appropriate staff during Facility inspections to discuss survey finding and formulation of plans of action and correction. Under the "Personnel Function " revealed: 1. Delegate Administrative authority, responsibility, and accountability to other staff personnel as deemed necessary to perform their assigned duties. 1. Review accident and incident reports (e.g., falls, injuries of an unknown source, abuse, etc.). Monitor to determine the effectiveness of the facility's risk management program. Under "Resident Rights " included 1. Review resident complaints and grievances and make written reports of action taken. Discuss actions with the Resident and family as appropriate.  N.J.A.C. 8:39-13.1 (a)	F 835			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315454	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 11/22/2024
NAME OF PROVIDER OR SUPPLIER  SHORE GARDENS REHABILITATION AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 231 WARNER STREET TOMS RIVER, NJ 08755		
(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

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>656002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/22/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SHORE GARDENS REHABILITATION AND NUR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>231 WARNER STREET</b> <b>TOMS RIVER, NJ 08755</b>		
(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 000	Initial Comments  The facility was not in compliance with the standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities. The facility must submit a Plan of Correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the provisions of the New Jersey Administrative Code, Title 8, chapter 43E, Enforcement of Licensure Regulations.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care  The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.  This REQUIREMENT is not met as evidenced by: Based on review of pertinent facility documentation on 11/11/2024, 11/12/2024 and 11/22/2024, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratios as mandated by the state of New Jersey for 16 day shifts and 1 night shift. The deficient practice 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,	S 560	<ul style="list-style-type: none"> <li>1. Staffing coordinator was educated on New Jersey state staffing ratio requirements on 12/20/2024.</li> <li>Efforts to hire facility staff will continue until there is adequate staff to meet the minimum staff to resident ratios. Until that time, the facility will use staffing agencies and offer additional shifts to current staff with bonuses as required.</li> <li>Facility Administrator worked with Human resources to secure additional staffing agency contracts.</li> <li>Interdisciplinary team met on 12/23/2024, to discuss recruitment and retention interventions.</li> </ul>	12/23/24

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

TITLE

(X6) DATE

Electronically Signed

12/23/24

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>656002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/22/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SHORE GARDENS REHABILITATION AND NUR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>231 WARNER STREET</b> <b>TOMS RIVER, NJ 08755</b>		
(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	<p>Continued From page 1</p> <p>codified as 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:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and one direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.</p> <p>For the 2 weeks of staffing prior to survey from 10/27/2024 to 11/09/2024, the facility was deficient in CNA staffing for residents on 8 of 14 day shifts as follows:</p> <ul style="list-style-type: none"> <li>-10/27/24 had 16 CNAs for 143 residents on the day shift, required at least 18 CNAs.</li> <li>-10/30/24 had 17 CNAs for 142 residents on the day shift, required at least 18 CNAs.</li> <li>-10/31/24 had 17 CNAs for 142 residents on the day shift, required at least 18 CNAs.</li> <li>-11/02/24 had 17 CNAs for 142 residents on the day shift, required at least 18 CNAs.</li> <li>-11/03/24 had 17 CNAs for 142 residents on the day shift, required at least 18 CNAs.</li> <li>-11/07/24 had 17 CNAs for 141 residents on the day shift, required at least 18 CNAs.</li> <li>-11/08/24 had 16 CNAs for 141 residents on the day shift, required at least 18 CNAs.</li> <li>-11/09/24 had 17 CNAs for 141 residents on the day shift, required at least 18 CNAs.</li> </ul>	S 560	<p>2. Identification of other residents or areas having the potential to be affected due to the nature of the deficiency:</p> <ul style="list-style-type: none"> <li>• All residents have the potential to be affected by this deficient practice.</li> </ul> <p>3. Measures Put into Place:</p> <ul style="list-style-type: none"> <li>• Recruitment, retention and employee appreciation meeting was initiated and will be led by the Director of Human Resources and/or designee.</li> <li>• Hiring and recruitment efforts including pay for experience, online job listings, and referral bonuses are being utilized to continue to be competitive in the marketplace.</li> <li>• Focus on retention efforts include, but are not limited to incentive programs, career growth and educational training opportunities and employee morale incentives.</li> <li>• The administrator/designee will review staffing schedules weekly to ensure adequate staffing for all shifts.</li> </ul> <p>4. How Will These Actions Be Measured:</p> <ul style="list-style-type: none"> <li>• The results of the recruitment and retention audits will be submitted to the Quality Assurance and Process Improvement Committee Meeting monthly for 3 months. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting. The next Quality Assurance and Process Improvement Committee Meeting will be held on January 16th, 2025.</li> </ul>	

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>656002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/22/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SHORE GARDENS REHABILITATION AND NUR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>231 WARNER STREET</b> <b>TOMS RIVER, NJ 08755</b>		
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S 560	<p>Continued From page 2</p> <p>For the 2 weeks of AAS-12 staffing from 10/27/2024 to 11/09/2024, the facility was deficient in minimum staffing levels for 4 of 14 days as follows:</p> <p>For the week of 10/27/24 Required Total Staffing Hours: 430.94</p> <p>-10/27/24 had 392 actual staffing hours, for a difference of -38.94 hours. -11/02/24 had 416 actual staffing hours, for a difference of -14.94 hours.</p> <p>For the week of 11/03/24 Required Total Staffing Hours: 419.96</p> <p>- 11/03/24 had 408 actual staffing hours, for a difference of -11.96 hours. - 11/09/24 had 416 actual staffing hours, for a difference of -3.96 hours.</p>	S 560		

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 656002	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/2/2025
NAME OF FACILITY SHORE GARDENS REHABILITATION AND NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 231 WARNER STREET TOMS RIVER, NJ 08755	

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	12/23/2024	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 11/22/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			