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	65C000	A. BUILDING: _____ B. WING _____	11/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT BEY LEA, LLC	1351 OLD FREEHOLD ROAD TOMS RIVER, NJ 08753

(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
A 000	Initial Comments Initial Comments: TYPE OF SURVEY: Standard CENSUS: 35 SAMPLE SIZE: 10 The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. 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 provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.	A 000		
A 313	8:36-3.4(a)(4) Administration (a) The administrator or designee shall be responsible for, but not limited to, the following: 4. Ensuring the provision of staff orientation and staff education; This REQUIREMENT is not met as evidenced by: Based on interview and review of employee files and in-service records, it was determined that the facility Administrator failed to ensure that staff received in-services/training on Pain Management for 2 of 2 employees reviewed, Certified Home Heathcare Aide (CHHA) #1, and	A 313		

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

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A 313	Continued From page 1 Licensed Practical Nurse (LPN) #2. This deficient practice was evidenced by the following: On 11/09/2023, at 9:50 a.m., (s)urveyor #3 reviewed the facility employee records and identified that the documentation for Pain Management was not included in the following employee records: 1. CHHA #1 hired on [NJ ex order 26.4] did not attend an initial in-service on Pain Management in [NJ Ex Order] 2. LPN #2 hired on [NJ Ex Order 26.4(b)(1] did not attend an initial nor annual in-services on Pain Management for [NJ Ex Orde], [NJ Ex Order], [NJ Ex Order] and [NJ Ex Order] At 12:00 p.m., Surveyor #3 interviewed the Administrator who stated, "I'm struggling to have staff complete training. I have to print out training and give to staff that don't have access to computers. If it was done on computer, their [there] should be a certification on file." The facility Administrator was unable to provide Surveyor #3 with documented evidence of employee's in-service/training prior to facility survey on 11/08/2023, to confirm that staff received Pain Management training as required.	A 313		
A 549	8:36-5.7(a)(7) General Requirements (a) A policy and procedure manual(s) for the organization and operation of the facility or program shall be developed, implemented, and reviewed at least annually. Each review of the manual(s) shall be documented, and the manual(s) shall be available in the facility or program to representatives of the Department at all times. The manual(s) shall include at least the	A 549		

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A 549	Continued From page 2 following: 7. Policies and procedures, including content and frequency, for physical examinations and immunizations and tuberculin testing upon employment and subsequently for employees and individuals providing direct resident care services in the facility through contractual arrangements or written agreement; This REQUIREMENT is not met as evidenced by: Based on interview and review of facility employee files it was determined that the facility failed to develop and implement a comprehensive policy and procedure that included a time frame for an employee physical examination (PE). It was also determined that the facility failed to ensure that a PE was completed and kept on file for 8 out of 10 employees reviewed. This was evidenced by the following: On 11/9/2023 at 10:00 a.m., surveyor #1 reviewed 6 of 10 facility's employee files which revealed that employee #1, #2, #3, #4, #5 and #6 failed to contain a PE in their personnel files as follows: Employee #1 was employed at the facility in the activity department with a hire date of [redacted]. A review of the employee's personnel file indicated that the facility failed to provide documented evidence of a PE. Employee #2 was employed at the facility as the Activity Director with a hire date of [redacted]. A review of the employee's personnel file indicated that the facility failed to provide documented	A 549		

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A 549	Continued From page 3	A 549		

evidence of a PE.

Employee #3 was employed at the facility as Certified Home Health Aide, (CHHA) with a [redacted]. A review of the employee's personnel file indicated that the facility failed to provide documented evidence of a PE.

Employee #4 was employed at the facility as a Certified Medication Aide, (CMA) with a [redacted]. A review of the employee's personnel file indicated that the facility failed to provide documented evidence of a PE.

Employee #5 was employed at the facility as a Certified Nursing Assistant, (CNA) with a [redacted]. A review of the employee's personnel file indicated that the facility failed to provide documented evidence of a PE.

Employee #6 was employed at the facility as a Licensed Practical Nurse, (LPN) with a hire date of [redacted]. A review of the employee's personnel file indicated that the facility failed to provide documented evidence of a PE.

On 11/9/2023 at 11:00 a.m., surveyor #2 reviewed 2 employee files which revealed that employees #7 and #8 failed to have a PE in their files.

Employee #7 was employed at the facility as a CHHA with a [redacted]. A review of the employee's personnel file indicated that the facility failed to provide documented evidence of a PE.

Employee #8 was employed at the facility as a CMA with a [redacted]. A review of the employee's personnel file indicated that the facility failed to provide documented evidence of

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A 549	Continued From page 4 a PE. During an interview on 11/9/2023 at 1:05 p.m., the facility's Administrator stated that the employee NJ ex order 26.4b1 The administrator further stated that she was unable to provide an employee PE if they were not in the employee files. A review of the facility policy titled, "Employee Health Records" with a date Revised/Reviewed: 1/2019 revealed, "Policy Statement ...Health Records will be maintained for all employees ...Policy Interpretation and Implementation ... included: 1. A health record for each employee will contain, at a minimum: ... i. A copy of any results of examinations, medical testing, and follow-up procedures related to employee health and infection control issues; ... k. Treatments or vaccinations administered by this organization; and ... l. Other pertinent health-related information deemed appropriate or necessary ...5. Employee health records will be maintained for the length of the employee's employment, plus thirty years or as mandated by current state law if the employee has had a bloodborne pathogens exposure ...." Refer to tag: 8:36-5.7 (a)(7)	A 549		
A 647	8:36-6.1(a)(3) Resident Care Policies (a) Written resident care policies and procedures shall be established, implemented, and reviewed at intervals specified in the policies and procedures. Each review of the policies and	A 647		

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A 647	Continued From page 5 procedures shall be documented. Policies and procedures shall include, but not be limited to, the following: 3. The determination of staffing levels to ensure delivery of services and assistance as needed for each resident of the facility or program during each 24-hour period. Services may be provided directly by staff employed by the facility or program or in accordance with a written contract; This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility's Administrator failed to develop, implement, and enforce a Staffing policy and procedure to ensure each facility resident will be provided with adequate care and assistance they need. This deficient practice was evidenced by the following: On 11/8/2023 at 10:07 a.m., during the survey entrance conference, Surveyor #2 requested the facility's staffing policy from the facility's Administrator who stated that she would provide the surveyor team with the requested policy. 11/9/2023 at 11:59 a.m., during surveyor interview, Surveyor #2 again requested the staffing policy from the facility's Administrator who stated that she was unable to locate the facility's staffing policy but will continue to search for the policy. At 1:47 p.m., Surveyor #2 interviewed the facility's Administrator who confrimed that the facility did	A 647		

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A 647	Continued From page 6 not have a Staffing policy. The facility's Administrator was unable to provide the surveyor team with a Staffing policy at the time of the survey, on 11/9/23.	A 647		
A 907	8:36-10.5(c)(7) Dining Services (c) Meals shall be planned, prepared, and served in accordance with, but not limited to, the following: 7. Between-meal snacks and beverages shall be available at all times for each resident, unless medically contraindicated as documented by a physician in the resident's health care plan; This REQUIREMENT is not met as evidenced by: Based on observation and interview it was determined that the facility failed to ensure that between-meal snacks and beverages were always available for residents. The deficient practice was evidenced by the following: During a tour on 11/8/2023 at 10:32 a.m., the Registered Nurse (RN) stated that snacks are provided to the residents in the activity room upon request. The RN continued to say that residents were unable to get snacks independently. During an interview on 11/8/2023 at 11:30 a.m., the Activity Director (AD) stated that snacks were only available upon request and were in numerous areas of the facility, including the art room and [the] nursing station; however, this was not observed at the time of the survey. During	A 907		

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A 907	Continued From page 7 continued surveyor interview, the AD stated that the activity staff members offered snacks to the facility's residents between activity programs. The AD also stated that at 3:00 p.m., the facility staff offers the residents fluids for hydration. At the time of the survey, there was no documented evidence given for a snacks schedule. A review of the facility policy titled "Food and Nutrition Services" updated 10/2019 revealed, under "Policy Statement ...Each resident is provided with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident. ...Policy Interpretation and Implementation included: ...9. Nourishing snacks are available to the residents 24 hours a day. The resident may request snacks as desired, or snacks may be scheduled between meals to accommodate the resident's typical eating patterns." Refer to tag: 8:36-10.5(c) (7)	A 907		
A 963	8:36-11.5(f) Pharmaceutical Services (f) Medications shall be accurately administered and documented by properly authorized individuals, in accordance with prescribed orders. This REQUIREMENT is not met as evidenced	A 963		

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A 963	Continued From page 8 by: Based on observation, interview, review of the medical record (MR) and other facility documentation on 11/8/2023 and 11/9/2023, it was determined that the Licensed Practice Nurse (LPN) failed to accurately document the [redacted] according to the physician's orders (POS) and acceptable standards of clinical practice. Additionally, the facility failed to follow their policy Documentation of Medication Administration for 4 of 10 residents (Resident #1, #2, #3 & #4). This deficient practice was evidenced by the following: Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist." 1.According to the "Admission Record (AR)" Resident #1 was admitted to the facility on [redacted] with diagnoses which included but [redacted] A review of Resident #1's "Medication Review Report (MRR)" dated On or After [redacted] revealed the following Physician's Order (POS): [redacted]	A 963		

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A 963	Continued From page 9	A 963		

NJ ex order 26.4b1 dated NJ ex order 26.4b1.

A review of Resident #1's "Dividual (Individual) Patient NJ Ex Order 26.4(b)(1)) Administration Record NJ Ex Order 26.4(b)) NJ Ex Order 26.4(b)" revealed, NJ Ex Order 26.4(b)(1) ."

2. According to the AR, Resident #2 was admitted to the facility on NJ ex order 26.4b1 with diagnoses which included but was not limited to NJ ex order 26.4b1

A review of Resident #2's MRR dated On or After NJ ex order 26.4b1 revealed the following POS:
NJ ex order 26.4b1

A review of Resident #2's NJ ex order 26.4b1

3. According to the AR, Resident #3 was admitted to the facility on NJ ex order 26.4b1 with diagnoses which
NJ ex order 26.4b1

A review of Resident #3's MRR dated On or After NJ Ex Order 26.4(b)(1) revealed the following POS NJ ex order 26.4b1

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A 963	Continued From page 10	A 963		

NJ ex order 26.4b1 [redacted]

A review of Resident #3's the NJ ex order 26.4b1 revealed, NJ ex order 26.4b1 [redacted] ."

4. According to the AR, Resident #4 was admitted to the facility on NJ ex order 26.4b1 with diagnoses which NJ ex order 26.4b1 [redacted]

A review of Resident #4's MRR, dated On or After NJ ex order 26.4b1 revealed the following: NJ ex order 26.4b1 [redacted]

A review of Resident #4' NJ ex order 26.4b1 [redacted]

During an interview on 11/8/2023 at 10:43 a.m., Surveyor #5 in the presence of Surveyor #4, asked the LPN, if she was done with her medication administration, she replied "yes".

During a tour of the medication cart room on 11/8/2023 at 10:50 a.m., Surveyor #4 and the LPN observed NJ Ex Order 26.4 medications not documented as signed out on the "Individual Patient NJ Ex Order 26.4(b)(1) Administration Record NJ Ex Order 26.4(b)(1) " for (4) residents as follows:

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A 963	Continued From page 11 The LPN and Surveyor #4 counted the bingo cards (pill dispensing system, where the pills are popped out of the card upon administration) along with NJ Ex Order 26.4(b for Resident #1 it was noted on the NJ Ex Order 26.4(b that the Resident had a NJ ex order 26.4b1 [redacted] For Resident #2, it was noted on the NJ Ex Order 26.4(b that the Resident NJ ex order 26.4b1 [redacted]. For Resident #3, it was noted on the NJ Ex Order 26.4(b that the Resident NJ ex order 26.4b1 [redacted] For Resident #4, it was noted on the NJ Ex Order 26.4(b that the Resident NJ ex order 26.4b1 [redacted]. During an interview at 11:06 a.m., when Surveyor #4 asked about the medications not being signed out, the LPN stated, "the meds (medications) should be signed out when the medication is given. I should have signed it (the medication) out ...." A review of the facility policy titled "Documentation of Medication Administration" with an updated date 10/2019 revealed Under "Policy Statement" "The facility shall maintain a medication administration record to document all medications administered ...Policy Interpretation and Implementation ...2. Administration of medication must be documented immediately	A 963		

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A 963	Continued From page 12 after (never before) it is given. 3. Documentation must include, as a minimum: a. Name and strength of the drug; b. Dosage; ...d date and time of administration, ...f. Signature and title of the person administering the medication; and ...." Refer to tag: 8:36-11.5 (f)	A 963		
A1179	8:36-17.1(a) Housekeeping-Sanitation-Safety-Maintenance (a) The facility shall provide and maintain a sanitary and safe environment for residents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and facility document review, the facility failed to maintain a sanitary and safe environment in 1 of 1 kitchen for the residents. Findings included: Review of a facility checklist titled, "Kitchen Cleaning List," dated 02/07/2022, revealed "Walk-in: If the floor is dirty-have dishwasher mop with hot mop." The checklist revealed, "Kitchen: All counter tops are wiped down at end of night." An observation on 11/08/2023 at 11:30 AM revealed a significant accumulation of dirt and debris on all the floor surfaces within the walk-in refrigerators, freezers, main cook line, and food preparation areas. The observation revealed a significant accumulation of dirt on all wall and ceiling surfaces throughout the kitchen.	A1179		

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A1179	Continued From page 13 During an interview on 11/09/2023 at 10:25 AM, the Food Service Director stated all kitchen staff were trained on the use of a cleaning checklist at the time of hire and annually thereafter. The Food Service Director stated the checklist should be completed weekly, but could not recall the last time the checklist had been completed to indicate cleaning had occurred. The Food Service Director stated he was aware of how dirty the kitchen was and said it had gotten away from him. On 11/09/2023 at 10:47 AM, the Administrator said she knew the kitchen staff had a checklist that detailed kitchen cleaning to be completed, but was unaware of the unsanitary condition of the kitchen. She identified that she had previously seen the checklist, but noted there was not a process in place that ensured the forms were completed as required to denote cleaning had occurred.	A1179		
A1249	8:36-17.7 Housekeeping-Sanitation-Safety-Maintenance The building and grounds shall be well maintained at all times. The interior and exterior of the building shall be kept in good condition to ensure an attractive appearance, provide a pleasant atmosphere, and safeguard against deterioration. The building and grounds shall be kept free from fire hazards and other hazards to resident's health and safety.	A1249		

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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) COMPLETE DATE
A1249	Continued From page 14 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain the building and grounds in a manner that was free from fire hazards for 2 (patio area) of 6 exit doors. Findings included: An observation on 11/08/2023 at 1:30 PM, revealed two doors that provided occupants access to a patio area from the interior of the facility. The two doors had "EXIT" signs above them that were mounted to the ceiling, making the doors designated emergency exits to be used in the event of an emergency that required occupant evacuation to the public. The observation revealed a padlocked gate in the resident patio area that gave access to the public way. During an interview on 11/09/2023 at 9:40 AM, the Director of Maintenance said that he did not know the lock on the gate was not compliant with the state's standards. He said that there was not a facility policy that addressed a requirement for the Maintenance Department to complete environmental surveillance rounds.	A1249		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
65C000 Y1	A. Building B. Wing Y2	1/18/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT BEY LEA, LLC	1351 OLD FREEHOLD ROAD TOMS RIVER, NJ 08753

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 A0313	Correction	ID Prefix A0549	Correction	ID Prefix A0647	Correction
Reg. # 8:36-3.4(a)(4)	Completed	Reg. # 8:36-5.7(a)(7)	Completed	Reg. # 8:36-6.1(a)(3)	Completed
LSC	01/12/2024	LSC	02/09/2024	LSC	02/09/2024
ID Prefix A0907	Correction	ID Prefix A0963	Correction	ID Prefix A1179	Correction
Reg. # 8:36-10.5(c)(7)	Completed	Reg. # 8:36-11.5(f)	Completed	Reg. # 8:36-17.1(a)	Completed
LSC	01/12/2024	LSC	01/12/2024	LSC	01/13/2024
ID Prefix A1249	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-17.7	Completed	Reg. #	Completed	Reg. #	Completed
LSC	01/19/2024	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	

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	
11/9/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO