

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

PRINTED: 02/17/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315332</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/16/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>SOUTHERN OCEAN CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1361 ROUTE 72 WEST</b> <b>MANAHAWKIN, NJ 08050</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 000	INITIAL COMMENTS  Complaint # NJ148246, NJ148369 Census: 94 Sample Size: 3  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.  A COVID-19 Focused Infection Control Survey was conducted. The facility was found to be in compliance with 42 CFR 483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.	F 000			
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)  §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.  §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:  §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and	F 880		10/28/21	

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

TITLE

(X6) DATE

Electronically Signed

09/30/2021

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 880	<p>Continued From page 1</p> <p>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;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents</p>	F 880			

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F 880	<p>Continued From page 2 identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on record reviews, facility policy review, observations, and staff interviews, it was determined that the facility failed to prevent the spread of infection by failing to keep soiled linens and a soiled brief off the floor for one of one (Resident [REDACTED] observed during [REDACTED])</p> <p>Findings included:</p> <p>1. Resident [REDACTED] was [REDACTED] [REDACTED] Resident [REDACTED] had a [REDACTED]</p> <p>A review of the most recent [REDACTED] assessment dated [REDACTED] revealed Resident [REDACTED]'s [REDACTED] [REDACTED] The resident had [REDACTED], was [REDACTED] [REDACTED] The resident was [REDACTED] [REDACTED] on [REDACTED] for [REDACTED] and [REDACTED] transferring and [REDACTED] on [REDACTED]. The resident was always [REDACTED]</p>	F 880	<p>1.How will the corrective action be accomplished for those residents found to have been affected by the deficiency?</p> <p>RN #1 and CNA #2 was in service immediately on the correct way to safely handle soiled linen and briefs, according to facility's policy by the Nurse Practice Educator. Floor of Resident [REDACTED] was cleaned immediately by Housekeeping.No negative outcome occurred to Resident [REDACTED]</p> <p>2.How the facility identify other residents having the potential to be affected by the same deficiency practice?</p> <p>All residents have the potential to be affected by this deficient practice.</p> <p>3.What systematic changes will be put in place to ensure this deficient practice doesn't happen again?</p> <p>Direct care staff will be in service to</p>	

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F 880	<p>Continued From page 3</p> <p>██████████. The resident had no ██████████.</p> <p>A review of the ██████████ dated ██████████ triggered related to the resident always being ██████████.</p> <p>A review of the care plan dated ██████████ for Resident ██████████ was at ██████████ related to ██████████. Applying ██████████ with each ██████████ and ██████████ was listed in meeting the goal of ██████████.</p> <p>A record review revealed Resident ██████████ was ██████████ and ██████████ was ██████████ of the ██████████.</p> <p>An observation of ██████████ was made on ██████████ at 3:20 PM with Certified Nursing Assistant (CNA) #2 and Registered Nurse (RN) #1. The resident was in a chair and ██████████. When Resident ██████████ was positioned in bed, CNA #2 ██████████ and placed it on the ██████████ near the window. During ██████████ CNA #2 placed the ██████████ and ██████████ and a ██████████ between the ██████████. RN #1 ██████████ to Resident ██████████ and then tossed a washcloth over the bed to the floor between the two beds.</p> <p>During an interview with CNA #2 on 09/15/2021 at 3:35 PM, she stated she typically tossed everything on the floor and then picked it up and bagged it before leaving. She stated she already</p>	F 880	<p>ensure that infection protocols are met regarding safe handling of linen and briefs, by the Nurse Practice Educator or designee. The nursing staff will be able to demonstrate correct handling of dirty linen and briefs, they will also be able to verbalize the correct way according to policy. Nurse Practice Educator or designee will conduct random weekly audits x4 weeks then monthly x3 on all units to ensure safe handling of linen and briefs.</p> <p>4.How will the systemic corrective actions be monitored, that the deficient practice is corrected and will not occur?</p> <p>Weekly audits will be presented monthly by Nurse Practice Educator or designee at the Monthly Quality Assurance Meeting for 3 months with corrective actions needed or taken during the course of the audit.</p> <p>DPOC- Updated/Added 10/15/2021 1. Root cause analysis conducted and completed by Administrator, Director of Nursing, Infection Preventionist and Nurse Educator.</p> <p>2.All Required videos will be viewed by staff. 1.Nursing Home Infection Preventionist Training Course Module 1 - Infection Prevention &amp; Control Program Provide the training to: Topline staff and infection preventionist 2.CDC COVID-19 Prevention Messages for Front Line</p>	

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F 880	<p>Continued From page 4 had bags in her pocket for use.</p> <p>During an interview with RN #1 on 09/15/2021 at 3:42 PM, she stated she did not usually help with care, but usually there was a little pile of towels on the floor and then they are bagged up and removed from the resident's room when the staff exit.</p> <p>During an interview on 09/15/2021 at 4:10 PM with the Center Nurse Executive, she stated her expectation would be for all linens to be placed into a plastic bag and bagged to go to the laundry and not placed on the floor, and that [REDACTED] [REDACTED] also be placed into a plastic bag and not onto the floor.</p> <p>During an interview on 09/16/2021 at 12:45 PM with the Executive Director, he stated it was his expectation that [REDACTED] and [REDACTED] are not placed on the floor.</p> <p>A review of the facility policy, titled, "Linen Handling," dated 11/15/2020, revealed, 7.4 soiled linen should be bagged or directly placed in covered container at the location when removing linen.</p> <p>New Jersey Administrative Code § 8:39-19.4(a)</p>	F 880	<p>Long-Term Care Staff: Keep COVID-19 Out. For Frontline staff 3.Nursing Home Infection Preventionist Training Course Module I1B - Environmental Cleaning and Disinfection. For topline staff and infection preventionist 4.Nursing Home Infection Preventionist Training Course Module 4 - Infection Surveillance for Topline staff and infection preventionist only 5.Nursing Home Infection Preventionist Training Course Module 6A - Principles of Standard Precautions for topline staff and infection preventionist 6.Nursing Home Infection Preventionist Training Course Module 6B - Principles of Transmission Based Precautions for topline staff and infection preventionist 7.Nursing Home Infection Preventionist Training Course Module 110 - Linen Management for Frontline staff. All video inservicing will be ongoing until all staff have completed.</p>	

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315332	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 10/28/2021	Y3
NAME OF FACILITY SOUTHERN OCEAN CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1361 ROUTE 72 WEST MANAHAWKIN, NJ 08050		

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

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0880	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	10/28/2021	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 <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 9/16/2021		<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		