STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315332	A. BUILDING _____ B. WING _____	C 07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHERN OCEAN CENTER	**1361 ROUTE 72 WEST MANAHAWKIN, NJ 08050**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS Complaint #: NJ173739, NJ175403 Census: 131 Sample Size: 8 The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey. Survey Date: 7/12/2024 Census: 131 Sample: 8 A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations and and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.	F 000		

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

Electronically Signed | 07/30/2024

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	080413	A. BUILDING: _____ B. WING _____	C 07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHERN OCEAN CENTER	1361 ROUTE 72 WEST MANAHAWKIN, NJ 08050

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S 000	Initial Comments The facility was not in compliance with the standards in the New Jersey Administrative code, 8:39, standards for licensure of Long Term Care Facilities. The facility must submit a Plan of Correction, including a completion date for each deficieny and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the provisions of the New Jersey Administrative Code, Title 8, chapter 43E, enforcement of licensure regulations.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Complaint #: NJ173739, NJ175403, FIC Based on interviews and review of facility documents on 07/12/2024, it was determined that the facility failed to ensure staffing ratios were met for 14 of 14-day shifts, 3 of 14-evening shifts, and 2 of 14-overnight shifts reviewed. This deficient practice had the potential to affect all residents. Findings include: 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	S 560	All residents present in the facility were affected by the deficient practice on the dates and shifts noted. All residents have the potential to be affected by this deficient practice. The Administrator, Director of Nursing and Staffing Coordinator were re-educated by the Market Clinical Advisor on the NJ minimum staffing mandate. The facility will continue to provide CNA classes at the facility and convert temporary CNAs into permanent CNAs. Agency staff is currently	8/5/24

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

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	080413	A. BUILDING: _____ B. WING _____	C 07/12/2024

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SOUTHERN OCEAN CENTER	1361 ROUTE 72 WEST MANAHAWKIN, NJ 08050

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S 560	Continued From page 1 nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021: One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties. For the 2 weeks of Complaint staffing from 06/23/2024 to 07/06/2024, the facility was deficient in CNA staffing for residents on 14 of 14-day shifts, 3 of 14-evening shifts, and 2 of 14-overnight shifts as follows: On 06/23/24 had 11 CNAs for 126 residents on the day shift, required at least 16 CNAs. On 06/24/24 had 13.5 CNAs for 126 residents on the day shift, required at least 16 CNAs. On 06/25/24 had 11.5 CNAs for 126 residents on the day shift, required at least 16 CNAs. On 06/25/24 had 5 CNAs to 13.5 total staff on the evening shift, required at least 7 CNAs. On 06/25/24 had 8 total staff for 126 residents on the overnight shift, required at least 9 total staff. On 06/26/24 had 11 CNAs for 126 residents on the day shift, required at least 16 CNAs. On 06/27/24 had 15 CNAs for 127 residents on the day shift, required at least 16 CNAs.	S 560	being utilized to help maintain staff to resident ratio. The facility continues to recruit efforts using various forms of social media to increase the number of applicants. Agency requisition will be posted to bring in outside CNA. The facility will continue to have weekly staffing meetings and weekly follow up calls with corporate regional support teams. The Human Resources Manager or designee will manage a list of on-going recruiting efforts and document the result of these attempts. The Staffing Coordinator or designee will audit daily staffing sheets to determine if the facility is meeting the minimum staff to resident ratio. The Staffing Coordinator or Designee will report findings to the monthly Quality Assurance meetings for three months then quarterly for 1 year. The Quality Assurance Meeting will evaluate and determine the effectiveness of the plan to ensure substantial compliance is achieved and determine if further monitoring and evaluation is required.	

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S 560	Continued From page 2 On 06/28/24 had 11.5 CNAs for 127 residents on the day shift, required at least 16 CNAs. On 06/29/24 had 10 CNAs for 126 residents on the day shift, required at least 16 CNAs. On 06/30/24 had 9 CNAs for 125 residents on the day shift, required at least 16 CNAs. On 07/01/24 had 10 CNAs for 123 residents on the day shift, required at least 15 CNAs. On 07/01/24 had 5 CNAs to 13 total staff on the evening shift, required at least 6 CNAs. On 07/02/24 had 11.5 CNAs for 123 residents on the day shift, required at least 15 CNAs. On 07/03/24 had 11.5 CNAs for 120 residents on the day shift, required at least 15 CNAs. On 07/04/24 had 14.5 CNAs for 119 residents on the day shift, required at least 15 CNAs. On 07/05/24 had 11.5 CNAs for 119 residents on the day shift, required at least 15 CNAs. On 07/05/24 had 5.5 CNAs to 12 total staff on the evening shift, required at least 6 CNAs. On 07/06/24 had 10 CNAs for 119 residents on the day shift, required at least 15 CNAs. On 07/06/24 had 7 total staff for 119 residents on the overnight shift, required at least 8 total staff.	S 560		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
080413		8/7/2024

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHERN OCEAN CENTER	1361 ROUTE 72 WEST MANAHAWKIN, NJ 08050

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 Reg. # 8:39-5.1(a) LSC	Correction Completed 08/05/2024	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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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	
7/12/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO