

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>061317</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/13/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CORAL HARBOR REHABILITATION AND HEALTHCAF</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2050 SIXTH AVE</b> <b>NEPTUNE CITY, NJ 07753</b>
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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  (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.  This REQUIREMENT is not met as evidenced by: Based on facility document review on 10/3/2022, 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 Certified Nurse's Aides (CNAs) for day shifts, evening shifts, and night shifts. 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 NJSA (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for	S 560	All residents in facility have the potential to be affected. Director of Nursing, administrator and staffing coordinator will meet daily to review schedule, recruitment efforts and staffing for upcoming week. Open positions will be posted weekly to allow staff to pick up shifts. Quality Care Resource call weekly with facility team to discuss recruitment efforts and review applicants. Culture committee will meet monthly to discuss employee experience, recruitment efforts and discuss any changes to improve outcomes. Culture	12/8/23

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

TITLE

(X6) DATE

Electronically Signed

12/08/23

New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>nursing homes," indicated the New Jersey Governor signed into law PL 2020 c 112, codified as NJSA 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>1. For the week of Complaint staffing from 10/02/2022 to 10/08/2022, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts and deficient in total staff for residents on 2 of 7 overnight shifts as follows:</p> <ul style="list-style-type: none"> <li>-10/02/22 had 6 CNAs for 88 residents on the day shift, required at least 11 CNAs.</li> <li>-10/03/22 had 9 CNAs for 87 residents on the day shift, required at least 11 CNAs.</li> <li>-10/04/22 had 8 CNAs for 87 residents on the day shift, required at least 11 CNAs.</li> <li>-10/05/22 had 8 CNAs for 87 residents on the day shift, required at least 11 CNAs.</li> <li>-10/06/22 had 8 CNAs for 87 residents on the day shift, required at least 11 CNAs.</li> <li>-10/07/22 had 7 CNAs for 92 residents on the day shift, required at least 11 CNAs.</li> <li>-10/07/22 had 6 total staff for 92 residents on the overnight shift, required at least 7 total staff.</li> </ul>	S 560	<p>committee will review grievances and resident council minutes to review any care or service concerns and track any trends. This will be done monthly Trends and outcomes will be measured and brought to QAPI. The facility has contracts in place with multiple staffing agencies as an effort to provide additional staff when needed. Facility implemented a multifaceted approach for recruitment and retention such as job fairs, flexible schedules, sign on and referral bonus, partnership with schools, pick up shift bonuses, multimedia advertisements and program to rehire prior staff.</p>	

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S 560	<p>Continued From page 2</p> <p>-10/08/22 had 5 CNAs for 92 residents on the day shift, required at least 11 CNAs. -10/08/22 had 6 total staff for 92 residents on the overnight shift, required at least 7 total staff.</p> <p>2. For the week of Complaint staffing from 12/11/2022 to 12/17/2022, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts and deficient in total staff for residents on 7 of 7 overnight shifts as follows:</p> <p>-12/11/22 had 7 CNAs for 95 residents on the day shift, required at least 12 CNAs. -12/11/22 had 6 total staff for 95 residents on the overnight shift, required at least 7 total staff. -12/12/22 had 8 CNAs for 95 residents on the day shift, required at least 12 CNAs. -12/12/22 had 6 total staff for 95 residents on the overnight shift, required at least 7 total staff. -12/13/22 had 7 CNAs for 95 residents on the day shift, required at least 12 CNAs. -12/13/22 had 6 total staff for 95 residents on the overnight shift, required at least 7 total staff. -12/14/22 had 8 CNAs for 95 residents on the day shift, required at least 12 CNAs. -12/14/22 had 6 total staff for 95 residents on the overnight shift, required at least 7 total staff. -12/15/22 had 7 CNAs for 95 residents on the day shift, required at least 12 CNAs. -12/15/22 had 6 total staff for 95 residents on the overnight shift, required at least 7 total staff. -12/16/22 had 8 CNAs for 95 residents on the day shift, required at least 12 CNAs. -12/16/22 had 6 total staff for 95 residents on the overnight shift, required at least 7 total staff. -12/17/22 had 8 CNAs for 94 residents on the day shift, required at least 12 CNAs. -12/17/22 had 6 total staff for 94 residents on the overnight shift, required at least 7 total staff.</p>	S 560		

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S 560	<p>Continued From page 3</p> <p>3. For the 2 weeks of staffing prior to survey from 10/22/2023 to 11/04/2023, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts, deficient in total staff for residents on 1 of 14 evening shifts, and deficient in total staff for residents on 4 of 14 overnight shifts as follows:</p> <ul style="list-style-type: none"> <li>-10/22/23 had 7 CNAs for 102 residents on the day shift, required at least 13 CNAs.</li> <li>-10/23/23 had 8 CNAs for 102 residents on the day shift, required at least 13 CNAs.</li> <li>-10/24/23 had 9 CNAs for 102 residents on the day shift, required at least 13 CNAs.</li> <li>-10/24/23 had 6 total staff for 102 residents on the overnight shift, required at least 7 total staff.</li> <li>-10/25/23 had 7 CNAs for 100 residents on the day shift, required at least 12 CNAs.</li> <li>-10/26/23 had 8 CNAs for 99 residents on the day shift, required at least 12 CNAs.</li> <li>-10/27/23 had 7 CNAs for 98 residents on the day shift, required at least 12 CNAs.</li> <li>-10/28/23 had 7 CNAs for 96 residents on the day shift, required at least 12 CNAs.</li> <li>-10/28/23 had 6 total staff for 96 residents on the overnight shift, required at least 7 total staff.</li> <li>-10/29/23 had 6 CNAs for 96 residents on the day shift, required at least 12 CNAs.</li> <li>-10/29/23 had 9 total staff for 96 residents on the evening shift, required at least 10 total staff.</li> <li>-10/29/23 had 6 total staff for 96 residents on the overnight shift, required at least 7 total staff.</li> <li>-10/30/23 had 7 CNAs for 95 residents on the day shift, required at least 12 CNAs.</li> <li>-10/31/23 had 6 CNAs for 95 residents on the day shift, required at least 12 CNAs.</li> <li>-10/31/23 had 6 total staff for 95 residents on the overnight shift, required at least 7 total staff.</li> <li>-11/01/23 had 6 CNAs for 95 residents on the day shift, required at least 12 CNAs.</li> </ul>	S 560		

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S 560	Continued From page 4  -11/02/23 had 8 CNAs for 94 residents on the day shift, required at least 12 CNAs. -11/03/23 had 6 CNAs for 94 residents on the day shift, required at least 12 CNAs. -11/04/23 had 6 CNAs for 94 residents on the day shift, required at least 12 CNAs.	S 560		

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

PRINTED: 01/18/2024  
FORM APPROVED  
OMB NO. 0938-0391

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F 000	<p>INITIAL COMMENTS</p> <p>A Recertification and Complaint survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health and Senior Services. The facility was found not to be in substantial compliance with 42 CFR 483 subpart B.</p> <p>Survey Dates: 11/06/23-11/09/23 Survey Census: 97 Sample Size: 24 Supplemental Residents:0</p> <p>Complaints: #NJ154367, NJ154505, NJ158730, NJ159255, NJ161625, NJ162059</p>	F 000		
F 623 SS=D	<p>Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8)</p> <p>§483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must-</p> <p>(i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.</p> <p>(ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and</p> <p>(iii) Include in the notice the items described in paragraph (c)(5) of this section.</p> <p>§483.15(c)(4) Timing of the notice.</p> <p>(i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or</p>	F 623		12/8/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE <b>12/08/2023</b>
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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 623	<p>Continued From page 1</p> <p>discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>(ii) Notice must be made as soon as practicable before transfer or discharge when-</p> <p>(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;</p> <p>(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;</p> <p>(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;</p> <p>(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or</p> <p>(E) A resident has not resided in the facility for 30 days.</p> <p>§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:</p> <p>(i) The reason for transfer or discharge;</p> <p>(ii) The effective date of transfer or discharge;</p> <p>(iii) The location to which the resident is transferred or discharged;</p> <p>(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;</p> <p>(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;</p> <p>(vi) For nursing facility residents with intellectual</p>	F 623			

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F 623	<p>Continued From page 2</p> <p>and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>§483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.</p> <p>§483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(I). This REQUIREMENT is not met as evidenced by: Based on record review, interview, and facility policy review, the facility failed to notify the Ombudsman of the transfer to the hospital for three of three residents (Resident (R) 15, R35,</p>	F 623	Audit completed of discharged residents and compared against discharge report for accuracy. Accuracy confirmed and sent accurate information regarding		



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F 623	<p>Continued From page 3</p> <p>R66) reviewed for hospital transfers, out of a total sample of [REDACTED] residents.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, "Transfer or Discharge, Facility-Initiated," dated 10/22 (sic), revealed, "Policy Statement: Once admitted to the facility, residents have the right to remain in the facility. Facility-initiated transfers and discharges, when necessary, must meet specific criteria and require resident/representative notification and orientation, and documentation as specified in this policy. Notice of Transfer or Discharge (Emergent or Therapeutic Leave): 1. When resident who are sent emergently to an acute care setting, these scenarios are considered facility-initiated transfers, NOT (sic) discharges, because the resident's return is generally expected ...4. Notice of Transfer is provided to the resident and representative as soon as possible as practicable before the transfer and to the long-term care (LTC) ombudsman when practicable (e.g., in a monthly list of residents that includes all notice content requirements."</p> <p>1. Review of R15's undated "Admission Record," located in the electronic medical record (EMR) under the "Profile" tab revealed R15 was admitted to the facility on [REDACTED] and readmitted on [REDACTED]</p> <p>Review of R15's EMR "Progress Notes," located under the "Notes" tab, revealed a "Health Status Note," dated [REDACTED] indicated, "Resident not feeling well this morning ...MD [Medical Doctor] notified ...Resident sent out to [local hospital] for evaluation ..."</p>	F 623	<p>transfer to hospital to Ombudsman for R35,R15,R66. Administrator was in-serviced by Regional director of operations on the correct report to pull and to compare against bed hold residents to ensure accuracy in reporting to the Ombudsman in future.</p> <p>All residents in facility have the potential to be affected. Administrator or designee will print report that includes all discharges including residents on bed hold. Administrator or designee will audit weekly for 3 weeks and then monthly for 3 months the residents on against bed hold residents to ensure accuracy. Findings of audit will be brought to mmonthly QAPI meeting and will be reviewed by QAPI team to ensure accuracy.</p>		

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F 623	<p>Continued From page 4</p> <p>Review of the facility report "Admission/Discharge To/From Report, ... Discharges [REDACTED] to [REDACTED] [sic], dated [REDACTED] revealed, R15 was not listed on the report.</p> <p>2. Review of R35's undated "Admission Record," located in the EMR under the "Profile" tab revealed R35 was admitted to the facility on [REDACTED] and readmitted on [REDACTED].</p> <p>Review of R35's EMR "Progress Notes," located under the "Notes" tab, revealed a "Health Status Note," dated [REDACTED], indicated, "During breakfast resident became lethargic refuse her breakfast. Resident respond to verbal command and respond to [REDACTED] name ...MD [name] was contacted and made aware of resident status receive order for resident to be sent out for evaluation to [local hospital] ..."</p> <p>Review of the facility report "Admission/Discharge To/From Report ... Discharges [REDACTED] to [REDACTED] [sic]" dated [REDACTED] revealed, R35 was not listed on the report.</p> <p>3. Review of R66's undated "Admission Record," located in the EMR under the "Profile" tab revealed R66 was admitted to the facility on [REDACTED] and readmitted on [REDACTED].</p> <p>Review of R66's EMR "Progress Notes," located under the "Notes" tab, revealed a "Health Status Note," dated [REDACTED] indicated, "Resident transferred to [local hospital] after [REDACTED] appeared [REDACTED] NJ EX Order, 264b1 [REDACTED]. Supervisor called and informed about resident's condition ..."</p> <p>Review of the facility report "Admission/Discharge</p>	F 623			

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F 623	Continued From page 5 To/From Report, ... Discharges [REDACTED] to [REDACTED] dated [REDACTED], revealed, R66 was not listed on the report.  In an interview on 11/08/23 at 1:21 PM, the Administrator stated, "The report I ran to provide notice to the Ombudsman of discharges did not include anyone on a bed hold; they were only included on the report when/if the bed hold ended before they returned ... there was no notice sent to the Ombudsman."  NJAC 8:39-4.1(a)32 NJAC 8:39-5.3(b) NJAC 8:39-5.4(c)	F 623			
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g)  §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on record review, interviews, and review of the Resident Assessment Instrument (RAI) Manual, the facility failed to ensure accurate "Minimum Data Set (MDS)" assessments for two of 44 sampled residents (Resident (R) 19 and 68). Staff failed to accurately code [REDACTED] for R19 and [REDACTED] for R68. Failure to code the MDS correctly can lead to inaccurate federal reimbursement and inaccurate assessment and care planning of the resident.  Findings include:  Review of the "Long-term Care Facility Resident	F 641	Resident R19 and 68 MDS were corrected to reflect [REDACTED] on R68 and dialysis on R19 on MDS assessment prior to end of survey by MDS coordinator and correction resubmitted to CMS. MDS Coordinator was in-serviced by regional MDS director. In addition all current residents on <b>NJ EX Order, 264b1</b> in facility were audited by MDS coordinator and MDS coding are in compliance and accurate.  All residents on <b>NJ EX Order, 264b1</b> in facility have the potential to be affected.	12/8/23	

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F 641	<p>Continued From page 6</p> <p>Assessment Instrument 3.0 User's Manual," revised October 2023, revealed the intent of the items in this section is to identify any special treatments, procedures, and programs that the resident received or performed during the specified time periods.</p> <p>1. Review of R19's "Face Sheet," under the electronic medical record (EMR) "Profile" tab, revealed that R19 was re-admitted to the facility on [REDACTED] with a [REDACTED] including end [REDACTED] <b>NJ EX Order. 264b1</b></p> <p>Review of R19's "Physician Order" dated [REDACTED], under the EMR "Orders" tab, revealed <b>"NJ EX Order. 264b1</b> preference."</p> <p>Review of the "Care Plan" dated [REDACTED], under the EMR "Care Plan" tab, revealed "The resident has a <b>NJ EX Order. 264b1</b> [REDACTED] <b>NJ EX Order. 264b1</b> family does not want any <b>NJ EX Order. 264b1</b> done."</p> <p>Review of the "Quarterly Minimum Data Set (MDS)" assessment with Assessment Reference Date (ARD) [REDACTED] under the EMR "MDS" tab, revealed [REDACTED] coded while a resident.</p> <p>2. Review of R68's "Face Sheet," under the EMR "Profile" tab, revealed that R68 was re-admitted to the facility on [REDACTED] with diagnosis including <b>NJ EX Order. 264b1</b>, and [REDACTED]</p> <p>Review of the "Quarterly MDS" assessment with ARD [REDACTED] under the EMR "MDS" tab, revealed [REDACTED] coded as no. However, review of the "Quarterly MDS" assessment with ARD [REDACTED] revealed [REDACTED] coded as yes.</p>	F 641	MDS Director or designee will audit the residents on <b>NJ EX Order. 264b1</b> to ensure coded on MDS weekly for 4 weeks and then monthly for 4 months. All residents currently audited and coded correctly for MDS submission. Findings of Audit will be presented to the QAPI team during monthly meeting for review by MDS Coordinator.QAPI team will review findings for accuracy.		

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F 641	Continued From page 7 Review of R68's "Physician Order" dated [REDACTED] under the EMR "Orders" tab, revealed "Admit to [REDACTED] [name of hospice]."  Interview with MDS Regional Coordinator on 11/09/23 at 11:55 AM, she indicated that R19's assessment was miscoded for [REDACTED] and indicated that R68's assessment was miscoded for [REDACTED]. Said that she would expect staff to look through care plans, medication administration record (MAR), treatment administration record (TAR), physician orders, and nursing notes to get the information to code the assessments correctly. Indicated that there is no facility policy regarding coding, codes according to the RAI manual.	F 641			
F 695 SS=D	NJAC 8:39-11.1 Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i)  § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and facility policy review, the facility failed to properly maintain clean [REDACTED] NJ EX Order, 264b1 three of four residents sampled for [REDACTED] NJ EX Order, 264b1 care (Resident (R) 15, R21, and R35). The facility failed to ensure residents had active orders for	F 695	Resident 15,21,35 [REDACTED] NJ EX Order, 264b1 were cleaned by maintenance director prior to end of survey. [REDACTED] were inspected by administrator and found to be clean. R 35 did not have order for [REDACTED] use.	12/8/23	

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F 695	<p>Continued From page 8</p> <p>█ use for one resident R353.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, █ Administration," dated 10/10 [sic], revealed, "Purpose: The purpose of this procedure is to provide guidelines for safe █ administration. Preparation: 1. Verify that there is a physician's order for this procedure. Review the physician's orders or facility protocol for █ administration. Further review of the policy reveals it fails to address the proper maintenance and cleaning of the <b>NJ EX Order, 264b1</b>"</p> <p>1. Observation on 11/06/23 at 11:28 AM revealed R15's █ located next to his bed to have a dirty █ and the unit was █</p> <p>Review of R15's undated "Admission Record," located in the electronic medical record (EMR) under the "Profile" tab revealed R15 was admitted to the facility on █ and readmitted on █ with diagnoses which included <b>NJ EX Order, 264b1</b>.</p> <p>Review of R15's "Physician Order," dated █ located in the resident's EMR under the "Orders" tab, revealed an order for █.</p> <p>Further review of physician orders revealed no orders for the cleaning of the <b>NJ EX Order, 264b1</b>.</p> <p>Observation on 11/08/23 at 2:35 PM with Registered Nurse (RN) 1 revealed R15's █ concentrator located next to █ bed to have a <b>NJ EX Order, 264b1</b>. During an interview at the time of the observation, RN1 stated, "the █ is</p>	F 695	<p>Primary doctor was notified and Doctor gave orders for █ use and liter flow. R35 was ensured correct order of █ by assistant director of nursing. Assistant Director of nursing inserviced all nursing staff on use of █ obtaining and checking doctor orders. Maintenance and respiratory therapist were inserviced by assistant director of nursing regarding cleaning of █ and audit that will be put into place to ensure compliance.</p> <p>All Residents on █ were audited by assistant director of nursing to ensure orders in place and correct. All current residents on oxygen have orders in place and accurate. All <b>NJ EX Order, 264b1</b> were audited by Manintanience director and are free from dust and routine schedule will resume. All <b>NJ EX Order, 264b1</b> in compliance and orders in compliance. Nursing staff inserviced on █ orders and checking prior to administrating █ by assistant director of nursing.</p> <p>All residents in facility on █ have the potential to be affected. Maintenance Director or designee will clean █ on <b>NJ EX Order, 264b1</b> monthly or as needed. █ therapist or designee will audit all <b>NJ EX Order, 264b1</b> weekly for four weeks and then monthly for three months. Report will be given to administrator/ designee when completed. Director of Nursing or designee will audit <b>NJ EX Order, 264b1</b> against orders upon admission for resident and audit weekly. Nurse will check █ order against doctor orders prior to administration of</p>	

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F 695	<p>Continued From page 9</p> <p>REX OR, and the machine is REX OR the machine and the REX OR should be clean." RN1 did not know who was responsible for cleaning the REX OR</p> <p>2. Observation on 11/07/23 at 8:43 AM revealed R21's NJ EX Order. 264b1 located next to her bed to have a NJ EX Order. 264b1.</p> <p>Review of R21's undated "Admission Record," located in the EMR under the "Profile" tab revealed R21 was admitted to the facility on NJ EX Order. 264b1 and readmitted on NJ EX Order. 264b1 with diagnoses which included NJ EX Order. 264b1</p> <p>Review of R21's "Physician Order," dated NJ EX Order. 264b1 located in the resident's EMR under the "Orders" tab revealed an order for NJ EX Order. 264b1 to keep NJ EX Order. 264b1 Further review of physician orders revealed no orders for the cleaning of the NJ EX Order. 264b1</p> <p>Observation on 11/08/23 at 2:50 PM with RN1 revealed R21's NJ EX Order. 264b1 located next to REX OR bed to have a NJ EX Order. 264b1. During an interview at the time of the observation, RN1 stated, "the REX OR, and it should be clean."</p> <p>3. Observation on 11/07/23 at 10:37 AM revealed R35's NJ EX Order. 264b1 located next to REX OR bed to have a NJ EX Order. 264b1.</p> <p>Review of R35's undated "Admission Record," located in the EMR under the "Profile" tab revealed R35 was admitted to the facility on NJ EX Order. 264b1 and readmitted on NJ EX Order. 264b1 with</p>	F 695	<p>REX OR each shift. Currently all residents on NJ EX Order. 264b1 audited against orders and all accurate.</p> <p>Information of findings of audit of NJ EX Order. 264b1 orders completed by director of nursing and REX OR cleaning audit by NJ EX Order. 264b1 therapist will be brought to monthly QAPI team and reviewed with QAPI team to ensure compliance.</p>	

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F 695	<p>Continued From page 10</p> <p>diagnoses which included <b>NJ EX Order. 264b1</b></p> <p>Review of R35's "Physician Order," dated <b>NJ EX Order. 264b1</b> located in the resident's EMR under the "Orders" tab revealed an order for <b>NJ EX Order. 264b1</b> <b>NJ EX Order. 264b1</b>." Further review of physician orders revealed no orders for the cleaning of the <b>NJ EX Order. 264b1</b>.</p> <p>Observation on 11/08/23 at 2:45 PM with RN1 revealed R35's <b>NJ EX Order. 264b1</b> located next to <b>NJ EX Order. 264b1</b> bed to have a <b>NJ EX Order. 264b1</b>. During an interview at the time of the observation, RN1 stated, "the <b>NJ EX Order. 264b1</b>, and it should be clean."</p> <p>4. Review of R353's "Admission Record," located in the "Profile" tab of the electronic medical record (EMR) revealed she was admitted to the facility on <b>NJ EX Order. 264b1</b> with diagnoses including <b>NJ EX Order. 264b1</b>.</p> <p>Review of R353's quarterly "Minimum Data Set (MDS)" assessment under the "MDS" tab of the EMR, with an Assessment Reference Date (ARD) of <b>NJ EX Order. 264b1</b>, revealed she scored <b>NJ EX Order. 264b1</b> on the "Brief Interview for Mental Status (BIMS)," indicating no <b>NJ EX Order. 264b1</b> It did not indicate that R353 received <b>NJ EX Order. 264b1</b> therapy as a resident.</p> <p>Review of R353's "Care Plan," located under the "Care Plan" tab of the EMR and dated <b>NJ EX Order. 264b1</b>, revealed the R353 did not have interventions related to receiving <b>NJ EX Order. 264b1</b> therapy.</p> <p>Review of R353's "Orders" tab of the EMR revealed no order for PRN or <b>NJ EX Order. 264b1</b></p> <p>During an observation on 11/06/23 at 10:51 AM</p>	F 695			



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F 695	<p>Continued From page 11</p> <p>,R353 was observed sitting in bed with the head of bed upright and [REDACTED] laying on bed. R353 said she took off the [REDACTED] earlier to receive a [REDACTED] treatment, but she forgot to put it back on. [REDACTED] setting noted to be at [REDACTED] but R353 said it should be on [REDACTED].</p> <p>During an observation on 11/07/2023 at 2:08 PM R353 was observed sitting in bed with head of bed upright wearing [REDACTED] setting noted to be at [REDACTED].</p> <p>During an observation on 11/08/2023 at 10:53 AM R353 was observed sitting in bed with head of bed upright wearing [REDACTED] R353 stated she needed a clean [REDACTED] because she was still using the one from the hospital because staff had not changed it. R353 said [REDACTED] passage was dry because the [REDACTED] did not have a [REDACTED] and she stated she supposed to have cool air.</p> <p>During an interview on 11/08/23 at 10:55 AM Licensed Practical Nurse (LPN) 5 said she checks residents [REDACTED] every shift to ensure the [REDACTED] was on the correct [REDACTED]. And if a resident was receiving [REDACTED] therapy there would be an order for it, and she reviewed orders daily. It also comes up on the medication administration review (MAR) and she reviewed that daily, but she has not documented anything about [REDACTED] on R353 MAR yet, but she thought the [REDACTED]. She said she was unaware R353 had no order for [REDACTED] but there should have been one. She did not check for an order when she checked his/her [REDACTED] and provided [REDACTED] medications. She said she should have checked for an order when she</p>	F 695			

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

PRINTED: 01/18/2024  
FORM APPROVED  
OMB NO. 0938-0391

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F 695	Continued From page 12 observed R353 with a <b>NJ EX Order. 264b1</b> receiving <b>NJ EX Order. 264b1</b> , but she had a lot of patients.  During an interview on 11/09/23 at 5:20 PM the DON said there would be an order for <b>NJ EX Order. 264b1</b> or <b>NJ EX Order. 264b1</b> and residents receiving <b>NJ EX Order. 264b1</b> were signed into the <b>NJ EX Order. 264b1</b> program during the admission process. The DON stated R353 should not have been receiving <b>NJ EX Order. 264b1</b> without a physician's order.  During an interview on 11/09/23 at 6:06 PM the Regional Director of Operations said any treatment or medication a resident received should have a physician's order and staff should have followed that order.	F 695			
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)  §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.  §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-	F 842		12/8/23	

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F 842	<p>Continued From page 13</p> <p>(i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized</p> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p>	F 842			

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F 842	<p>Continued From page 14</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, interviews, and facility policy review, the facility failed to ensure that one of the 24 sampled residents (Resident (R)23) medical records from a sample of 24 residents were maintained in a complete, and accurately documented manner. Specifically, R23 <b>NJ EX Order. 264b1</b> was observed to have bright <b>REF ID: A660</b> in the line and <b>NJ EX Order. 264b1</b> with no documentation identified in the electronic medical record (EMR).</p> <p>Findings include:</p> <p>A review of the undated <b>REF ID: A660</b> Care, <b>REF ID: A660</b> policy provided by the facility, " ...The following should be recorded in the resident's medical record: 1. The date and time that <b>REF ID: A660</b> care was given. 2. The name and title of the individual (s) giving the <b>REF ID: A660</b> care. 3. Any problems noted at the <b>NJ EX Order. 264b1</b> during <b>REF ID: A660</b> care such as ...<b>NJ EX Order. 264b1</b> ..."</p> <p>Record review of the "Admission Record" found under the "Profile" tab of the EMR revealed R23 was admitted to the facility on <b>REF ID: A660</b> with diagnoses includin <b>NJ EX Order. 264b1</b></p>	F 842	<p>An audit of R23 chart and 24 hr report was completed by director of nursing on R23 and information regardign change in condition were put into R 23 EMR as late entry. Nursing education completed with nurse who missed entering change in condition for R23 into EMR by director of nursing to ensure that it will not reoccur. All nursing staff in facility were inserviced by director of nursing on ensuring all documentation related to change in condition be accurately entered into EMR. Director of nursing completed a full house audit and all in compliance and late entry entered into medical record of resident 23 identified during survey.</p> <p>All residents in facility have the potential to be affected. Director of Nursing or designee will audit the 24 hour report for change in condition of resident against documentation in medical record daily for four weeks and then weekly for four months. The results will be presented by director of nursing to QAPI at monthly meeting. QAPI team will review findings. Inservice will be added to new nurse</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315105</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/13/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>CORAL HARBOR REHABILITATION AND HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2050 SIXTH AVE</b> <b>NEPTUNE CITY, NJ 07753</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 842	<p>Continued From page 15</p> <p><b>NJ EX Order. 264b1</b></p> <p>A review of "Progress Notes," located in the electronic medical record (EMR) under the "Progress Note" tab for the month of <b>NJ EX Order. 264b1</b> indicated no communication related to blood being in R23 <b>NJ EX Order. 264b1</b> bag.</p> <p>During an observation and interview on 11/07/23 at 2:12 PM with the Licensed Practical Nurse (LPN)5, LPN5 stated R23 <b>NJ EX Order. 264b1</b> was changed on <b>NJ EX Order. 264b1</b> which caused some <b>NJ EX Order. 264b1</b> and resulted <b>NJ EX Order. 264b1</b></p> <p>During an observation and interview on 11/08/23 at 8:46 AM with a Registered Nurse (RN)1 revealed that R23 <b>NJ EX Order. 264b1</b>, however, <b>NJ EX Order. 264b1</b> was observed in the <b>NJ EX Order. 264b1</b>. According to RN1, the <b>NJ EX Order. 264b1</b> was <b>NJ EX Order. 264b1</b> indicating <b>NJ EX Order. 264b1</b>. When asked why there was <b>NJ EX Order. 264b1</b> in R23 <b>NJ EX Order. 264b1</b>. RN1 stated, due to trauma from being changed or when R23 tugs on <b>NJ EX Order. 264b1</b>. The survey further asked RN1 what is the facility procedure if <b>NJ EX Order. 264b1</b> is observed in the resident's <b>NJ EX Order. 264b1</b>. RN1 stated the information is documented in the EMR, and the physician is notified. RN1 was asked to provide the progress report indicating the change in condition. RN1 was unable to locate the report.</p> <p>During an interview on 11/08/23 at 9:16 AM with the facility Director of Nursing (DON) revealed that R23 <b>NJ EX Order. 264b1</b> was changed on <b>NJ EX Order. 264b1</b> due to not flowing correctly she was able to locate the information in the 24-hour report log. The DON further expressed that the 24-hour log is not a legal document and is used to communicate between shifts. DON continued to share that her expectation is that treatments are</p>	F 842	orientation and completed by director of nursing or designee.	

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

PRINTED: 01/18/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315105</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/13/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>CORAL HARBOR REHABILITATION AND HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2050 SIXTH AVE</b> <b>NEPTUNE CITY, NJ 07753</b>		
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F 842	<p>Continued From page 16</p> <p>documented in the treatment authorization request (TAR) and a progress note written. The DON further stated, "I have informed all nursing staff that the 24-hour report is not a binding document, all information should be put into the EMR. I have counseled the nurse, and she will enter a late entry note."</p> <p>During an interview on 11/09/23 at 6:09 PM with the facility's Regional Director revealed that his expectations are that all staff follow policy and procedures related to documenting all treatment and procedures in the EMR.</p> <p>NJAC 8:39-35.2(d)6</p>	F 842			

**STATE FORM: REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061317	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/22/2023
NAME OF FACILITY CORAL HARBOR REHABILITATION AND HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2050 SIXTH AVE NEPTUNE CITY, NJ 07753

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	12/08/2023	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 11/13/2023	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <span style="float:right;"> <input type="checkbox"/> YES   <input type="checkbox"/> NO                 </span>
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## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315105	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 12/22/2023	Y3
NAME OF FACILITY CORAL HARBOR REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2050 SIXTH AVE NEPTUNE CITY, NJ 07753		

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 F0623	Correction	ID Prefix F0641	Correction	ID Prefix F0695	Correction
Reg. # 483.15(c)(3)-(6)(8)	Completed	Reg. # 483.20(g)	Completed	Reg. # 483.25(i)	Completed
LSC	12/08/2023	LSC	12/08/2023	LSC	12/08/2023
ID Prefix F0842	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.20(f)(5), 483.70(i)(1)-(5)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	12/08/2023	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 11/13/2023		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		