

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315284	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/19/2021
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT MONMOUTH, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 229 BATH AVENUE LONG BRANCH, NJ 07740		
(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 STANDARD SURVEY: 7/19/21 CENSUS: 73 SAMPLE SIZE: 18 +3 A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.	F 000			
F 689 SS=E	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observations, interview, and review of pertinent facility documentation, it was determined that the facility failed to a.) maintain water temperatures at a safe temperature not in excess of 110 degrees Fahrenheit (dF); b.) develop an accurate facility policy in accordance with state maximum water temperatures of 110 df; and c.) implement facility policy for water temperature logs to ensure that residents were protected from accident hazards. The deficient practice was observed in 6 of 13 sinks used by residents and was evidenced by the following:	F 689	0689 - 483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices (LONG TERM CARE FACILITIES) 483.25(d) 483.25(d)(1) 483.25(d)(2) I. Immediate Correction In 6 of 13 rooms including rooms [REDACTED], and [REDACTED] there were no negative adverse effects related to the deficiency. The Director of Maintenance immediately lowered the hot water heaters temperature, immediately called in a	9/7/21	

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

TITLE

(X6) DATE

Electronically Signed

08/05/2021

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315284	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/19/2021
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT MONMOUTH, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 229 BATH AVENUE LONG BRANCH, NJ 07740	
(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 689	<p>Continued From page 1</p> <p>1. On 7/14/2021 at 8:49 AM, during entrance conference with the Licensed Nursing Home Administrator (LNHA) and the Maintenance Director (MD), the surveyor requested a copy of the the facility's floor plan and water temperature logs. During an interview at this time, the MD informed the surveyor that water temperatures were obtained daily and that the water temperatures were usually between 105-110 dF.</p> <p>On 7/14/21 between 8:44 AM and 11:32 AM, the surveyor and the MD toured the facility and obtained the following water temperatures from resident sink areas:</p> <p>At 11:05 AM, in Resident Unisex bathroom next to resident room [REDACTED], the water temperature was 129 dF.</p> <p>At 11:06 AM, the bathroom sink inside resident room [REDACTED] the water temperature was 129.9 dF.</p> <p>At 11:32 AM, the bathroom sink inside resident room [REDACTED] the water temperature was 123.1 dF.</p> <p>At 11:40 AM, the bathroom sink inside resident room [REDACTED], the water temperature was 121.4 dF.</p> <p>On 7/14/21 at 12:27 PM, the surveyor reviewed the facility's Maintenance Hot Water Temperature log. The log was incomplete for 7/14/21. A further review of the water temperatures from 7/12/21 and 7/13/21 reflected that the water temperatures were all "ok" for [REDACTED] Wing, [REDACTED] Wing, [REDACTED] Floor, [REDACTED] Wing, [REDACTED] Floor, [REDACTED] Wing, [REDACTED] Floor, [REDACTED] Wing, [REDACTED] Floor, [REDACTED] Wing, and Basement. The comments indicated</p>	F 689	<p>contractor, and completed a facility random audit to ensure compliance same day. The contractor responded within 1 hour to fix malfunctioning water heater. This was done to ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>II. Identification of Other Areas All residents have the potential to be affected. An audit was done same day, by the Director of Maintenance, specific to the section of the facility affected by the one of three hot water heaters including resident sinks, and other random areas to ensure water temperatures were at a safe temperature not in excess of 110 degrees Fahrenheit (dF). Documentation will be held for validation and verification.</p> <p>III. Systematic Changes The Director of Maintenance reviewed and revised the facility's Water Temperature Testing Policy to include that hot water fixtures accessible to patients follow current state and federal guidelines, not to exceed 110 degrees Fahrenheit. The policy also included that hot water temperatures will be taken at least once a day at strategic sampling points throughout the facility. All sample test results shall be recorded on the revised more specific log, and the records shall at least include the following: name of individual doing the sampling; time and date of test; location of the test; and specific temperature reading.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315284	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/19/2021
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT MONMOUTH, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 229 BATH AVENUE LONG BRANCH, NJ 07740		
(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 689	<p>Continued From page 2</p> <p>that temperature ranged from 105 to 110 dF with the water heater set to 145 dF. The log did not indicate any specific water temperatures or rooms sampled as well as time of day sampled.</p> <p>A further review of the facility's Maintenance Hot Water Temperature log for June and July 2021 reflected that the facility only recorded water temperatures checked Mondays through Fridays. These logs also had not reflected specific water temperatures or rooms sampled as well as time of day sampled.</p> <p>On 7/14/21 at 2:17 PM, the surveyor exited with the LNHA and MD.</p> <p>A review of the facility's "Water Temperature Testing" policy dated 5/2/14 included that hot water fixtures accessible to patients/residents follow current state and federal parameter/guidelines, not to exceed 95-120 degrees Fahrenheit at anytime. The policy also included that hot water temperatures will be taken at least once a day at strategic sampling points throughout the facility. All sample test results shall be recorded, and the records shall at least include the following: name of individual doing the sampling; time and date of test; location of the test; and temperature reading or designation that the temperature falls within acceptable parameters.</p> <p>2. On 7/13/21 at 11:17 AM, during facility tour, a resident who resided on the second floor complained that the water temperature was cold</p>	F 689	<p>The Director of Maintenance will submit daily logs to the Administrator for 2 weeks, then monthly for 3 months, then quarterly ongoing to ensure compliance. The Director of Maintenance will notify the Administrator immediately if fixtures accessible to resident's water temperatures are exceed 110 degrees Fahrenheit. Audits will be recorded and held for verification.</p> <p>IV. Quality Assurance Monitoring: The Director of Maintenance will review with Administrator daily water temp logs for 2 weeks, then monthly for 3 months, then quarterly ongoing to ensure compliance. The Administrator will review reports to ensure and maintain that water temperatures are at a safe temperature not in excess of 110 degrees Fahrenheit to comply with state requirements. The Maintenance Director will track and trend water temps and findings will be presented to the QAPI Committee quarterly for further review and recommendations.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315284	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/19/2021
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT MONMOUTH, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 229 BATH AVENUE LONG BRANCH, NJ 07740		
(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 689	<p>Continued From page 3</p> <p>throughout the building. The resident stated that he/she had resided on both floors.</p> <p>On 7/14/21 at 11:32 AM, the surveyor in the presence of the Registered Nurse/Unit Manager (RN/UM), calibrated the surveyor's thermometer to 32 degrees Fahrenheit (dF).</p> <p>On 7/14/21 at 11:47 AM, the surveyor in the presence of the RN/UM obtained the water temperature of 112.4 dF in the bathroom of resident room [REDACTED].</p> <p>On 7/14/21 at 11:50 AM, the surveyor in the presence of the RN/UM obtained the water temperature of 119.3 dF in the bathroom of resident room [REDACTED].</p> <p>07/15/21 10:58 AM , the surveyor conducted a Resident Council meeting with five residents. Out of the four remaining residents in the meeting, when asked how the facility's water temperature was, 4 of 4 residents stated that the water in the shower room was comfortable. The residents stated that the water was not too hot in their rooms as well.</p> <p>NJAC 8:39 -31.7 (h)</p>	F 689			