

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315069	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/11/2021
NAME OF PROVIDER OR SUPPLIER TOWER LODGE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1506 GULLY ROAD WALL, NJ 07719		
(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 #: NJ136976; NJ142606; NJ142848; NJ143888 and NJ144058 Census: 39 Sample Size: 14 The facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint 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: Complaint Intake: NJ143888 and NJ144058 Based on observations, record review, and interviews, the facility failed to ensure 3 (Resident #10, Resident #11 and Resident #12) of 5 residents reviewed for [REDACTED], who had [REDACTED] at the facility within the past [REDACTED] months, had their [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4, b, 1, [REDACTED]. Findings include: 1. Resident #10 was admitted with diagnoses which included [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4, b, 1, [REDACTED]. The annual Minimum Data Set (MDS), dated [REDACTED] NJAC 8:43E-2.1 and Exec Order [REDACTED].	F 689	1. Residents 10, 11, and 12 were immediately given their call bells or they were placed on the bed within reach. 2. All residents currently residing in the facility have the potential to be affected. A facility wide audit was conducted immediately, all other resident call bells were within reach. 3. An in-service for all staff was conducted immediately. The staff were educated that call bells must always be within reach and they must check the residents room before leaving to ensure the call bell is properly placed within reach.	8/2/21	

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

TITLE

(X6) DATE

Electronically Signed

07/02/2021

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 689	<p>Continued From page 1</p> <p>revealed the resident was [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4, b, 1. [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4, b, 1. The resident required one-person physical assistant with bed mobility, locomotion, dressing, eating, toilet use and personal hygiene. The resident required set up with eating and toilet use. The resident required two-person physical assistant with transfer. The resident had experienced [REDACTED] NJAC 8:43E-2.1 since admission to the facility.</p> <p>The [REDACTED] NJAC 8:43E-2.1 care plan, last reviewed on [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4, b, 1, reported Resident #10 was a [REDACTED] NJAC 8:43E-2.1, with an intervention to keep the call light within the resident's reach.</p> <p>Resident #11 was admitted with diagnoses which included unspecified [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4, b, 1. [REDACTED] mental disorders. The quarterly Minimum Data Set (MDS), dated [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4, b, 1, revealed the resident was [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4, b, 1, with a Brief Interview for Mental Status (BIMS) score of [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4, b, 1. The resident required one-person physical assistant with dressing and personal hygiene. The resident required set up with eating and toilet use. The resident had experienced one [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4, b, 1 since admission to the facility.</p> <p>The [REDACTED] NJAC 8:43E-2.1 care plan, last reviewed on [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4, b, 1, indicated Resident #11 was a [REDACTED] NJAC 8:43E-2.1, with an intervention to keep the call light within the resident's reach.</p> <p>Resident #12 was admitted with diagnoses which included [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4, b, 1. [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4, b, 1. [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4, b, 1. The annual Minimum Data Set (MDS), dated [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4, b, 1.</p>	F 689	<p>4. DON/Designee will complete random audits 2X a week X 2 weeks. Then weekly X 2 weeks, then monthly X3 months, ensuring all call bells are always within reach of every resident. The DON/Designee will report the results to the QAA committee for the next 2 Quarters to ensure education and oversight was effective.</p>	

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F 689	<p>Continued From page 2</p> <p>§ 8.43E-2.1 and Exec. Order 20, 4, 6, 11 revealed the resident was § 8.43E-2.1 and § 8.43E-2.1 and Exec. Order 20, 4, 6, 11. The resident required one-person physical assistant with locomotion, dressing, eating, toilet use, personal hygiene and two-person physical assistant for bed mobility and transfer. The resident had experienced § 8.43E-2.1 since admission to the facility.</p> <p>On 06/10/2021, at approximately 8:35 AM through 11:54 AM, observations revealed Resident #10, Resident #11, and Resident #12 did not have their call bell activator within their reach. The following observations were documented during this time:</p> <p>An observation in Resident #10's room revealed the resident was in their wheelchair while the call bell was in between the resident's mattress and the wall in the resident's room.</p> <p>At approximately 9:22 AM, Resident #11 was in bed, and the call bell activator was on the floor behind the resident's headboard.</p> <p>Resident #12 was observed in a wheelchair in their room while the call bell activator was on the far end of resident's bed and directly under the pillow.</p> <p>The observed residents were not able to reach for their call bell activator. The observation revealed that when nursing staff went by the residents' rooms, they made no attempts to ensure the residents had their call bell activator within reach.</p> <p>At 11:54 AM, the surveyor walked the hall with Certified Nurse Aide (CNA) #1. Upon entering</p>	F 689			

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

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F 689	<p>Continued From page 3</p> <p>each of the foregoing residents' rooms, CNA #1 verified the residents' call bell activators were as described above. She stated the residents were unable to reach it and would be unable to use the call bell system when they had an emergency.</p> <p>On 06/11/2021 at 2:15 PM, the Director of Nursing (DON) stated it was important for residents to be able to readily access their call bell activator. She said that when a resident was able to call for staff assistance and they got it timely, it prevented them from trying to attempt to do whatever task they have been assessed to be incapable of doing on their own. The DON added that failure to ensure that residents were able to easily assess their call bell poses safety concerns on the residents.</p> <p>New Jersey Administrative Code § 8:39-27.1(a)</p>	F 689			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315069	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 8/2/2021	Y3
NAME OF FACILITY TOWER LODGE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1506 GULLY ROAD WALL, NJ 07719		

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 F0689	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.25(d)(1)(2)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	08/02/2021	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 6/11/2021		<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		