STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315265	A. BUILDING _____ B. WING _____	C 08/13/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT GREEN ACRES	1931 LAKEWOOD ROAD TOMS RIVER, NJ 08755

(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 # NJ126866 CENSUS: 143 SAMPLE SIZE: 5	F 000		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and	F 656		10/4/19

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

Electronically Signed | 09/24/2019

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F 656	Continued From page 1 desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: COMPLAINT # NJ 126866 Based on interviews, Medical Record (MR) review, and review of other pertinent facility documents on 8/9/2019 and 8/13/2019, it was determined that the Facility staff failed to develop a comprehensive care plan to address skin monitoring of the [redacted] and implement interventions to prevent skin breakdown. This deficient practice occurred for 1 of 2 residents, (Resident #2). In addition, the Facility failed to follow their Policy titled "Care Plans, Comprehensive Person-Centered" for 1 of 2 residents (Resident #2) sampled for Care Plans. This deficient practice was evidenced by the following: 1. According to the "Admission Record" (AR), Resident #2 was admitted to the facility on [redacted], and readmitted on [redacted], with diagnoses which included but were not limited to: [redacted] According to the Minimum Data Set (MDS), an assessment tool dated [redacted] Resident #2	F 656	F656 1. How the corrective action will be accomplished for the affected resident. Resident #2 was discharged from facility on [redacted]. Nursing staff were immediately educated on the policy of Comprehensive Care Plans. 2. How the facility will identify other residents having the potential to be affected. All residents have the potential to be affected by the deficient practice. 3. What measures will be put in place or systemic changes to ensure the practice does not recur? Licensed nurses will be re-educated on the facility policy on Comprehensive Care Plan. Audits will be conduct on Comprehensive Care Plans by each Unit Manager and in Morning report to ensure accurate goals of care, interventions and outcomes. 4. How will the facility monitor its corrective action to ensure that the deficient practice is being corrected and	

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F 656	Continued From page 2 had a Brief Interview for Mental Status (BIMS) score of [redacted], indicating the Resident's cognition was [redacted] impaired. The MDS also indicated Resident #2 required extensive assistance with Activities of Daily Living (ADLs). Review of Resident #2's Physician's "Order Summary Report" dated [redacted], revealed the following: "Maintain [redacted] every shift related to [redacted]." Review of the facility document titled [redacted] Scale for [redacted]" dated [redacted] revealed a score of [redacted] indicating that Resident #2 was "At Risk" for developing a [redacted]. Review of Resident #2's Care Plan (CP) with an initiation date of [redacted] and a revised date of [redacted], revealed the following: "Focus" Resident has an actual skin impairment to the [redacted]. Under "Interventions" Apply [redacted] every shift. Follow facility protocols for treatment of injury. Treatment with [redacted]. Review of Resident #2's MR did not show documentation that skin assessments under the [redacted] were done. During an interview on 8/13/2019 at 12:30 p.m., the Director of Nursing (DON) stated she did not know why the Care Plan did not address Skin Issues related to the [redacted].	F 656	will not recur. The Director of Nursing and or designee will perform audits on wound assessments and care planning weekly x4, and monthly x 3. The results will be submitted to QAPI meeting for continued compliance. 5. Results of audits will be submitted to QAPI monthly x 3 to ensure compliance and reassessed for further action.	

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F 656	Continued From page 3 Review of the Facility's Policy titled "Care Plans, Comprehensive Person-Centered" with an adopted date of 11/2018, revealed the following: under "Policy Statement;" A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional need is developed and implemented for each resident. N.J.A.C. 8:39-11.2(e)1	F 656		
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: COMPLAINT # NJ 126866 Based on interviews, Medical Record (MR) review and review of other pertinent facility documents on 8/9/2019 and 8/13/2019, it was determined that the facility staff failed to consistently	F 686	F686 1. How the corrective action will be accomplished for the affected resident. Resident #2 was discharged from the facility on [redacted]. Nursing Staff was immediately re-educated on [redacted] care protocol and [redacted] care policy.	10/4/19

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F 686	Continued From page 4 implement identified interventions to prevent skin breakdown, as well as, failed to follow their policy titled [redacted]" for 1 of 3 sampled residents (Resident #2) reviewed for [redacted]. This deficient practice was evidenced by the following: 1. According to the "Admission Record (AR)," Resident #2 was admitted to the facility on [redacted], and readmitted on [redacted], with diagnoses which included but were not limited to: [redacted] According to the Minimum Data Set (MDS), an assessment tool dated [redacted] Resident #2 had a Brief Interview for Mental Status (BIMS) score of [redacted] indicating the Resident's cognition was [redacted]. The MDS also indicated Resident #2 required extensive assistance with Activities of Daily Living (ADLs). Review of Resident #2's Physician's "Order Summary Report" dated [redacted], revealed the following: "Maintain [redacted] every shift related to [redacted]." Review of the facility document titled [redacted] Scale for [redacted] Risk" dated [redacted], revealed a score of [redacted] indicating that Resident #2 was "At Risk" for developing a [redacted] Review of a facility document dated [redacted] and titled "Admit/Readmit Screener-V 1" revealed under "Skin Integrity" the following: [redacted]. There was no documentation	F 686	2. How the facility will identify other resident having the potential to be affected? All resident who have [redacted] have the potential to be affected by the deficient practice. 3. What measures will be put in place or systemic changes to ensure the practice does not recur? Licensed nurses will be re-educated on [redacted] care. Staff will be re-educated on the facility policy titled [redacted] Care". 4. Staff Educator/Designee will conduct skin integrity assessments weekly x 4 weeks, then monthly x 3 months. 5. Results of audits will be submitted to QAPI monthly x 3 to ensure compliance and reassessed for further action.	

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F 686	Continued From page 5 of any skin issues of the [redacted] on this admission assessment. Review of the facility document dated [redacted], and titled "Weekly Skin Summary" revealed under "Skin Integrity" section III. "Comments" the nurse documented "no new issues noted to skin." Review of the facility document dated [redacted] and titled "Weekly Skin Summary," revealed the following nursing documentation: "Patient noted to have no skin break down to bony surfaces. No redness noted. [redacted] noted to have [redacted] of skin, [redacted], beneath the skin, [redacted], [redacted] surrounding noted. [redacted] noted to [redacted]. Although weekly skin checks were done, there was no documentation that the [redacted] was removed for the skin assessment. Review of Resident #2's Care Plan (CP) with an initiation date of [redacted], and a revised date of [redacted], revealed the following: Under "Focus;" Resident has an actual skin impairment to the [redacted]. Under "Interventions;" Apply [redacted] every shift. Follow facility protocols for treatment of injury. Treatment with [redacted]. Review of the Facility's progress notes dated [redacted] revealed a Registered Nurse documentation reporting [redacted] was initiated to the [redacted] every shift secondary to [redacted], and surrounded skin [redacted]	F 686		

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F 686	Continued From page 6 which was tender to touch, and [redacted] was present. Review of the Physician's "Order Summary Report" for [redacted], showed the following order dated [redacted]: [redacted] Spray, 1 spray [redacted] every day. Cleanse [redacted] with [redacted], apply [redacted] and cover with kling dressing. Review of the "[redacted] Assessment" dated [redacted], completed by the [redacted] nurse showed documentation under [redacted] type" listed as "[redacted]; [redacted] Treatment order was [redacted]. Review of the "Physical Therapy" note dated [redacted], showed the following: "As per the RN (Registered Nurse), pt (patient) has [redacted] on [redacted] from [redacted], patient's [redacted] bandaged. Pt has [redacted] and [redacted] and [redacted] wound on left shin from air cast." During an interview on 8/13/2019 at 12:21 p.m., Licensed Practical Nurse (LPN #1) stated: weekly skin assessment involve a "head to toe check." You look for "bumps on the head, bruises, discolorations, any abnormalities of the entire body. For that reason, it is usually done during shower days." The LPN further stated If a resident has an [redacted] in place "the doctor would have to be called to see if the [redacted] could be removed for skin checks and showers." During an interview on 8/13/2019 at 12:30 p.m., the Director of Nursing (DON) stated she could not find any documentation showing the staff	F 686		

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F 686	Continued From page 7 attempted to pad the [redacted] where it was causing pressure to the skin and the development of [redacted]. Review of the facility's policy titled "Pressure Sore" with a revised date of 2017, revealed the following: Under "Purpose;" To promote healthy intact skin, to identify at risk residents, and to implement appropriate skin care treatment. N.J.A.C. 8:39-27.1(e)	F 686		