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

PRINTED: 04/30/2020 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
045450					С		
315453		B. WING	B. WING		02/12/2020		
NAME OF PROVIDER OR SUPPLIER				5	STREET ADDRESS, CITY, STATE, ZIP CODE		
COMPLET	E CARE AT SHORROCK	(HAVEN			75 OLD TOMS RIVER ROAD		
				E	BRICK, NJ 08723		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS		F	000			
	COMPLAINT # NJ 1: 132535	30839, NJ 131957, NJ					
	CENSUS: 145						
	SAMPLE SIZE: 5						
F 676 SS=D	Activities Daily Living CFR(s): 483.24(a)(1)	(ADLs)/Mntn Abilities (b)(1)-(5)(i)-(iii)	F	676			3/20/20
	resident's needs and provide the necessar ensure that a residen daily living do not dim of the individual's clin	dent and consistent with the choices, the facility must y care and services to t's abilities in activities of ninish unless circumstances ical condition demonstrate was unavoidable. This					
	treatment and service his or her ability to ca	lent is given the appropriate es to maintain or improve erry out the activities of daily e specified in paragraph (b)					
		ride care and services in agraph (a) for the following					
	§483.24(b)(1) Hygien grooming, and oral ca						
	§483.24(b)(2) Mobility including walking,	y-transfer and ambulation,					
	§483.24(b)(3) Elimina	ation-toileting,					
		SUPPLIER REPRESENTATIVE'S SIGNATU	IDE		TITLE		(X6) DATE
	cally Signed	SOLL LIER NEL RESENTATIVE S SIGNATU	11.L		IIILL		03/04/2020

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3	(X3) DATE SURVEY COMPLETED	
		315453	B. WING _			C 02/12/2020	
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT SHORROCK HAVEN				STREET ADDRESS, CITY, STATE, ZIP CODE 75 OLD TOMS RIVER ROAD BRICK, NJ 08723	<u> </u>	02/12/2020	
(X4) ID PREFIX TAG	(-, -, -, -, -, -, -, -, -, -, -, -, -, -		ID PREFIX TAG	PROVIDER'S PLAN OF CORRI ((EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	(X5) COMPLETION DATE		
F 676	§483.24(b)(4) Dining snacks, §483.24(b)(5) Comm (i) Speech, (ii) Language, (iii) Other functional This REQUIREMEN by: COMPLAINT #: NJ Based on observation Record (MR) review pertinent facility doctor 2/12/2020, it was defailed to provide rest of 5 sampled resident deficient practice is of 5 sampled resident deficient defi	p-eating, including meals and nunication, including communication systems. T is not met as evidenced 131957 In, interviews, Medical and review of other uments on 2/11/2020 and termined that the facility orative nursing services to 1 and (Resident #1). This revidenced by the following: Admission Record" (AR) and the facility on gnoses which included but the facility on gnoses which included but gnoses which included but grow medically and gnoses which included but gnoses which included but grow medically and gnoses which included but gnoses which included g	Fé	1)Yes, Resident #1 was affected deficient practice as she failed to Restorative Nursing Program for due to a breakdown in communicated timely. Resident #1 via discharged from therapy to RNP 2)All residents coming off therapt discharged to RNP have the potobe affected by the deficient practical 3)Upon discharge from therapy, therapist will immediately notify ADON as well as the DON. ADO then put the orders into the softy program task list. Therapy Directin-service therapy staff on submidischarge orders for RNP as soon possible. Education completed 34)DON or Designee will monitor placement of task orders for RN software program daily for the fill weeks then monthly for 3 month ensure discharge orders are inprommunicated timely. Results of audits will be reviewed by the QN Assurance Committee quarterly QAPI meeting.	o receive r 17 days cation vas o. oy being cential to tice. the the DN will ware ctor will itting on as 8/4/2020. ADON P into rst 4 s to utted and of these uality		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′			(X3) DATE COMP	SURVEY LETED
	315453		B. WING			C 02/12/2020	
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT SHORROCK HAVEN				75	TREET ADDRESS, CITY, STATE, ZIP CODE 5 OLD TOMS RIVER ROAD RICK, NJ 08723	1 021	12/2020
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 676	bed mobility, transfers balance secondary to Under "Goal" was the increased independer mobility performance "Interventions" was the in skilled Physical The Review of the Facility Therapy Discharge S Care" date of 11/14/2 documentation by the Resident #1 has beer 11/14/2019 to 12/19/2 was discharged from 12/19/2019, the Physunder discharge Reas Achieved, referred for Program)." In addition, under "Discharge Recommendations," if documented; RNP/FN Program): To facilitate current level of perfor prevent decline, devein the following RNPs the IDT (Interdisciplin During an interview of the Restorative Aide (the resident is on the Therapist notifies the recommendation whe physical therapy. The recommendation into addition, the RA report	s, gait, and maintaining a recent hospitalization. following: I will exhibit nee with all functional prior to discharge. Under le following: I will participate le following: I will exhibit le following: I will exh	F	676			

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED		
				С				
		315453	B. WING _			02/12/2020		
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT SHORROCK HAVEN				STREET ADDRESS, CITY, STATE, ZIP CODE 75 OLD TOMS RIVER ROAD BRICK, NJ 08723				
(X4) ID PREFIX TAG	(= 1 a : 1 = = 1 a : 1 a		ID PREFIX TAG	FIX (EACH CORRECTIVE ACTION SHOULD BE		I DATE		
F 676	Continued From pag	e 3	F 6	76				
		y document titled Instruction Form" revealed e form on 12/27/2019 for						
	showed a "Date Initia	y document titled "Edit Task" ated" of 1/7/2020, by the n and ROM (range of motion ent #1.						
	10:07 a.m., the PT re on the RNP after Phy completed on 12/19/	interview on 2/13/2020 at eported, the resident was put ysical Therapy was 2019, and the nursing staff NP recommendations.						
	10:31 a.m., the UM r getting restorative ca treatment card that s exercised the resider unable to locate a ca	how the CNA walked or nt however, the UM was rd on Resident #1 showing done between the dates of						
	1:22 p.m., the Unit M investigating the issu #1 was discharged fr PT did not complete Instruction Form unti recommendation for Assistant Director of the task into the com	interview on 2/13/2020 at lanager (UM) reported after the, she found that Resident from PT on 12/19/2019, the the Restorative Nursing I 12/27/2019, with the Restorative care. The Nursing (ADON) did not put puter for the staff until nt had restarted PT on						
	Review of the Facility	s Policy titled "Restorative"						

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315453 B		B. WING _			С		
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT SHORROCK HAVEN				STREET ADDRESS, CITY, STATE, ZI 75 OLD TOMS RIVER ROAD BRICK, NJ 08723	P CODE	02/12/2020	
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F 676	Nursing Services" wit 11/2018, a revised da updated on 10/201, in Statement;" Resident nursing care as need safety and independe Interpretation and Im Residents may be sta	th an adopted date of ate of July 2017, and included under "Policy its will receive restorative ed to help promote optimal ence. Under "Policy plementation" section #2; arted on a restorative in admission, during the en discharged from	F	576			