

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 90115	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/28/2022
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NAME OF PROVIDER OR SUPPLIER BAYSIDE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 7 LAUREL AVENUE KEANSBURG, NJ 07734
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint</p> <p>COMPLAINT #: NJ00160330</p> <p>CENSUS: 124</p> <p>SAMPLE SIZE: 4</p> <p>The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. 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 provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p>	A 000		
A 310	<p>8:36-3.4(a)(1) Administration</p> <p>(a) The administrator or designee shall be responsible for, but not limited to, the following:</p> <p>1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;</p>	A 310		

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

TITLE

(X6) DATE

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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: NJ00160330</p> <p>Based on interview, observation, and record review it was determined that the facility failed to follow and implement its policy and procedure for staff to resident abuse for 1 of 4 residents, Resident #2 which placed other residents at risk for harm. This deficient practice was evidenced by the following:</p> <p>On 12/21/22 the Department of Health (DOH) received a Facility Reportable Event (FRE) regarding an alleged staff to resident abuse that occurred on 12/18/22.</p> <p>On 12/27/22 at 10:32 a.m., during the entrance conference the surveyor interviewed the Administrator (ADM) who explained to the surveyor that he received a notification by text message at 9:00 p.m., on 12/18/22 from a resident family member who alleged to have witnessed a Resident Assistant (RA #1) being rough with Resident #2 during a [REDACTED] transfer in the common dining area. Also, the ADM explained that the text notification was forwarded to the Director of Nursing (DON) on 12/18/22 who started an investigation on the morning of 12/19/22 which concluded with the dismissal of RA #1 on 12/20/22.</p> <p>On 12/27/22 at 11:55 a.m., the surveyor observed Resident #2 seated in the common area attempting to stand independently while RA #2 reminded Resident #2 of the need to use [REDACTED]</p>	A 310		

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A 310	<p>Continued From page 2</p> <p>The surveyor then observed that RA #2 assisted Resident #2 to be seated at the dining table for lunch.</p> <p>On 12/27/22 at 12:02 p.m., the surveyor interviewed Resident #2 who was observed to be Ex.Order 26.4(b)(1) known when asked. However, upon further questioning regarding care Resident #2 became Ex.Order 26.4(b)(1) and was Ex.Order 26.4(b)(1) appropriately.</p> <p>On 12/27/22 at 1:00 p.m., the surveyor reviewed the medical record of Resident #2 which showed that Resident #2 moved into the facility on Ex.Order 26.4(b)(1) with the diagnoses of Ex Order 26 § 4b1.</p> <p>According to Resident #2's "Medical History" dated 3/1/22 and "Care Plan" dated 9/14/22, Resident #2 was Ex.Order 26.4(b)(1) and unable to Ex.Order 26.4(b)(1) Additionally, Resident #2 used EX Order 26 § 4b1 with staff assistance.</p> <p>On 12/27/22 at 1:30 p.m., the surveyor interviewed the Assistant Director of Nursing (ADON) regarding the alleged RA #1's work schedule during the investigation on 12/19/22, who explained that the alleged RA #1 worked on 12/18/22 from 3:00 p.m., to 9:00 p.m., on 12/19/22 from 7:00 a.m., to 3:00 p.m., and on 12/19/22 from 3:00 p.m. to 11:00 p.m. The surveyor than requested the staffing schedule and resident assignment sheets.</p> <p>On 12/28/22 at 10:30 a.m., the surveyor received and reviewed the facility handwritten schedule dated for the months of "[November-December]" and observed that the alleged RA #1 was scheduled to work on the shifts and dates as aforementioned by the ADON. Additional review</p>	A 310		
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A 310	<p>Continued From page 3</p> <p>of the schedule showed that the alleged RA #1 was scheduled to work the 7:00 a.m., to 3:00 p.m., shift on 12/20/22.</p> <p>The surveyor next reviewed the assignment sheets which showed that the alleged RA #1 was assigned to care for residents on and following the date of the allegation of abuse on 12/18/22. Also, RA #1 continued to care for residents on two units on 12/19/22, one unit being where the alleged incident of abuse occurred.</p> <p>On 12/28/22 at 2:20 p.m., the surveyor interviewed the DON who confirmed that the alleged RA #1 continued to work at the facility on 12/19/22 under supervision and on the morning of 12/20/22 until investigation was completed. Also, the DON explained that after a meeting on 12/20/22 the alleged RA #1 was terminated approximately around 10:00 a.m.</p> <p>On 12/28/22 at 2:30 p.m., the surveyor interviewed the ADON who explained that she worked on the 7:00 a.m., to 3:00 p.m., shift on 12/19/22 with the alleged RA #1 and did not do one on one monitoring with the alleged RA #1. The ADON stated that she only observed RA #1 in the common areas while she administered medications.</p> <p>On 12/28/22 at 2:35 p.m., the surveyor reviewed the time in and time out punch card for the alleged RA #1 which also showed that the alleged RA #1 worked on the dates and times mentioned above and was terminated at 11:00 a.m., on 12/20/22.</p> <p>On 12/28/22 at 2:40 p.m., the surveyor reviewed the facility policy and procedure titled "Abuse policy ... TOPIC: Resident abuse" and listed under</p>	A 310		

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A 310	<p>Continued From page 4</p> <p>number "4. Identification ...Any employee suspected of abusing a resident will be immediately suspended from the community pending completion of an investigation"</p> <p>The facility failed to follow its policy and procedure for an allegation of abuse for Resident #2 by failing to immediately suspend the alleged RA #1 who continued to perform resident care duties during an investigation which placed other residents at risk for harm.</p>	A 310		



**BAYSIDE
MANOR**

**ASSISTED
LIVING**

Welcome to the family, Make yourself at home

The following is the Plan of Correction for Bayside Manor for Survey Completion Date 12/28/2022.

1. The corrective action for those residents affected by the deficient practice was established on 12/27/2022. This corrective action included an overview of our policy on abuse and the strict following of such policy which states that any allegation of abuse towards a resident shall result in the immediate suspension of the employee involved until a full investigation is completed.
2. As part of the investigation on 12/20/2022, by the facility D.O.N., other residents were interviewed who may have had the potential to be affected by the deficient practice. The conclusion of this part of the investigation was that no other residents were involved in the same deficient practice.
3. To ensure that the deficient practice will not recur, starting on 12/20/2022, every staff member was required to attend an IN-SERVICE on proper care techniques and resident abuse. Future IN-SERVICES will be made mandatory for all new employees. Nursing Supervisors for each unit will do random interviews with the residents to determine if there are any issues with the manner of the care given.
4. The facility administration will monitor the corrective actions to ensure that the deficient practice is correct by overseeing that the training and education of current staff and new hires is up to date and implemented. Administration will quarterly review the abuse policy and determine if any staff need further education.

Completed date: 1/15/2023



Anthony Cappadona Owner/Administrator

*accepted
2/8/23
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