STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	90115	A. BUILDING: _____ B. WING _____	C 08/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAYSIDE MANOR	7 LAUREL AVENUE KEANSBURG, NJ 07734

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A 000	Initial Comments Initial Comments: TYPE OF SURVEY: Complaint COMPLAINT #: NJ00123395 CENSUS: 122 SAMPLE SIZE: 3 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.	A 000		
A 310	8:36-3.4(a)(1) Administration (a) The administrator or designee shall be responsible for, but not limited to, the following: 1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;	A 310		

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

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A 310	Continued From page 1 This REQUIREMENT is not met as evidenced by: Complaint #: NJ00123395 Based on observation, interview and record review it was determined that the Administrator failed to ensure the enforcement of the facility policy, "Personal Alarms" for 2 of 3 residents reviewed, Resident #1 and Resident #3. This deficient practice was evidenced by the following: 1. on 8/30/19 at 10:00 a.m., the surveyor reviewed Resident #1's medical record and observed documented that the resident was admitted to the facility in April 2018 with diagnoses which included dementia and fall risk. The surveyor also observed a Physician's order dated 9/12/18 for "alarm while in chair" and "continue with bed alarm" and included the diagnosis of fall risk. 2. At 11:00 a.m. during review of Resident #3 medical record, the surveyor observed a Physician's order dated 5/6/19 for "alarm out of bed." The surveyor observed that Resident #3 was admitted to the facility in June 2015 with a diagnosis of dementia. Review of the Physician Order Sheet (POS) revealed that the resident was ordered a "bed alarm" on 10/31/16 with a last update date of 3/8/17. At 11:30 a.m. the surveyor reviewed the facility policy titled, "Personal Alarms," which documented, "Nursing will follow up with a bi-monthly assessment, evaluating if use of alarm is still needed." At 12:30 p.m., the surveyor interviewed the Director of Nursing (DON) and the Administrator Designee (AD) regarding the	A 310		

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A 310	Continued From page 2 use of personal alarms. The both the ED and the DON stated that they were not aware that these assessments were to be completed in accordance with their policy. In addition, the AD stated that the alarms were purchased and provided by family members at the request of the facility. The surveyor also observed that the facility policy did not include the criteria for the implementation, duration of the use, or the type of alarms to be used. The policy also did not include how these personal alarms were to be monitored for effectiveness and/or malfunction.	A 310		
A 709	8:36-7.2(d)(1-18) Resident Assessments and Care Plans (d) Each health care assessment by the registered professional nurse shall include, at a minimum, evaluation of the following: 1. Need for assistance with "activities of daily living"; 2. Cognitive patterns; 3. Communication/hearing patterns; 4. Vision patterns; 5. Physical functioning and structural problems; 6. Continence; 7. Psychosocial well-being; 8. Mood and behavior problems;	A 709		

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A 709	Continued From page 3 9. Activity pursuit patterns; 10. Disease diagnoses; 11. Health conditions and preventive health measures, including, but not limited to, pain, falls, and lifestyle; 12. Oral/nutritional status; 13. Oral/dental status; 14. Skin conditions; 15. Medication use; 16. Special treatment and procedures; 17. Restraint use; 18. Outside service utilization. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined that the facility failed to ensure the appropriate and safe use of restrictive/restraining devices, including full side rails on the resident's bed, and failed to ensure that the residents were consistently assessed and evaluated for the effects of the devices, including the resident's response to the interventions, for 3 of 3 residents reviewed, Resident #1, Resident #2 and Resident #3. This deficient practice was evidenced by the following: 1. On 8/30/19 at 10:00 a.m., the surveyor	A 709		

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A 709	Continued From page 4	A 709		

reviewed Resident #1's medical record and observed that the resident was admitted to the facility in April 2018 with diagnoses that included dementia and fall risk. The surveyor observed a physician order dated 4/19/18 for "1/2 side rail for positioning." At 12:53 p.m. the surveyor observed the resident's bed which revealed that one side of the resident's bed was against the wall and the other side had 2 side rails on the other side (full side rails on one side.)

2. At 10:30 a.m., the surveyor reviewed the medical record for Resident #2 which revealed that he/she was admitted to the facility on 4/2/05 with diagnoses that included multiple sclerosis and dementia. The medical record did not contain an physicians order for a side rail however, the Physician order Sheet (POS) indicated that the side rail was ordered 10/31/16 and last updated 12/13/16. The surveyor observed the residents bed at 12:55 p.m. which revealed that one side of the bed was against the wall and the other side had a single full length side rail on the other side.

3. At 11:00 a.m. during medical record review of Resident #3 medical record, the surveyor observed a physician order dated 6/21/19 for "1/2 side-rails to bed for positioning." Additional review of the medical record disclosed that the resident was admitted to the facility 6/10/15 with diagnoses that included dementia. At 1:04 p.m. the surveyor observed the resident's bed with one side against the wall and the other side contained a single 1/2 rail.

Further review of the medical record revealed there was no documentation to indicate that the RN thoroughly evaluated the safe use of the two full rails for Resident #1 & Resident #2. There was no documentation how the facility monitored

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A 709	Continued From page 5	A 709		

the use of these rails to ensure no incidents, including entrapment/injury occurred during the use of full side rails. The nurse's notes and the resident General Service Plans indicated side rails however there was no documentation of an evaluation confirming the need, safe use, effects, and result of the use side rails.

This was confirmed upon review of the facility's policy titled Restrictive Device and Fall Prevention. The procedures listed for the use of a restrictive device included the following statements:

"1) Use of the restrictive device will be discussed with resident when possible, resident's family and resident's Dr. A Dr's order will be obtained for any restrictive device." and "If using side-rails nursing will document if one or two side-rails are needed for mobility and assist with re-positioning self."
"2) Nursing will document on restrictive devices and why they are used on the resident's assessment form, in the RN notes, and in the general service plan.

The policy did not include how the facility will ensure the safe use of these restrictive devices, and requirement for the frequency of the re-evaluation of the effect, result, and resident's response for this implemented intervention and the continued use of the devices.

At 2:00 p.m., during an interview with the Administrator Designee (AD) and the Director of Nurses (DON), the surveyor was told that the facility documents the resident response to the restrictive device for the first 72 hours of of its implementation and then the RN monitors and documents in the resident's medical record. The

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A 709	Continued From page 6 AD and DON confirmed the facility was not routinely assessing and documenting the safe use of these restrictive devices.	A 709		
A1411	8:36-21.2(a) Quality Improvement (a) The facility shall develop policies and procedures that support a restraint-free environment for all residents. This REQUIREMENT is not met as evidenced by: Based on interview and review of facility documentation it was determined the facility failed to ensure policies and procedures were developed to support a restraint-free environment for all residents. This deficient practice was evidenced by the following: On 8/30/19 during a tour of the facility, the surveyor obtained the list of residents that the facility was using restrictive devices for on Special Care Units 1 and 2. Of 58 residents, 34 residents were using some type of side-rail and 31 residents were using some type of personal alarm. At 2:00 p.m. during surveyor interview the Administrator Designee stated that the facility classified side-rails and personal alarms as restrictive devices and utilized them for residents that required them; however, the facility did not have a policy developed for a restraint-free environment.	A1411		
A1413	8:36-21.2(b) Quality Improvement (b) The use of any restraining device shall be	A1413		

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A1413	Continued From page 7 based on an assessment and shall require a physician, advanced practice nurse or physician assistant order. This REQUIREMENT is not met as evidenced by: Based on interview, observation and record review it was determined that the facility failed to follow a Physician's order for the use of a restrictive device for 1 of 3 residents, Resident #1. This deficient practice was evidenced by: On 8/30/19 at 10:00 a.m., the surveyor reviewed Resident #1's medical record and observed that the resident was admitted to the facility in April 2018 with diagnoses which included dementia and fall risk. The surveyor also observed a Physician's order dated 4/19/18 for "1/2 side rail for positioning." At 12:53 p.m. the surveyor observed Resident #1's bed and observed that the bed was positioned against the wall and on the other side of the bed there were 2 half side-rails. At 2:00 p.m., during the exit interview, the surveyor showed the Administrator Designee (AD) and the Director of Nursing (DON) the Physician's order for a single 1/2 side rail. The surveyor further shared the observation of Resident #1's bed against the wall on one side and 2 half rails attached to the other side of the bed. The AD confirmed that Resident #1 should only have a single half side rail attached to the bed in accordance with the Physician's order.	A1413		