

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315087	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/21/2019
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NAME OF PROVIDER OR SUPPLIER CARE ONE AT KING JAMES	STREET ADDRESS, CITY, STATE, ZIP CODE 1040 ROUTE 36 ATLANTIC HIGHLANDS, NJ 07716
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(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
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F 000	INITIAL COMMENTS COMPLAINT #NJ 124500, 124042, 117843 CENSUS: 107 SAMPLE SIZE: 3	F 000		
F 689 SS=D	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 # NJ 124500, 117843, 124042 Based on observations, interviews, and review of pertinent facility documents on 6/21/19, it was determined that the facility failed to ensure a clear pathway for one of two exit doors. This deficient practice was evidenced by the following: 1. During a tour of the facility accompanied by the Unit Manager (UM) on 6/21/19 at 4:45 a.m., the surveyor observed two exit doors on the subacute unit "Station #1, approximately 25 paces apart. One of two exit doors on the unit was observed to have three wheels chairs and a chair scale in front of an exit door. During an interview on 6/21/19 at 4:45 a.m., the UM stated "wheel chairs should not be in front of the exit doors."	F 689	#1 All equipment in question was removed by 5:00am and egress exit door was no longer blocked #2 All residents have the potential to be affected by deficient practice. This plan of correction applies to all future and current residents. #3 To ensure the deficient practice does not recur, the facility will conduct regular Maintenance rounds, those rounds will be logged in on Maintenance Log Sheets beginning on 6/24/19. Additionally staff on all shifts were in-serviced on 6/21/19 on the topic of Keeping exit doors clear of clutter. #4 To monitor corrective action, the weekly maintenance logs will be review	6/24/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 07/16/2019
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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.

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

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FORM APPROVED
OMB NO. 0938-0391

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F 689	Continued From page 1 During an interview on 6/21/19 at 5:11 a.m., the Administrator stated "wheelchairs not in use should be stored in the resident's room or outside the resident's room." The Administrator further stated "blocking an exit door with wheelchairs has the potential of delaying residents from exiting." On 6/21/19 at 5:15 a.m., the surveyor observed the UM and Administrator remove the three wheel chairs and chair scale from the exit door area. Review of the facility's policy titled "Exits or Means of Egress" dated January 2019, revealed the following: #5: All personnel shall keep exits clear at all times. Exit doors should never be blocked, even briefly. #6: Whoever discovers a blocked exit shall clear the exit, if possible, and report the findings to his or her Immediate Supervisor or supervisor or manager in the building, If Immediate Supervisor is not present. N.J.A.C 8:39-31.4(a)	F 689	by Maintenance Director for 4 weeks. #5 The results of weekly audits will be presented to centers QAPI team at quarterly meeting		