

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

PRINTED: 11/28/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315206</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/01/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE BAY AT MANAHAWKIN HEALTH AND REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1211 RT 72 WEST</b> <b>MANAHAWKIN, NJ 08050</b>
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F 000	INITIAL COMMENTS  COMPLAINT # NJ137635, # NJ139729, # NJ139857  CENSUS: 91  SAMPLE SIZE: 5  THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000		
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)  §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.  §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized  §483.70(i)(2) The facility must keep confidential all information contained in the resident's	F 842		11/6/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <b>Electronically Signed</b>	TITLE	(X6) DATE <b>10/16/2020</b>
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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.

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F 842	<p>Continued From page 1</p> <p>records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and</p>	F 842			

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F 842	<p>Continued From page 2</p> <p>determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview, review of Medical Records (MRs) and review of other pertinent documentation, it was determined that the facility failed to accurately document the Discharge Instructions (DI) for Medication Administration for 1 of 5 sampled residents (Resident #3). This deficient practice was evidenced by the following:</p> <p>1. According to the facility Admission Record (AR), Resident #3 was admitted on [REDACTED] and discharged on [REDACTED].</p> <p>On 9/29/2020 at 12:55 p.m., the Unit Manager/Licensed Practice Nurse (UM/LPN) stated when a resident is discharged, medication(s), education or instructions discussed with the resident would be documented on the Discharge Summary (DS), Discharge Instructions (DI) and the Nurse's Note (NN).</p> <p>A record review of Resident #3's DS with a Discharge Date of [REDACTED] revealed blank spaces for Vital Signs and for the Nurse's Signature.</p> <p>On 9/30/2020 at 10:25 a.m., the Director of Nursing (DON) stated a Physician Order (PO) is needed for discharge and if training or education was provided to the resident by the nurse it</p>	F 842	<p>1. Resident #3 was discharged to the [REDACTED]. Resident #3 had already discharged so instructions could not be given at this time.</p> <p>2. All residents have the potential to be affected when discharge policies and procedures are not followed. A review of all resident's charts, discharged in the past 6 months was done by the Director of Nurses and the Administrator and none were found to be deficient.</p> <p>3. All nurses were in-serviced by the Director of Nurses on October 1, 2020 on the policies and procedures for Discharge Planning. All nurses were in-serviced on the proper recording of vital signs on the resident records, on October 1, 2020 by the Director of Nurses. All nurses were in-serviced on the proper documentation of signing all information in the medical records. The Medical Record keeper was in-serviced by the Administrator on October 6, 2020 as to maintaining all medical records x 10 years.</p> <p>4. All discharge information will be reviewed prior to resident discharge by the Director of Nurses and the Administrator to ensure that all residents</p>		

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F 842	<p>Continued From page 3</p> <p>would be documented on the DS, NN and signed off by the nurse. Blank spaces on the DS means "...it wasn't done".</p> <p>On 9/29/2020 at 10:30 a.m., this surveyor requested the discharge PO for Resident #3. At 12:55 p.m., the Receptionist who copied the record, stated she gave surveyor all the records for Resident #3. On 9/30/2020 at 10:45 a.m., the DON stated the PO is a separate order and she will look for Resident #3's PO.</p> <p>On 10/1/2020 at 10:33 a.m., the DON stated the nurses should document in NN the discharge: medications, education and whatever was done at discharge for the resident.</p> <p>RR of Resident #3's NN revealed no discharge note done on 7/1/2020.</p> <p>On 10/1/2020 at 11:30 a.m., the DON was still looking for the PO for Resident #3 and on Exit, the Facility Director stated she would send the surveyor Resident #3's PO.</p> <p>Surveyor did not receive any documented evidence from facility for Resident #3's PO.</p> <p>Surveyor reviewed the following facility policies: undated, titled "Discharging the Resident", "Level III", revealed "Documentation" "The following information should be recorded in the resident's medical record: 1.The date and time the discharge was made. 2. The name and title of the individual(s) who assisted with the discharge. 3. All assessment data ...6. The signature and title of the person recording the data." and "MEDICAL RECORD" with a date Reviewed [REDACTED], "SLK",</p>	F 842	<p>or resident representatives receive the proper discharge instructions, x 3 months then 1 chart x 6 months. All information will be reviewed at the Quality Assurance Meeting x 2 quarters. Ten resident charts will be reviewed monthly x 6 months by the Director of Nurses for the proper vital sign recording and nurses' signature, x 2 quarters all information will be reviewed at the Quality Assurance meeting x 3 quarters.</p>	

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F 842	Continued From page 4 revealed "All entries in the resident's medical record shall be written legibly in ink, date, and signed by the person, ...*All physician's orders for the last three months ...The record will be protected against loss, destruction or unauthorized use. Medical records will be retained for a period of 10 years."  N.J.A.C.: 8:39-35.2(k)	F 842		

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315206	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 11/6/2020	Y3
NAME OF FACILITY THE BAY AT MANAHAWKIN HEALTH AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1211 RT 72 WEST MANAHAWKIN, NJ 08050		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0842	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.20(f)(5), 483.70(i)(1)-(5)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	11/06/2020	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 10/1/2020		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		