STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061520	A. BUILDING: _____ B. WING _____	C 10/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANAHAWKIN HEALTH AND REHABILITATION	1211 RT 72 WEST MANAHAWKIN, NJ 08050

(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) COMPLETE DATE
S 000	Initial Comments THE FACILITY WAS NOT IN COMPLIANCE WITH THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE, CHAPTER 8:39, STANDARDS FOR LICENSURE OF LONG TERM CARE FACILITIES.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Based on interview and review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff to resident ratios as mandated by the State of New Jersey. This was evident for 13 of 14 nursing day shifts reviewed in a two-week period (10/02/2022 to 10/08/2022 and 10/09/2022 to 10/15/2022) for the facility: Findings include: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021: One Certified Nurse Aide (CNA) to every eight	S 560	1. The facility actively seeks to hire CNAs, that all shifts are scheduled to comply with ratios, that any callouts or no-shows result in calls being made by the shift supervisor or designee to fill the shift. Facility has documented evidence to reflect facility's recruitment and retention efforts in its relentless attempts to comply with the staffing ratios. No residents have been adversely affected. 2. All residents have the potential to be affected by this practice. 3. Facility's recruitment and retention strategies and efforts to comply with the state□s staffing ratios have been in progress, which include but are not limited to the following: Offer Sign on bonuses to attract staff Recruitment bonus to encourage referrals from current staff	11/7/22

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

Electronically Signed | 11/04/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061520	A. BUILDING: _____ B. WING _____	C 10/17/2022

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S 560	Continued From page 1 residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties. As per the "Nurse Staffing Report" completed by the facility for the weeks of 10/2/22 to 10/08/22 and 10/09/22 to 10/15/22, the staffing to resident ratios that did not meet the minimum requirement of 1 CNA to 8 residents for the day shift documented below: The facility was deficient in CNA staffing for residents on 13 of 14 day shifts as follows: -10/02/22 had 9 CNAs for 110 residents on the day shift, required 14 CNAs. -10/03/22 had 12 CNAs for 108 residents on the day shift, required 13 CNAs. -10/04/22 had 9 CNAs for 108 residents on the day shift, required 13 CNAs. -10/05/22 had 10 CNAs for 108 residents on the day shift, required 13 CNAs. -10/06/22 had 10 CNAs for 107 residents on the day shift, required 13 CNAs. -10/07/22 had 11 CNAs for 107 residents on the day shift, required 13 CNAs. -10/08/22 had 10 CNAs for 107 residents on the day shift, required 13 CNAs. -10/09/22 had 11 CNAs for 107 residents on the day shift, required 13 CNAs.	S 560	Aggressively running ads in various social media platforms Flexible shifts and schedules Increased wages to be well above state minimum Increased expedience getting staff on board by offering Orientation as soon as new hire is available Working with Temporary Nurse Aides to prepare them to sit for the state exam to become Certified Nurse Aides 4. The Administrator or designee will review staffing schedules weekly to ensure adequate staffing for all shifts. The results of these reviews will be submitted to the QAPI committee. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.	

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S 560	Continued From page 2 -10/10/22 had 11 CNAs for 112 residents on the day shift, required 14 CNAs. -10/11/22 had 10 CNAs for 112 residents on the day shift, required 14 CNAs. -10/12/22 had 13 CNAs for 110 residents on the day shift, required 14 CNAs. -10/13/22 had 13 CNAs for 109 residents on the day shift, required 14 CNAs. -10/14/22 had 12 CNAs for 109 residents on the day shift, required 14 CNAs. NJAC 8:39-5.1(a)	S 560		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315206	A. BUILDING _____ B. WING _____	C 10/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANAHAWKIN HEALTH AND REHABILITATION CENTER	**1211 RT 72 WEST MANAHAWKIN, NJ 08050**

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F 000	INITIAL COMMENTS C#: NJ158729 CENSUS: 109 SAMPLE SIZE: 3 THE FACILITY IS NOT IN COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000		
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to follow professional standards of practice by ensuring a physician's order for [redacted] therapy was carried out or an alternative medication was sought when a prescribed medication was unavailable. This deficient practice was identified for 1 of 3 residents (Resident #3) reviewed for professional standards of nursing practice. Reference: New Jersey Statutes Annotated, Title 45. Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a registered	F 658	1. Resident #3 no longer resides at the facility. 2. All residents have the potential to be affected by this practice. 3. Director of Nursing provided inservice education to all nurses on the proper procedure to follow in the event that a physician□s order is unable to be carried out. The procedure includes reaching out to the physician to alert him/her of the circumstances related to the order not being carried out and determining an appropriate alternative.	11/7/22

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

Electronically Signed | 11/04/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 658	Continued From page 1 professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist." Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist." The deficient practice was evidenced by the following: On 10/17/22 at 9:30 AM, the surveyor reviewed the medical record for a discharged resident, Resident #3. A review of the Admission Record face sheet reflected that the resident was admitted to the facility in [redacted], with diagnoses which included; [redacted] A review of the Progress Notes reflected a	F 658	4. The Director of Nursing or designee will conduct random audits every two weeks for two months to ensure orders are carried out as written or that the physician was notified if unable to carry out the order. The results of these audits will be submitted to the QAPI committee. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.	

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F 658	Continued From page 2 Nursing/Clinical Note dated [redacted] at 11:15 PM, resident was admitted to the facility from the hospital awake,EX. Order 26.(4) B1 [redacted]. Resident has [redacted] EX. Order 26.(4) B1 [redacted], generally used to give medications) to EX. Order 26.(4) B1 EX. Order 26.(4) B1) and [redacted]. A review of the Order Summary Report reflected a physician's order (PO) dated [redacted], for EX. Order 26.(4) B1 and EX. Order 26.(4) B1 (gram), use EX. Order 26.(4) B1 every [redacted] hours for [redacted] until [redacted] 11:59 PM, via [redacted] with a start date of [redacted] at 9:00 PM. A review of the resident's electronic Medication Administration Record (eMAR) for October 2022 revealed: 10/8/22 9:00 PM, "4" 10/9/22 9:00 AM, "4" According to the chart codes located on the eMAR "4" indicated, "other/ see nurses notes. A further review of the resident's October Progress Notes revealed: An eMAR note dated [redacted] at 8:47 PM, which reflected "EX. Order 26.(4) B1 and EX. Order 26.(4) B1 [redacted] use EX. Order 26.(4) B1 every [redacted] hours for EX. Order 26.(4) B1 until [redacted] 23:59 [redacted] awaiting delivery". There was no indication that the physician had been notified of the delay in medication delivery or the estimated time of medication arrival or the request for alternative medication to be given.	F 658		

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F 658	Continued From page 3	F 658		

A Nursing Note dated [redacted] 9:25 PM, which revealed " ... Awaiting [redacted] delivery from pharmacy for [redacted]) administration. MD and pharmacy aware." There was no indication that physician was aware of the estimated time for the delay in medication administration or the nurse's request for alternative medication therapy.

A Nursing Note dated [redacted] at 7:29 AM, which revealed " ... Received [redacted]. Incoming 7-3 nurse is made aware."

An eMAR dated [redacted] 10:34 AM, which reflected "EX. Order 26.(4) B1 and [redacted] use EX. Order 26.(4) B1 every [redacted] hours for [redacted] until [redacted] 23:59 [redacted]. No additional information was entered. There was no indication that the medication had been given.

On 10/17/22 at 1:00 PM, the surveyor along with the Director of Nursing (DON) reviewed the October eMAR for Resident #3. The DON acknowledged that on [redacted] 9:00 PM, and on [redacted] AM, a "4" was indicated. The DON stated she believed that "4" meant that the medication had not been given. The DON then reviewed the October Progress Notes for Resident #3 and stated the [redacted] and the [redacted] were received at the facility on [redacted], and that according to the eMAR and the Progress Notes the resident never received their [redacted] per physician's orders.

On 10/17/22 at 1:15 PM, the surveyor interviewed the Licensed Practical Nurse (LPN) assigned to Resident #3 on [redacted] day shift.

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F 658	Continued From page 4 The LPN stated the resident had been EX. Order 26.(4) B1 that morning and had been requesting their EX. Order 2 medication. The LPN stated she remembered seeing the [redacted] in the medication room that morning. She further stated she was new to the facility, and she was still under a Registered Nurses' supervision and needed supervision before administering the [redacted]. She further acknowledged she did not administer the [redacted] that morning. A review of the facility's "Administration of Medications" policy dated 6/06, included all medications shall be given by authorized nursing personnel. The administrator or his appointed designee shall be responsible for ensuring that authorized nursing personnel administer all medications ordered by a physician. NJ 8:39-11.2(b)	F 658		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
061520		11/14/2022

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
MANAHAWKIN HEALTH AND REHABILITATION CENTER	1211 RT 72 WEST MANAHAWKIN, NJ 08050

This report is completed by a State surveyor to show those deficiencies previously reported 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 State Survey Report (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 S0560 Reg. # 8:39-5.1(a) LSC	Correction Completed 11/07/2022	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON	
10/17/2022	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO