

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

PRINTED: 06/03/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315222	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/16/2022
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NAME OF PROVIDER OR SUPPLIER BARNEGAT REHABILITATION AND NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 859 WEST BAY AVE BARNEGAT, NJ 08005
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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 # NJ149711, NJ156927 CENSUS: 96 SAMPLE SIZE: 3 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 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2)	F 580		11/11/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 10/24/2022
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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 580	<p>Continued From page 1</p> <p>is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Complaint#: NJ149711</p> <p>Based on interviews, review of the Medical Records (MRs), and review of other pertinent documentation on 9/15/2022 and 9/16/2022, it was determined that the facility failed to notify the resident's Physician and the resident's family of a new NJ Exec Order 26.4b1 and also failed to notify the family when medications were changed. The facility also failed to follow its policy titled "Charting and Documentation." This deficient practice was identified for 1 of 3 residents (Resident #1) and was evidenced by the</p>	F 580	<p>F580 Notify of Changes (Injury/Decline/Room, etc.)</p> <p>I. Resident #1 discharged from the facility on NJ Exec Order 26.4b1</p> <p>II. Any resident with a new wound or a change in medication(s) has the potential to be affected.</p> <p>III. The Director of Nursing (DON) conducted a facility-wide audit to identify all current residents with in-house (newly</p>		

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F 580	<p>Continued From page 2 following:</p> <p>A review of Resident #1's Electronic Medical Record was as follows:</p> <p>According to the Admission Record (AR), Resident #1 was admitted to the facility on [redacted] with diagnoses which included but were not limited to NJ Exec Order 26.4b1 [redacted]</p> <p>According to the Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated [redacted], Resident #1 had a Brief Interview for Mental Status (BIMS) score of [redacted] which indicated the resident had NJ Exec Order 26.4b1. The MDS also showed Resident #1 needed extensive assistance with Activities of Daily Living (ADLs), was at risk for NJ Exec Order 26.4b1 [redacted]</p> <p>A review of Resident #1's "Medication Review Report (MRR)" dated on or after [redacted] revealed the following Physician's Orders and medications changes:</p> <p>NJ Exec Order 26.4b1 Give 3 tablets by mouth every 8 hours for [redacted], dated [redacted]</p> <p>NJ Exec Order 26.4b1 Give one tablet by mouth two times a day for [redacted], dated [redacted]</p> <p>NJ Exec Order 26.4b1 Give 1 tablet by mouth every 8 hours for [redacted] dated [redacted]</p>	F 580	<p>developed) wounds and to verify notification was made to the resident's physician and representative. The Director of Nursing (DON) conducted an audit of medication changes within the last 72 hours to verify notification was made to the resident's representative. Nursing staff received education on the procedure to notify and document a resident's representative of any medication change(s); as well the procedure to notify and document both the resident's physician and representative, of any newly identified wound.</p> <p>IV. The Director of Nursing/designee will be responsible to audit resident charts weekly x 4 weeks, then monthly x 3 months with results presented to the Quality Assurance Performance Improvement (QAPI) committee for one quarter. Review of the audits will determine any changes in the plan or continued monitoring.</p> <p>Completion Date: 11/11/2022</p>	

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F 580	<p>Continued From page 3</p> <p>NJ Exec Order 26.4b1</p> <p>NJ Exec Order 26.4b1 Give 1 tablet by mouth every 12 hours for NJ Exec Order 26.4b1 dated NJ Exec Order 26.4b1</p> <p>A review of Resident #1's Progress Notes (PNs) dated NJ Exec Order 26.4b1 written by the Licensed Practice Nurse (LPN) revealed that Resident #1 had an NJ Exec Order 26.4b1, and NJ Exec Order 26.4b1 was applied.</p> <p>Further review of Resident #1's EMR showed no documentation that the resident's family was notified of the medication changes on NJ Exec Order 26.4b1 or that the resident's family or Physician was notified of the NJ Exec Order 26.4b1</p> <p>During an interview on 9/15/2022 at 10:50 a.m., the LPN who cared for Resident #1 stated she did not recall the resident; however, if a medication dose changes or a NJ Exec Order 26.4b1, the [resident's] family and the doctor [Physician] would be notified and documented in the PNs.</p> <p>During an interview on 9/15/2022 at 11:14 a.m., the Unit Manager/LPN stated that the family is called when there are changes to the patient's [resident's] care, and it is documented in the PNs. She continued to say if there was a new NJ Exec Order 26.4b1, the doctor would also be notified.</p> <p>During an interview on 9/16/2022 at 8:55 a.m., the Director of Nursing (DON) stated the family of Resident #1 should have been notified of a medication change.</p> <p>During a second interview on 9/16/2022 at 12:48 p.m., in the Administrator's presence, the DON</p>	F 580			

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F 580	Continued From page 4 stated that for a ^{NJ Exec Order} [REDACTED], the nurse would notify the doctor [Physician] and get a treatment order. A review of the policy titled "Charting and Documentation" with a last revised date of July 2017 revealed Under: "Policy Statement" included: "All services provided to the resident, progress toward the care plan goals, or any changes in the resident's medical, physical, functional or psychosocial condition, shall be documented in the resident's medical record. The medical record should facilitate communication between the interdisciplinary team regarding the resident's condition and response to care." Under "Policy Interpretation and Implementation," included: " ...7. Documentation of procedures and treatments will include care-specific details, including: ...f. Notification of family, Physician..."	F 580			
F 657 SS=D	N.J.A.C.: 8.39-13.1 (c)(d) Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of	F 657		11/11/22	

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F 657	<p>Continued From page 5</p> <p>the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint#: NJ149711</p> <p>Based on interviews, review of the Medical Records (MRs), and review of other pertinent documentation on [redacted] and [redacted], it was determined that the facility failed to update a care plan when the resident developed a [redacted] issue for 1 of 3 residents (Resident #1). The facility also failed to follow its policy titled, "Care Plans, Comprehensive Person-Centered." The deficient practice was evidenced by the following:</p> <p>A review of Resident #1's Electronic Medical Record was as follows:</p> <p>According to the Admission Record (AR), Resident #1 was admitted to the facility on [redacted] and readmitted on [redacted] with diagnoses which included but were not limited to [redacted].</p>	F 657	<p>F657 Care Plan Timing and Revision</p> <p>I. Resident #1 was discharged from the facility on [redacted].</p> <p>II. All residents have potential for being affected by not having a care plan implemented or updated timely.</p> <p>III. Director of Nursing (DON) conducted an audit of the care plans for all residents with wounds to ensure appropriate interventions and updates were included.</p> <p>Nursing staff were educated in accordance with the policy titled, "Care Plans, Comprehensive Person-Centered." Education included implementation and updating of care plans with any change in skin integrity.</p> <p>IV. The Director of Nursing/designee will audit resident Care Plans for the timeliness of creation and/or update</p>		

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F 657	<p>Continued From page 6</p> <p>According to the Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated [redacted], Resident #1 had a Brief Interview for Mental Status (BIMS) score of [redacted] which indicated the resident had [redacted] NJ Exec Order 26.4b1. The MDS also showed Resident #1 needed extensive assistance with Activities of Daily Living (ADLs), was at risk for [redacted] NJ Exec Order 26.4b1.</p> <p>A review of Resident #1's Progress Notes (PNs) dated [redacted] written by the Licensed Practice Nurse (LPN) revealed that Resident #1 had an [redacted] NJ Exec Order 26.4b1, and [redacted] NJ Exec Order 26.4b1 was applied.</p> <p>A review of Resident #1's Care Plan (CP) dated [redacted] revealed under Focus: "(Resident #1) has [redacted] NJ Exec Order 26.4b1 of related to: hx (history) of previous [redacted] NJ Exec Order 26.4b1. Resident #1 has a [redacted] NJ Exec Order 26.4b1. Under Goal: "Resolved: [redacted] NJ Exec Order 26.4b1 x [redacted] days." "(Resident #1) will not have [redacted] NJ Exec Order 26.4b1 preventive care will be followed", date initiated [redacted] NJ Exec Order 26.4b1. Under Interventions: [redacted] NJ Exec Order 26.4b1 while in bed, Monitor for methods of [redacted] NJ Exec Order 26.4b1. Document as appropriate., Monitor for [redacted] NJ Exec Order 26.4b1 treatment and medicate, Provide decision maker education regarding risk factors and interventions to prevent further [redacted] NJ Exec Order 26.4b1 and document as is appropriate, Provide the following preventive [redacted] NJ Exec Order 26.4b1 as ordered daily, Staff do not</p>	F 657	<p>related to wounds, weekly x 4 weeks; then monthly x 3 months. The results of the audit will be reported to the Quality Assessment and Performance Improvement (QAPI) Committee for review for one quarter. The Committee will determine the need for further audits and or action plans.</p> <p>Completion Date: 11/11/2022</p>		

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F 657	<p>Continued From page 7</p> <p>shave resident family will shave" date initiated [redacted], "NJ Exec Order 26.4b1" by a licensed nurse on shower days" date initiated [redacted].</p> <p>Further review of Resident #1's Care Plan (CP) showed no evidence that the CP was updated for an [redacted] NJ Exec Order 26.4b1</p> <p>During an interview on 9/16/2022 at 9:17 a.m., the Unit Manager/Licensed Practice Nurse stated, "the purpose of the care plan is to have care needs met." She continued to say the CP should have been updated for an [redacted] NJ Exec Order 26.4b1. When asked who updates the CP, the UM/LPN stated I would update it if no other nurse did.</p> <p>During an interview on 9/16/2022 at 12:48 p.m., in the presence of the Administrator, the Director of Nursing (DON) stated, "the purpose of the CP is to advise everyone caring for the resident the likes and dislikes of the resident." She continued to say the CP "is updated by anyone on the Interdisciplinary team, and the CP is updated for any change in condition." When the surveyor asked the DON should Resident #1's CP had been updated for the [redacted] NJ Exec Order 26.4b1 she stated if there was an [redacted] NJ Exec Order 26.4b1 the CP would be updated." During the same interview, the Administrator said the CP is updated for a significant change [in condition], for "everything."</p> <p>A review of the facility's policy titled "Care Plans, Comprehensive Person-Centered" with a last date revised March 2022, revealed Under "Policy Statement" included: "A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional</p>	F 657			

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F 657	Continued From page 8 needs is developed and implemented for each resident." Under "Policy Interpretation and Implementation" included: " ...11. Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change. 12. The interdisciplinary team reviews and updates the care plan: a. when there has been a significant change in the resident's condition ..."	F 657			
F 658 SS=D	N.J.A.C.: 8.39-27.1(a) 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: Complaint#: NJ149711, NJ156927 Based on interviews, a review of the Medical Records (MRs), and review of other pertinent documentation on 9/15/2022 and 9/16/2022, it was determined that the facility failed to adhere to the acceptable standards of nursing practice and obtain a Physician's Order before administering a treatment for 1 of 3 residents (Resident #1). The facility also failed to maintain accurate medical records documentation that reflects the residents' status for 2 of 3 residents (Resident #1 and #2) and to follow its policies titled "Medication and Treatment Orders" and "Charting and Documentation." The deficient practice was evidenced by the following:	F 658	F658 Services Provided Meet Professional Standards I. Resident #1 discharged home on [redacted] and resident #2 discharged on [redacted]. There were [redacted] to residents #1 and #2 prior to discharge. II. All residents have the potential to be affected when a Physician's Order is not obtained prior to treatment and/or when a Physician's Order is not administered as ordered. III. The LPN who documented in Resident #1's progress notes with regards	11/11/22	

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F 658	<p>Continued From page 9</p> <p>Review of Resident #1's Electronic Medical Records were as follows:</p> <p>1. According to the Admission Record (AR), Resident #1 was admitted to the facility on [redacted] with diagnoses which included but were not limited to NJ Exec Order 26.4b1 [redacted]</p> <p>According to the Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated [redacted], Resident #1 had a Brief Interview for Mental Status (BIMS) score of [redacted], which indicated the resident had NJ Exec Order 26.4b1. The MDS also showed Resident #1 needed extensive assistance with Activities of Daily Living (ADLs), was at risk for NJ Exec Order 26.4b1 [redacted]</p> <p>A review of the "Continuum Admit/readmit (Admission/Readmission) Nursing Assessment," a document used to assess residents on admission or readmission to the facility dated [redacted] indicated under the number "10. Integrity," revealed NJ Exec Order 26.4b1 noted. Resident #1 was NJ Exec Order 26.4b1 [redacted]</p> <p>A review of Resident #1's Care Plan (CP) dated [redacted] revealed under Focus: "(Resident #1) has NJ Exec Order 26.4b1 of related to: hx (history) of previous NJ Exec Order 26.4b1 [redacted] Resident #1 has a NJ Exec Order 26.4b1 [redacted] Under Goal: "Resolved: NJ Exec Order</p>	F 658	<p>to an "NJ Exec Order 26.4b1" was educated and counseled as to acceptable standards of nursing practice.</p> <p>Nursing staff have been educated on the policies and procedures titled "Medication and Treatment Orders" and "Charting and Documentation."</p> <p>Director of Nursing (DON) conducted an audit of Medication Administration Records (MARs) and Treatment Administration Records (TARs) for the last 72 hours to observe for any missing documentation.</p> <p>IV. The Director of Nursing/designee will conduct audits weekly x 4 weeks, then monthly x 3 months for missing documentation on MARs and TARs, with results presented to the Quality Assurance Performance Improvement (QAPI) committee for one quarter. Review of the audits will determine any changes in the plan or continued monitoring.</p> <p>Completion Date: 11/11/2022</p>	

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F 658	<p>Continued From page 10</p> <p>NJ Exec Order 26.4b1 [REDACTED] x _____ days." "(Resident #1) will not have NJ Exec Order 26.4b1 preventive care will be followed", date initiated NJ Exec Order 26.4b1" Under Interventions: NJ Exec Order 26.4b1 [REDACTED] Document as appropriate., Monitor for NJ Exec Order 26.4b1 [REDACTED] treatment and medicate, Provide decision maker education regarding risk factors and interventions to prevent further NJ Exec Order 26.4b1 and document as is appropriate, Provide the following preventive NJ Exec Order 26.4b1 as ordered daily, Staff do not shave resident family will shave" date initiated NJ Exec Order 26.4b1, "NJ Exec Order 26.4b1 by a licensed nurse on shower days" date initiated NJ Exec Order 26.4b1.</p> <p>A review of Resident #1's Progress Notes (PNs) dated NJ Exec Order 26.4b1 written by the Licensed Practice Nurse (LPN) revealed that Resident #1 had an NJ Exec Order 26.4b1, and NJ Exec Order 26.4b1 was applied.</p> <p>A review of Resident #1's Discharge Planning dated NJ Exec Order 26.4b1 revealed under "Skin Evaluation" noted "NJ Exec. Order 26.4b1." However, a review of the "Medication Review Report "(MRR)" dated on or after NJ Exec Order 26.4b1 revealed Resident #1 had no Physician's Order (POs) for the NJ Exec Order 26.4b1 or an order for treatments to the NJ Exec Order 26.4b1.</p> <p>Further review of Resident #1's MRR included the following POs:</p> <p>NJ Exec Order 26.4b1 daily every evening shift for preventative measures, dated NJ Exec Order 26.4b1</p>	F 658		

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F 658	<p>Continued From page 11</p> <p>NJ Exec Order 26.4b1 [redacted] every shift for [redacted] NJ Exec Order 26.4b1, dated [redacted] NJ Exec Order 26.4b1</p> <p>A review of the Treatment Administration Record (TAR) dated [redacted] NJ Exec Order 26.4b1 through [redacted] NJ Exec Order 26.4b1 for Resident #1 confirmed the aforementioned POs were not administered because there was no documented evidence the staff administered the treatments to the resident, as evidenced by the following:</p> <p>NJ Exec Order 26.4b1 daily every evening shift for preventative measures on [redacted] NJ Exec Order 26.4b1, [redacted] NJ Exec Order 26.4b1, and [redacted] NJ Exec Order 26.4b1 on the evening shift was blank.</p> <p>NJ Exec Order 26.4b1 [redacted] every shift for [redacted] NJ Exec Order 26.4b1 on [redacted] NJ Exec Order 26.4b1, [redacted] NJ Exec Order 26.4b1, and [redacted] NJ Exec Order 26.4b1 on the evening shift was blank.</p> <p>A review of Resident #1's EMR showed no documented evidence that the treatments mentioned above were completed as ordered by the Physician.</p> <p>During an interview on 9/15/2022 at 10:50 a.m., the LPN who cared for Resident #1 stated she did not recall the resident; however, if a [redacted] NJ Exec Order 26.4b1 develops, [the nurse] would call the doctor [Physician] to get an order and document in the PNs.</p> <p>During an interview on 9/15/2022 at 11:14 a.m., the Unit Manager/Licensed Practice Nurse (UM/LPN #2) stated she remembered Resident #1. The UM stated the resident had [redacted] NJ Exec Order 26.4b1,</p>	F 658			

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F 658	<p>Continued From page 12</p> <p>NJ Exec Order 26.4b1 "</p> <p>During an interview on 9/16/2022 at 8:55 a.m., the Director of Nursing (DON) stated she did not remember Resident #1 having NJ Exec Order 26.4b1, and the NJ Exec Order 26.4b1 [nurse] never saw the resident. She continued to say NJ Exec Order 26.4b1 was given as the next step because of the family involvement. When the surveyor asked her if there should be a POs for the NJ Exec Order 26.4b1, the DON replied, "yes, there should be a Physician's Order."</p> <p>During an interview on 9/16/2022 at 9:17 a.m., the UM/LPN stated there should be a [Physician's] order for NJ Exec Order 26.4b1, it is not preventive [treatment], and the NJ Exec Order 26.4b1 nurse would be notified.</p> <p>During a second interview on 9/16/2022 at 12:48 p.m., in the Administrator's presence, the DON stated that for a NJ Exec Order 26.4b1, the nurse would notify the doctor [Physician] and get a treatment order.</p> <p>A review of Resident #2's Electronic Medical Record was as follows:</p> <p>2. According to the Admission Record (AR), Resident #2 was admitted to the facility on NJ Exec Order 26.4b1 and discharged on NJ Exec Order 26.4b1 with diagnoses which included, NJ Exec Order 26.4b1</p> <p>NJ Exec Order 26.4b1</p> <p>According to the MDS, dated NJ Exec Order 26.4b1, Resident #2 had a BIMS score of NJ Exec Order 26.4b1/15, which indicated the resident was NJ Exec Order 26.4b1. The MDS also showed Resident #2 needed extensive assistance with Activities of Daily Living (ADLs),</p>	F 658			

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F 658	<p>Continued From page 13</p> <p>was at risk for NJ Exec Order 26.4b1</p> <p>A review of Resident #2 CP dated NJ Exec Order 26.4b1 revealed under Focus: "[Resident #2] has a diagnosis of NJ Exec Order 26.4b1." Under Goal: "[Resident #2] will be free of all signs/symptoms of NJ Exec Order 26.4b1 such as NJ Exec Order 26.4b1 through next review date", date initiated NJ Exec Order 26.4b1. Under Interventions: "NJ Exec Order 26.4b1 as ordered, NJ Exec Order 26.4b1 daily with care and report abnormalities, Conduct a NJ Exec Order 26.4b1 or scheduled shower day, NJ Exec Order 26.4b1 daily. Observe NJ Exec Order 26.4b1. Document and notify Physician with negative findings as indicated, Labs as ordered and report results to Physician, Monitor activity level, especially for NJ Exec Order 26.4b1 residents, Monitor for risk related to NJ Exec Order 26.4b1 ensure that the residents' NJ Exec Order 26.4b1 are always protected in appropriate NJ Exec Order 26.4b1 ..." date initiated NJ Exec Order 26.4b1.</p> <p>A review of the Medication Review Report "(MRR)" for Resident #2 dated on or after NJ Exec Order 26.4b1 revealed the following POs: NJ Exec Order 26.4b1 daily every evening shift for preventative measures, dated NJ Exec Order 26.4b1.</p> <p>Monitor for s/s (signs/symptoms) NJ Exec Order 26.4b1: NJ Exec Order 26.4b1</p> <p>If any symptoms present,</p>	F 658		

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F 658	<p>Continued From page 14</p> <p>initiate protocol: NJ Exec Order 26.4b1 [redacted]</p> <p>[redacted] and Notify MD (Medical Doctor) every day and evening shift, dated NJ Exec Order 26.4b1 [redacted].</p> <p>Monitor for NJ Exec Order 26.4b1 or NJ Exec Order 26.4b1 every shift, dated NJ Exec Order 26.4b1 [redacted].</p> <p>Monitor for NJ Exec Order 26.4b1 while at rest, dated NJ Exec Order 26.4b1 [redacted].</p> <p>Monitor for NJ Exec Order 26.4b1 while laying flat every shift, dated NJ Exec Order 26.4b1 [redacted].</p> <p>NJ Exec Order 26.4b1 [redacted] pat dry, and apply NJ Exec Order 26.4b1 to the affected area every shift for NJ Exec Order 26.4b1 healing, dated NJ Exec Order 26.4b1 [redacted].</p> <p>NJ Exec Order 26.4b1 [redacted] Give 1 capsule by mouth at bedtime for NJ Exec Order 26.4b1, dated NJ Exec Order 26.4b1 [redacted].</p> <p>NJ Exec Order 26.4b1 [redacted] at bedtime for NJ Exec Order 26.4b1, dated NJ Exec Order 26.4b1 [redacted].</p> <p>NJ Exec Order 26.4b1 [redacted] Give 1 capsule by mouth every 8 hours for NJ Exec Order 26.4b1, dated NJ Exec Order 26.4b1 [redacted].</p> <p>NJ Exec Order 26.4b1 [redacted] after meals, dated NJ Exec Order 26.4b1 [redacted].</p> <p>NJ Exec Order 26.4b1 [redacted] Give 1 tablet by mouth every 12 hours for NJ Exec Order 26.4b1, dated NJ Exec Order 26.4b1 [redacted].</p>	F 658		

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F 658	<p>Continued From page 15</p> <p>A review of the Medication Administration Record (MAR) dated [redacted] through [redacted] for Resident #2 confirmed the aforementioned POs were not administered on [redacted] on the evening shift because there was no documented evidence the staff administered the medications to the resident, as evidenced by the following:</p> <p>NJ Exec Order 26.4b1 Give 1 tablet by mouth two times a day for [redacted] was blank.</p> <p>NJ Exec Order 26.4b1 Give 1 capsule by mouth at bedtime for [redacted] was blank.</p> <p>NJ Exec Order 26.4b1 [redacted] at bedtime for [redacted] was blank.</p> <p>NJ Exec Order 26.4b1 Give 1 capsule by mouth every 8 hours for [redacted] was blank.</p> <p>NJ Exec Order 26.4b1 after meals was blank.</p> <p>NJ Exec Order 26.4b1 Give 1 tablet by mouth every 12 hours for [redacted] was blank.</p> <p>A review of the TAR dated [redacted] through [redacted] for Resident #2 confirmed the aforementioned POs were not administered because there was no documented evidence the staff administered the treatments to the resident, as evidenced by the following:</p> <p>Monitor for [redacted] every shift on [redacted] and [redacted] on the night shift, on</p>	F 658			

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F 658	<p>Continued From page 16</p> <p>NJ Exec Order 26.4b1 on the day shift, and on NJ Exec Order 26.4b1 on the evening shift was blank.</p> <p>NJ Exec Order 26.4b1 while at rest on NJ Exec Order 26.4b1 on the day shift, on NJ Exec Order 26.4b1 on the evening shift, and on NJ Exec Order 26.4b1 on the night shift was blank.</p> <p>Monitor for NJ Exec Order 26.4b1 while laying flat every shift on NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 on the night shift, on NJ Exec Order 26.4b1 on the day shift, and on NJ Exec Order 26.4b1 on the evening shift was blank.</p> <p>NJ Exec Order 26.4b1 pat dry, and apply NJ Exec Order 26.4b1 to the affected area every shift for NJ Exec Order 26.4b1 healing on NJ Exec Order 26.4b1 on the evening shift and on NJ Exec Order 26.4b1 on the night shift was blank.</p> <p>NJ Exec Order 26.4b1 daily every evening shift for preventative measures on NJ Exec Order 26.4b1 on the evening shift was blank.</p> <p>Monitor for s/s (signs/symptoms) NJ Exec Order 26.4b1; NJ Exec Order 26.4b1. If any symptoms present, initiate protocol: NJ Exec Order 26.4b1 and Notify MD (Medical Doctor) every day and evening shift on NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 on the day shift was blank.</p> <p>During an interview on 9/16/2022 at 10:00 a.m., when the surveyor showed the UM/LPN #2 the blank spaces on the MAR for Resident #2, she stated, "I think no one signed off on the</p>	F 658			

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F 658	<p>Continued From page 17</p> <p>medication for that day, most likely it [medication] was not given..."</p> <p>During an interview on 9/16/2022 at 10:30 a.m., when the surveyor showed the DON the blank spaces on the MAR & TAR for Resident #2, she stated, "I want to speak to the nurse first, but if not signed out, not done, medication was not given."</p> <p>During a telephone interview on 9/16/2022 at 12:06 p.m., the LPN, who cared for Resident #2 on NJ Exec Order 26-4b1 when the surveyor asked her about the blank spaces on the MAR/TAR for Resident #2, she replied the medication was not signed for, it does not necessarily mean the medication was not given, but she did not recall the exact date she worked. She continued to say, "I forgot to sign them [medications/treatments] out."</p> <p>A review of the policy titled "Medication and Treatment Orders," with a revised date of July 2016, revealed Under "Policy Statement" included: "Orders for medications and treatments will be consistent with principles of safe and effective order writing." Under "Policy Interpretation and Implementation," included: "1. Medications shall be administered only upon the written order of a person duly licensed and authorized to prescribe such medications in this state. 2. Only authorized, licensed practitioners, or individuals authorized to take verbal orders from practitioners, shall be allowed to write orders in the medical record7. Verbal orders must be recorded immediately in the resident's chart by the person receiving the order and must include prescriber's last name, credentials, the date and the time of the order."</p>	F 658			

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

PRINTED: 06/03/2024
FORM APPROVED
OMB NO. 0938-0391

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F 658	Continued From page 18 A review of the policy titled "Charting and Documentation" with a last date revised July 2017 revealed Under "Policy Statement" included: "All services provided to the resident, progress toward the care plan goals, or any changes in the resident's medical, physical, functional or psychosocial condition, shall be documented in the resident's medical record. The medical record should facilitate communication between the interdisciplinary team regarding the resident's condition and response to care." Under "Policy Interpretation and Implementation," included: "1. Documentation in the medical record may be electronic, manual or a combination. 2. The following information is to be documented in the resident medical record: ...b. Medications administered; c. Treatments or services performed; d. Changes in the resident's condition; e. Events, incidents or accidents involving the resident; and ...3. Documentation in the medical record will be objective (not opinionated or speculative), complete, and accurate. 7. Documentation of procedures and treatments will include care-specific details, including: a. the date and time the procedure/treatment was provided; b. The name and title of the individual(s) who provided the care; c. The assessment data and/or any unusual findings obtained during the procedure/treatment; e. Whether the resident refused the procedure/treatment; f. Notification of family, physician ... g. The signature and title of the individual documenting."	F 658			
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) N.J.A.C.: 8.39-13.1 (c)(d) N.J.A.C.: 8.39-27.1 (a)	F 677		11/11/22	

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F 677	<p>Continued From page 19</p> <p>§483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Complaint#: NJ149711, NJ156927</p> <p>Based on interviews and review of other pertinent facility documents on 9/15/2022 and 9/16/2022, it was determined that the facility failed to provide evidence that residents were consistently provided ^{NJ Exec Order 26.4b1} care in order to prevent ^{NJ Exec Order 26.4b1} and ^{NJ Exec Order 26.4b1} that could have resulted in further ^{NJ Exec Order 26.4b1} for residents at risk for ^{NJ Exec Order 26.4b1} and failed to provide feeding assistance as well. The facility also failed to follow its policies titled "Activities of Daily Living" and "Charting and Documentation" as required by the "Job Description for the Certified Nursing Assistant (CNA)" for 2 of 3 sampled residents (Resident #1 and #2). The deficient practice was evidenced by the following:</p> <p>A review of Resident #1's Electronic Medical Record (EMR) was as follows:</p> <p>1. According to the Admission Record (AR), Resident #1 was admitted to the facility on ^{NJ Exec Order 26.4b1}, readmitted on ^{NJ Exec Order 26.4b1}, and discharged on ^{NJ Exec Order 26.4b1} with diagnoses which included but not limited to, ^{NJ Exec Order 26.4b1}</p> <p>According to the Minimum Data Set (MDS), an assessment tool, dated ^{NJ Exec Order 26.4b1}, Resident #1</p>	F 677	<p>F677 ADL Care Provided for Dependent Residents</p> <p>I. Residents #1 was discharged to home on ^{NJ Exec Order 26.4b1} and resident #2 was discharged home on ^{NJ Exec Order 26.4b1}.</p> <p>II. All residents who require assistance with their Activities of Daily Living (ADLs) have the potential to be affected.</p> <p>III. Certified Nursing Assistants (CNAs) have been educated on the following policies, "Activities of Daily Living," and "Charting and Documentation" as required by the "Job Description for the Certified Nursing Assistant (CNA).</p> <p>Director of Nursing (DON) conducted an audit of Certified Nursing Assistants' documentation for resident ADLs for the last 72 hours to observe for any missing documentation.</p> <p>IV. The Director of Nursing/designee will audit Certified Nursing Assistants' (CNAs) documentation of Activities of Daily Living (ADLs) weekly x 4 weeks, then monthly x 3 months for missing documentation, with results presented to the Quality Assurance Performance Improvement (QAPI) committee for one quarter. Review of the audits will determine any changes in the</p>	

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F 677	Continued From page 20 had a Brief Interview for Mental Status (BIMS) score of [redacted] which indicated the Resident had NJ Exec Order 26.4b1 . The MDS also showed Resident #1 needed extensive assistance with Activities of Daily Living (ADLs), was at risk for NJ Exec Order 26.4b1 . A review of the Documentation Survey Report (DSR) form used for ADL documentation of tasks, NJ Exec Order 26.4b1 dated [redacted] through [redacted] revealed blank spaces which indicated the task was not documented as follows: 7:00 a.m.-3:00 p.m. on [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted] and [redacted]; at 3:00 p.m.-11:00 p.m. on [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted] and [redacted]; at 11:00 p.m.-7:00 a.m. on [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted] and [redacted]. A review of the Documentation Survey Report (DSR) form used for ADL documentation of tasks, NJ Exec Order 26.4b1 dated [redacted] through [redacted] revealed blank spaces which indicated the task was not documented as follows: 7:00 a.m. - 3:00 p.m. on [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted] and [redacted]; at 3:00 p.m. -11:00 p.m. on [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted] and [redacted].	F 677	plan or continued monitoring. Completion Date: 11/11/2022

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F 677

Continued From page 21

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A review of the DSR form used for ADL documentation of tasks, NJ Exec Order 26.4b1, and Movements dated NJ Exec Order 26.4b1 through NJ Exec Order 26.4b1, revealed blank spaces, which indicated the task was not documented as follows: 7:00 a.m.-3:00 p.m. on NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315222	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/16/2022
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NAME OF PROVIDER OR SUPPLIER BARNEGAT REHABILITATION AND NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 859 WEST BAY AVE BARNEGAT, NJ 08005
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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 677	<p>Continued From page 22</p> <p>NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 at 11:00 p.m. - 7:00 a.m. on NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1.</p> <p>A review of the DSR form used for ADL documentation of tasks, NJ Exec Order 26.4b1 dated NJ Exec Order 26.4b1 through NJ Exec Order 26.4b1 revealed blank spaces which indicated the task was not documented as follows: 7:00 a.m. - 3:00 p.m. on NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1; at 3:00 p.m. - 11:00 p.m. on NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1.</p> <p>A review of DSR form used for ADL documentation of tasks, NJ Exec Order 26.4b1 dated NJ Exec Order 26.4b1 through NJ Exec Order 26.4b1 revealed blank spaces which indicated the task was not documented as follows: 7:00 a.m. - 3:00 p.m. on NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 at 3:00 p.m. - 11:00 p.m. on NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1</p>	F 677		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315222	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/16/2022
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(X4) ID PREFIX TAG F 677	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG F 677	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
	<p>Continued From page 23</p> <p>NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1.</p> <p>A review of the DSR form used for ADL documentation of tasks NJ Exec Order 26.4b1, dated NJ Exec Order 26.4b1 through NJ Exec Order 26.4b1 revealed blank spaces which indicated the task was not documented as follows: 7:00 a.m. - 3:00 p.m. on NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, and NJ Exec Order 26.4b1, at 3:00 p.m. - 11:00 p.m. on NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, and NJ Exec Order 26.4b1.</p> <p>A review of DSR form used for ADL documentation of tasks NJ Exec Order 26.4b1, dated NJ Exec Order 26.4b1 through NJ Exec Order 26.4b1 revealed blank spaces which indicated the task was not documented as follows: 7:00 a.m. - 3:00 p.m. on NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, and NJ Exec Order 26.4b1, at 3:00 p.m. - 11:00 p.m. on NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, and NJ Exec Order 26.4b1.</p> <p>A review of Resident #2's EMR was as follows:</p> <p>2. According to the AR, Resident #2 was admitted to the facility on NJ Exec Order 26.4b1 and discharged on</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315222	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/16/2022
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NAME OF PROVIDER OR SUPPLIER BARNEGAT REHABILITATION AND NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 859 WEST BAY AVE BARNEGAT, NJ 08005
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Continued From page 26

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A review of the Documentation Survey Report (DSR) form used for ADL documentation of tasks, NJ Exec Order 26.4b1 dated NJ Exec Order 26.4b1 through NJ Exec Order 26.4b1 revealed blank spaces which indicated the task was not documented as follows: 7:00 a.m.-3:00 p.m. on NJ Exec Order 26.4b1, at 3:00 p.m. - 11:00 p.m. on NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1; at 11:00 p.m. - 7:00 a.m. on NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, and NJ Exec Order 26.4b1.

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

PRINTED: 06/03/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315222	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/16/2022
NAME OF PROVIDER OR SUPPLIER BARNEGAT REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 859 WEST BAY AVE BARNEGAT, NJ 08005		
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F 677	<p>Continued From page 27</p> <p>NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, and NJ Exec Order 26.4b1.</p> <p>A review of the DSR form used for ADL documentation of tasks, NJ Exec Order 26.4b1, dated NJ Exec Order 26.4b1 through NJ Exec Order 26.4b1, revealed blank spaces which indicated the task was not documented as follows: 7:00 a.m. - 3:00 p.m. on NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1; at 3:00 p.m. - 11:00 p.m. on NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1.</p> <p>During an interview on 9/16/2022 at 10:30 a.m. with the Director of Nursing (DON), when the surveyor showed her the blank spaces on the ADL sheets, she stated the "blank spaces mean they [CNAs] did not document, or they didn't have to document."</p> <p>During an interview on 09/16/2022 at 12:34 p.m., the CNA stated she did not remember Residents #1 and #2, and the tasks are documented on the wall kiosk plan of care. When the surveyor showed her the blank spaces on the DSR form, the CNA continued to say, "I don't know what the blank spaces mean." She further stated this was the first time she had seen the printout. I would think it wasn't done, the task, in general."</p> <p>A review of the facility policy titled "Activities of Daily Living (ADLs), Supporting" with a revision date of March 2018 revealed the following: Under "Policy Statement": included: "Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming</p>	F 677		

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

PRINTED: 06/03/2024
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F 677	Continued From page 28 and personal and oral hygiene." Under "Policy Interpretation and Implementation": "1. Residents will be provided with care, treatment and services to ensure that their activities of daily living (ADLs) do not diminish unless the circumstances of their clinical condition(s) demonstrate that diminishing ADLs are unavoidable ...2. Appropriate care and services will be provided to residents who are unable to carry out ADLs independently, with the consent of the Resident and in accordance with the plan of care, including appropriate support and assistance with: ...c. Elimination (toileting); d. Dining (meals and snacks); and ...5. A resident's ability to perform ADLs will be measured using clinical tools, including the MDS (Minimum Data Set). Functional decline or improvement will be evaluated in reference to the Assessment Reference Date (ARD) and the following MDS definitions: a. Independent-Resident completed activity with no help or staff oversight at any time during the last 7 days. b. Supervision-Oversight, encouragement or cueing provided 3 or more times during the last 7 days. c. Limited Assistance-Resident highly involved in activity and received physical help in guided maneuvering of limb(s) or other non-weight bearing assistance 3 or more times during the last 7 days. d. Extensive Assistance-While Resident performed part of activity over the last 7 days, staff provided weight-bearing support. e. Total Dependence-Full staff performance of an activity with no participation by Resident for any aspect of the ADL activity. Resident was unwilling or unable to perform any part of the activity over entire 7-day look-back period ...7. The Resident's response to interventions will be monitored, evaluated and revised as appropriate."	F 677			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315222	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/16/2022
NAME OF PROVIDER OR SUPPLIER BARNEGAT REHABILITATION AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 859 WEST BAY AVE BARNEGAT, NJ 08005		
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F 677	<p>Continued From page 29</p> <p>A review of the facility policy titled "Charting and Documentation" with a revised date of July 2017 revealed the following: Under "Policy Statement" included: "All services provided to the Resident, progress toward the care plan goals, or any changes in the Resident's medical, physical, functional or psychosocial condition, shall be documented in the Resident's medical record. The medical record should facilitate communication between the interdisciplinary team regarding the Resident's condition and response to care." Under "Policy Interpretation and Implementation," included: "1. Documentation in the medical record may be electronic, manual or a combination. 2. The following information is to be documented in the resident medical record ...c services performed; ...4 Certified Nursing Assistants may only make entries in the Resident's medical chart as permitted by facility policy ..."</p> <p>A review of the "Job Description Certified Nursing Assistant" dated rev. (revised) 4/8/22 revealed the following: Under: "Purpose of Your Job Position" included: "The primary purpose of your position is to provide each of your assigned residents with routine daily nursing care and services in accordance with the resident's assessment and care plan, and any other duties that may be directed by your supervisor." Under: "Duties and Responsibilities" included: " ...Measure and record food and fluid intake ...Document ..."</p> <p>N.J.A.C. 8.39-27.1 (a)</p>	F 677			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061524	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/16/2022
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NAME OF PROVIDER OR SUPPLIER BARNEGAT REHABILITATION AND NURSING CENTE	STREET ADDRESS, CITY, STATE, ZIP CODE 859 WEST BAY AVE BARNEGAT, NJ 08005
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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) COMPLETE DATE
S 000	Initial Comments The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities. 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 the Provisions of the New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations.	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: Complaint#: NJ156927 Based on interviews and the facility's document review on 9/15/2022 and 9/16/2022, it was determined that the facility failed to ensure staffing ratios were met for 14 of 14-day shifts reviewed. There had been no increase in the resident census for a period of nine consecutive shifts. This deficient practice had the potential to affect all residents. Findings include: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated)	S 560	S560 Mandatory Access to Care I. No residents were affected during the dates of 5/8/2022 -5/14/2022 and 5/29/2022 -6/4/2022. II. All residents have the potential to be affected. III. Review of the Act (P.L. 2020 c112, codified as N.J.S.A. 30:13-18) which established minimum staffing requirements in nursing homes. Increased frequency of Job Fairs and Post Card Mailings for Certified Nursing Assistants.	11/11/22

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

Electronically Signed

TITLE

(X6) DATE

10/24/22

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061524	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/16/2022
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S 560	<p>Continued From page 1</p> <p>30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified as 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:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide 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.</p> <p>1. For the week of 5/8/2022 through 5/14/2022, the facility was deficient in CNA staffing for residents on 7 of 7-day shifts as follows:</p> <p>On 5/8/22, CNA staff was 9 for 87 residents. Staffing should have been 11. On 5/9/22, CNA staff was 8 for 87 residents. Staffing should have been 11. On 5/10/22, CNA staff was 9 for 87 residents. Staffing should have been 11. On 5/11/22, CNA staff was 6 for 87 residents. Staffing should have been 11. On 5/12/22, CNA staff was 8 for 87 residents. Staffing should have been 11. On 5/13/22, CNA staff was 8 for 89 residents. Staffing should have been 11. On 5/14/22, CNA staff was 8 for 89 residents. Staffing should have been 11.</p> <p>2. For the week of 5/29/2022 through 6/4/2022,</p>	S 560	<p>Engaged in utilization of agency staffing to cover Certified Nursing Assistant open positions.</p> <p>Increased referral bonus program for Certified Nursing Assistants.</p> <p>Enhanced Incentive Program for new hire Certified Nursing Assistants.</p> <p>IV. The Administrator/Director of Nursing/designee will conduct daily staffing audits to ensure appropriate staffing ratios for Certified Nursing Assistants (CNAs) are maintained, as required by the law. Results of the audits will be presented to the Quality Assessment and Performance Improvement (QAPI) Committee for one quarter for review and action as appropriate.</p> <p>Completion Date: 11/11/2022</p>	
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New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER BARNEGAT REHABILITATION AND NURSING CENTE	STREET ADDRESS, CITY, STATE, ZIP CODE 859 WEST BAY AVE BARNEGAT, NJ 08005
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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) COMPLETE DATE
S 560	<p>Continued From page 2</p> <p>the facility was deficient in CNA staffing for residents on 7 of 7-day shifts as follows:</p> <p>On 5/29/22, CNA staff was 6 for 90 residents. Staffing should have been 11.</p> <p>On 5/30/22, CNA staff was 8 for 90 residents. Staffing should have been 11.</p> <p>On 5/31/22, CNA staff was 8 for 90 residents. Staffing should have been 11.</p> <p>On 6/1/22, CNA staff was 6 for 89 residents. Staffing should have been 11.</p> <p>On 6/2/22, CNA staff was 8 for 89 residents. Staffing should have been 11.</p> <p>On 6/3/22, CNA staff was 8 for 89 residents. Staffing should have been 11.</p> <p>On 6/4/22, CNA staff was 8 for 89 residents. Staffing should have been 11.</p>	S 560		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315222	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 11/11/2022	Y3
NAME OF FACILITY BARNEGAT REHABILITATION AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 859 WEST BAY AVE BARNEGAT, NJ 08005		

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 F0580	Correction	ID Prefix F0657	Correction	ID Prefix F0658	Correction
Reg. # 483.10(g)(14)(i)-(iv)(15)	Completed	Reg. # 483.21(b)(2)(i)-(iii)	Completed	Reg. # 483.21(b)(3)(i)	Completed
LSC	11/11/2022	LSC	11/11/2022	LSC	11/11/2022
ID Prefix F0677	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.24(a)(2)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	11/11/2022	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 9/16/2022

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061524	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 11/11/2022
NAME OF FACILITY BARNEGAT REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 859 WEST BAY AVE BARNEGAT, NJ 08005

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	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	11/11/2022	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 9/16/2022

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO