STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315320	A. BUILDING ______ B. WING ______	C 05/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HOLIDAY CITY	**4 PLAZA DRIVE TOMS RIVER, NJ 08757**

(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
F 000	INITIAL COMMENTS COMPLAINT: # NJ 153984 CENSUS: 103 SAMPLE SIZE: 4 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 837 SS=D	Governing Body CFR(s): 483.70(d)(1)(2) §483.70(d) Governing body. §483.70(d)(1) The facility must have a governing body, or designated persons functioning as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the facility; and §483.70(d)(2) The governing body appoints the administrator who is- (i) Licensed by the State, where licensing is required; (ii) Responsible for management of the facility; and (iii) Reports to and is accountable to the governing body. This REQUIREMENT is not met as evidenced by: COMPLAINT: # NJ 153984 Based on interviews, review of Medical Records	F 837	COMPLETE CARE AT HOLIDAY CITY PLAN OF CORRECTION: F-837 This plan of correction constitutes our	6/20/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE:
(X6) DATE: 06/02/2022

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 837 Continued From page 1

(MR), and review of pertinent facility documentation on 5/12/2022, it was determined that the facility failed to ensure that their policy on "Physician Orders" was followed for the [redacted] Consultant (WC) recommendations for 1 of 4 residents (Resident [redacted]) reviewed for treatment administration. This deficient practice was evidenced by the following:

1. According to the Face Sheet, Resident [redacted] was admitted to the facility on [redacted] and readmitted on [redacted], with diagnoses which included but were not limited to: [redacted] nd [redacted].

The Minimum Data Set (MDS) an assessment tool dated [redacted] showed that Resident [redacted] had a Brief Interview for Mental Status (BIMS) score of [redacted] which indicated that the Resident was [redacted]. The MDS also indicated that the Resident required extensive assistance from staff with Activities of Daily Living (ADL).

During a [redacted] care observation of Resident [redacted] [redacted] on 5/12/2022 at 11:30 a.m., the Licensed Practical Nurse (LPN #1) stated that the current [redacted] treatment in place on the Treatment Administration Record (TAR) was to cleanse the wound with [redacted] [redacted], apply [redacted] [redacted] and cover with a clean dry dressing daily.

The surveyor reviewed the TAR for the month of [redacted] and [redacted] to verify the order dated [redacted] to cleanse [redacted] with [redacted], apply [redacted], [redacted] and cover with a clean dry dressing daily.

F 837

written allegation of compliance for the deficiencies cited. However, submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by state and federal law.
F-837: S/S = D
Governing Body CFR(s): 483.70(d)(1)(2)

I. CORRECTIVE ACTIONS ACCOMPLISHED FOR RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE:
Upon notification of the deficient practice, Unit Manager called the [redacted] Care Consultant to verify current recommended treatment for Resident [redacted] [redacted] on his/her [redacted]. Treatment Recommendation was communicated to the Attending Physician who agreed and ordered the specific treatment. Treatment was transcribed in the TAR (Treatment Administration Record) and carried out by Nursing Staff as ordered.

Unit Manager involved was counseled and re-in-serviced regarding facility's policy on "Physician Orders. Emphasis was made on following the [redacted] Consultant's [redacted] recommendations by notifying the Attending Physician of findings and recommendations, who then would provide orders if he/she agrees with the recommendations.

II. IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE

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F 837

Continued From page 2

A review of the [redacted] Care Consultation (WCC) documentation for the month of [redacted] and [redacted] revealed that the Resident's [redacted] on the [redacted] was not healed; however, improving. The Nurse Practitioner's (NP) recommendations to the [redacted] as follows:

On 4/27/2022 showed: discontinue prior treatment Apply skin protectant wipes [redacted] [redacted] to the [redacted] and surrounding skin daily. Cover with [redacted] and change dressing daily and when soiled.
On 5/4/2022 showed: discontinue prior treatments. Cleanse [redacted] with [redacted], pat dry, apply double layer [redacted] to the [redacted], cover with [redacted], change dressing daily and when soiled.

A review of the Physician Order Sheet, Medication Administration Record, and TAR for [redacted], failed to show the above aforementioned NP's wound recommendations were implemented. Furthermore, the Resident's MR showed no documented evidence that the Primary Physician (PP) was notified of the NP's aforementioned recommendations.

During an interview on 5/12/2022, at 12:10 p.m., the DON stated that the facility would receive the NP's written recommendations the day after the visit. However, it is the responsibility of the Unit Manager (UM) to call the PP and review the changes and get the physician's approval for the order.

During an interview on 5/12/2022 at 12:48 p.m., the UM unable to explain why the aforementioned NP's recommendations were not implemented for

F 837

AFFECTED BY THE SAME DEFICIENT PRACTICE

All residents with [redacted] who are being followed by the [redacted] Care Consultant are at risk for the same deficient practice. Director of Nursing and Unit Managers reviewed the records of these residents in the past 3 months to ensure compliance with the Facility's Policy on Physicians Orders, specifically in following [redacted] Care Consultant's recommendations.

III. MEASURES PUT INTO PLACE OR SYSTEMIC CHANGES TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR:

All nurses were in-serviced regarding the facility's policy on "Physician Orders, with emphasis on ensuring that [redacted] Care Consultant's recommendations are followed by nurses. This is accomplished by notifying the Attending Physician of findings and recommendations. If Primary Care Physician is in agreement, he/she will then provide orders for the recommended treatment(s).

Director of Nursing and Assistant Director of Nursing created a [redacted] Care Log to document [redacted] details, treatments, changes in [redacted] presentation and treatment recommendations. This will be updated by the Unit Manager/ designee at least weekly when conducting [redacted] Rounds with the [redacted] Care Consultant and as needed. The [redacted] Care Log will be used as a Tracking Tool to enhance compliance with Facility's Policy regarding

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F 837	Continued From page 3 Resident[redacted] The UM explained that if [redacted] treatments that are recommended by the [redacted] were not followed the [redacted] could get worse. A review of the facility policy titled "Physician Orders," dated 3/2022, under "Consultant Recommendations/Orders," revealed the following: Consultants may write orders for medication or treatments. In all cases, the attending physician must be notified of the order and approve per state regulations. The nurse will notify the attending physician of findings and recommendations. The attending physician, if in agreement, will order the specific treatments as outlined by the consultant..." NJAC 8:39-11.2(b) NJAC 8:39-27.1(b)	F 837	Physician's Orders. All nurses were in-serviced on the [redacted] Care Tracking Log. IV. MONITORING OF CORRECTIVE ACTIONS: The Assistant Director of Nursing or designee will conduct medical record audits on 3 residents with wounds weekly x 4 weeks, then monthly x 3 months thereafter, to ensure that recommendations given by the [redacted] Care Consultant are followed in accordance with the Facility's Policy on Physician's Orders. Audit Findings will be reported to the QAPI (Quality Assurance and Performance Improvement) Committee monthly. The QAPI Committee (which includes but is not limited to the Governing Body, Medical Director, Administrator, Director of Nursing, Department Heads, IP, etc.) will determine the need for further audits and/or action plan to ensure on-going compliance. COMPLETION DATE: June 20, 2022	