STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315364	A. BUILDING _____ B. WING _____	C 09/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JERSEY SHORE CENTER	**3 INDUSTRIAL WAY EAST EATONTOWN, NJ 07724**

(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 00137680, NJ 00137652 CENSUS: 128 SAMPLE SIZE: 6 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 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her	F 609		9/25/20

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

Electronically Signed | 09/23/2020

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 609	Continued From page 1 designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00137680 Based on interview, record review, and review of pertinent facility documents, it was determined that the facility failed to a.) notify the New Jersey Department of Health (NJDOH) of an injury incident of unknown origin and b.) report the results of the investigation to the NJDOH within five (5) working days of the incident. This deficient practice was identified for Resident #4, 1 of 2 residents reviewed for an unwitnessed accident with or without injury and was evidenced by the following: The Surveyor reviewed the medical record for Resident #4. Review of the admission record indicated that Resident #4 was admitted to the facility in [redacted], with diagnoses that included but were not limited to: [redacted] he record revealed that the resident's [redacted] could not be assessed because the resident [redacted] The resident was not present in the facility at time of survey. Review of the electronic progress notes indicated the resident had an incident on [redacted]	F 609	F= 609 SS=D Reporting of Alleged Violations 1. How will corrective action be accomplished for those individual residents cited on the deficiency? To correct this deficient practice, the center reported the [redacted] for resident #4 to the DOH and Ombudsman on 9/21/2020. In addition an investigation was completed.to The MD and Legal Guardian were made notified. The patient received [redacted] and was sent to the hospital for further evaluation upon discovery of [redacted]. The incident occurred on 7/11/20 at 9:30PM. 2. How will we identify other residents who have potential for the same deficient practice? All residents with injury of unknown origin have the potential for the same deficient practice. 3. What measures will be put in place or systemic changes made to ensure that	

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F 609	Continued From page 2 [redacted]. The notes reflected the following: the resident was observed walking in the hallway with [redacted]. A [redacted] to the [redacted] was evident, along with [redacted]. The resident was escorted back to his/her room and [redacted] was administered. [redacted] were taken and the resident was [redacted] what happened due to [redacted]. The Medical Doctor notified and orders received to send resident to hospital for evaluation and treatment. The resident was transported to the hospital by township first aid. On 09/11/2020 at 12:00 noon, the surveyor interviewed the Director of Nursing (DON) and asked what the facility's process would be if a resident sustained an injury of unknown origin. The DON replied an investigation would be started and the Department of Health (DOH) would be notified of incident, pending investigation. The surveyor discussed with the DON that review of the investigative report did not indicate that the DOH was notified. The DON stated that she remembered the resident and the incident. She stated that an investigation was done; however, she did not report the incident to the DOH. Review of the facility policy titled, "OPS100 Accidents/Incident," reviewed 05/02/18, indicated that notification of state reportable events will be made. ..." Review of the facility policy titled, "OPS300 Abuse Prohibition," reviewed 06/01/19, indicated report findings of all completed investigations within five (5) working days to the Department of	F 609	the deficient practice does not re-occur? Center will re-educate all staff on the policy and procedure of reporting injuries of unknown origin. We will immediately report all injuries of unknown origin to the DOH and Ombudsman as required. An investigation will follow and be sent to the above agencies with a summary and conclusion of what occurred. 4. How will we monitor our corrective actions to ensure that the deficient practice is being corrected and will not re-occur? Incidents/Accidents will be reviewed daily by the Administrator/DON/Designee to ensure any residents with an injury of unknown origin is reported immediately to the DOH and Ombudsman as required. An investigation including a summary and conclusion will be completed and sent to the DOH and Ombudsman within five days of the incident. The center will track and trend compliance via monthly QAPI x 3 months and then reevaluate.	

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F 609	Continued From page 3 Health using the state on-line reporting system or state-approved forms. NJAC 8:39-9.4; Appx.B	F 609		

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
315364		9/28/2020

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
JERSEY SHORE CENTER	3 INDUSTRIAL WAY EAST EATONTOWN, NJ 07724

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 F0609 Reg. # 483.12(c)(1)(4) LSC	Correction Completed 09/28/2020	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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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	
9/11/2020	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO