

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

PRINTED: 02/10/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315193</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/11/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>OCEANA REHABILITATION AND NC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>502 ROUTE 9 NORTH</b> <b>CAPE MAY COURT HOUSE, NJ 08210</b>		
(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	<p>INITIAL COMMENTS</p> <p>COMPLAINT # NJ 131313</p> <p>CENSUS: 102</p> <p>SAMPLE SIZE: 4</p> <p>THE FACILITY IS IN COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

01/11/2020

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.

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>060503</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/11/2019</b>
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S1680	<p>8:39-25.2(b)(1)&amp;(2) Mandatory Nurse Staffing</p> <p>(b) The facility shall provide nursing services by registered professional nurses, licensed practical nurses, and nurse aides (the hours of the director of nursing are not included in this computation, except for the direct care hours of the director of nursing in facilities where the director of nursing provides more than the minimum hours required at N.J.A.C. 8:39-25.1(a) above) on the basis of:</p> <p>1. Total number of residents multiplied by 2.5 hours/day; plus</p> <p>2. Total number of residents receiving each service listed below, multiplied by the corresponding number of hours per day:</p> <p>Wound care 0.75 hour/day</p> <p>Nasogastric tube feedings and/or gastrostomy 1.00 hour/day</p> <p>Oxygen therapy 0.75 hour/day</p> <p>Tracheostomy 1.25 hours/day</p> <p>Intravenous therapy 1.50 hours/day</p> <p>Use of respirator 1.25 hours/day</p> <p>Head trauma stimulation/advanced neuromuscular/orthopedic care 1.50 hours/day</p>	S1680		1/10/20

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S1680	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: COMPLAINT # NJ 131313</p> <p>Based on review of staffing schedules provided by the facility for the week of 11/24/2019, it was determined that the facility failed to provide the necessary nursing staff to meet the staffing requirements. This deficient practice was evidenced by the following:</p> <p>For the week of 11/24/2019.</p> <p>Required staffing hours: 279.50</p> <p>Date: 11/28/2019 Actual Staffing Hours: 232 Difference: -47.50</p> <p>During a post survey interview on 1/2/2020 at 9:50 a.m., the Assistant Director of Nursing (ADON) reported; First the HR (Human Resources) department calls the current employees for overtime when they have a call-out. If no current employee will come in for overtime then Agencies are used.</p>	S1680	<ol style="list-style-type: none"> <li>1) No residents were identified on the 2567 as having been affected by the deficient practice. The Director of Nursing and Staffing Coordinator were instructed by the Administrator to update the contact information of all current licensed personnel, so staff can be called in to meet staffing needs in case of call-outs.</li> <li>2) This deficient practice has the potential to affect all residents.</li> <li>3) The Assistant Director of Nursing was in-serviced by the Administrator regarding the Mandatory Nurse Staffing Ratios. Staffing Coordinator was instructed to have completed staffing schedules reviewed by Administrator two days in advance to ensure the mandatory ratios are being met.</li> <li>4) Staffing ratios will be monitored daily by Administrator or designee for thirty days to ensure compliance. Administrator will audit staffing reports monthly for three months. Results will be reported quarterly to the QAPI meeting for two quarters.</li> </ol>	