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

PRINTED: 09/25/2020 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFIC ENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	` ′	PLE CONSTRUCTION G	1, ,	(X3) DATE SURVEY COMPLETED	
		315193	B. WING			C 08/12/2020	
	ROVIDER OR SUPPLIER REHABILITATION AND N	ıc		STREET ADDRESS, CITY, STATE, ZIP COD 502 ROUTE 9 NORTH CAPE MAY COURT HOUSE, NJ 082	E	50/12/2020	
(X4) ID PREFIX TAG	(EACH DEFIC ENC	ATEMENT OF DEFIC ENCIES Y MUST BE PRECEDED BY FULL LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS		F 00	00			
	COMPLAINT: NJ 13	8411					
	CENSUS: 97						
F 584 SS=E		ble/Homelike Environment (7)	F 5	84		9/14/20	
	§483.10(i) Safe Envir The resident has a rig comfortable and hom including but not limit and supports for daily	ght to a safe, clean, elike environment, ed to receiving treatment					
	homelike environmen use his or her person possible. (i) This includes ensu receive care and serv physical layout of the independence and do (ii) The facility shall e	clean, comfortable, and att, allowing the resident to all belongings to the extent ring that the resident can vices safely and that the facility maximizes resident coes not pose a safety risk, exercise reasonable care for resident's property from loss					
	§483.10(i)(2) Housek services necessary to orderly, and comforta						
	§483.10(i)(3) Clean b in good condition;	ed and bath linens that are					
	§483.10(i)(4) Private resident room, as spe	closet space in each ecified in §483.90 (e)(2)(iv);					
	§483.10(i)(5) Adequa	te and comfortable lighting					
I ABORATORY	D RECTOR'S OR PROVIDER!	SUPPLIER REPRESENTATIVE'S SIGNATU	RF	TITLE		(X6) DATE	

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.

Electronically Signed

09/04/2020

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		(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	(X2) MULT PLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		315193	B. WING _			08/	2 12/2020
NAME OF PROVIDER OR SUPPLIER OCEANA REHABILITATION AND NC				502 RC	T ADDRESS, CITY, STATE, ZIP CODE DUTE 9 NORTH MAY COURT HOUSE, NJ 08210	001	12/2020
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)		D PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOUL			(X5) COMPLETION DATE
F 584	levels. Facilities initial 1990 must maintain a 81°F; and §483.10(i)(7) For the sound levels. This REQUIREMENT by: COMPLAINT # NJ 13 Based on observation pertinent facility docudetermined that the faresident's environmer clean and sanitary cofollow their policies tit Environment," and "CResidents' Rooms." Tevidenced by the following a facility tour caccompanied by the A(ADON), the surveyor and observed the following observed on the floor unit and the resident in dripping water and the	able and safe temperature ly certified after October 1, temperature range of 71 to maintenance of comfortable is not met as evidenced 38411 as, interviews, and review of ments on 8/12/2020, it was acility failed to maintain the not in good repair and in a notition as well as, failed to led "Home Like leaning and Disinfecting this deficient practice was owing: an 8/12/2020 at 10:23 a.m., Assistant Director of Nursing inspected residents' rooms owing:	F	F- 1. co rei he wa ex rei ho be NSSS cle bro sh im All ins All pro 2. po fai	The wet blanket under the air unditioner unit in room was moved and the unit was repaired. The stater grate in the bathroom of room as repaired so that the metal edge is supposed. Room was the nail was moved from the wall. Room was moved from the wall. Room was moved from the wall. Room was cleaned. The Dayroom of the 2 air conditioners were eaned with bleach and disinfected and own debris removed. The was cleaned. The nail was moved in a mover rooms #1 and #2 were mediately cleaned. It remaining air conditioner units were spected and all were working efficient and the company was and none were found. All residents and staff have the otential to be affected when the facility its to maintain the environment in good pair and in a clean sanitary condition.	not Bon d d cly.	
	grate in the bathroom metal edge exposed.	was broken and had a		"H	s well as following the policies on lome Like Environment" and "Cleanin nd Disinfecting Resident Rooms." An	-	

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	MENT OF DEFIC ENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULT PLE CONSTRUCTION A. BUILDING A. BUILDING		(X3) DATE SURVEY COMPLETED				
		315193	B. WING _			C 08/12/2020	
NAME OF PROVIDER OR SUPPLIER OCEANA REHABILITATION AND NC				STREET ADDRESS, CITY, STATE, ZIP CODE 502 ROUTE 9 NORTH CAPE MAY COURT HOUSE, NJ 08210			
(X4) ID PREFIX TAG	(EACH DEFIC ENC	TATEMENT OF DEFIC ENCIES BY MUST BE PRECEDED BY FULL LSC IDENT FY NG INFORMATION)	D PREFIX TAG	(EACH CORRE	S PLAN OF CORRECTION ECTIVE ACTION SHOULD BE ENCED TO THE APPROPRIA DEFICIENCY)	DATE	
F 584	Room NJSA-47 1A-1 reasonable privary sticking out approximate trim which was 3 feet next to the resident's Room NJSA-47, had a hole conditioner unit and the was covered with a beginning to say who wall, but stated she was unable to say who wall, but stated she was unable to say who wall, but stated she was unable to say who wall, but stated she was unable to say who wall, but stated she was unable to say who wall, but stated she was unable to say who wall, but stated she was unable to say who wall, but stated she was unable to say who wall from the nursing maintenance directly ADON also stated the located at the nursing maintenance directly ADON also stated the staff can report is logbook for NJSA-47 TA-1 TRESSON who was between the dates 6/8/5/2020. On 8/12/2020 at 11:10 on the NJSA-47 TA-1 TRESSON were by the Director of Nu #1 and Shower room brown/black debris on the brown debris was wall from the floor and the decorative tile trim #2; had brown debris was wall from the floor and the decorative tile trim #2; had brown debris was wall from the floor and the decorative tile trim #2; had brown debris was wall from the floor and the decorative tile trim #2; had brown debris was wall from the floor and the decorative tile trim #2; had brown debris was wall from the floor and the decorative tile trim #2; had brown debris was wall from the floor and the decorative tile trim #2; had brown debris was wall from the floor and the decorative tile trim #2; had brown debris was wall from the floor and the floor and the decorative tile trim #2; had brown debris was wall from the floor and the flo	room, a nail was nately one inch from the wall tup the wall and was directly bed. The in the wall next to the air the bed frame of "B" bed buildup of dirt. The ADON my there was a hole in the would inform maintenance. The bed frame of "B" bed buildup of dirt. The ADON my there was a hole in the would inform maintenance. The bed frame of "B" bed buildup of dirt. The ADON my there was a hole in the would inform maintenance. The bed frame of "B" bed buildup of dirt. The ADON my there was a hole in the would inform maintenance.	F	disrepair throughor potentially cause is staff. Cleanliness in necessary for inferences and the Athe Maintenance In Director and Nursi policies for maintal environment and cresidents rooms a importance of kee sanitary, orderly a resident. All staff in importance of writt located at the nursi issues to the Maintenance In the Administration of the Maintenance In the Maintenance In Incompleted. All find completed. All find potentially a signe completed. All find	injury to residents and of the facility is ection control. The Corporate Regional Administrator in-service Director, Housekeepiring Supervisor on the aining a homelike disinfecting the as well as the eping the facility safe, and comfortable for eawere in-serviced on the ting in the log-books se's station to report antenance and	al ed ng ch s	

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULT PLE C A. BUILDING		CONSTRUCTION	COMPLETED				
		315193	B. WING		08/12/2020		
NAME OF PROVIDER OR SUPPLIER OCEANA REHABILITATION AND NC			50	TREET ADDRESS, CITY, STATE, ZIP CODE 02 ROUTE 9 NORTH APE MAY COURT HOUSE, NJ 08210	1 33/12/23		
(X4) ID PREFIX TAG	(EACH DEFIC EN	STATEMENT OF DEFIC ENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETION		
F 584	up the wall from the DON stated it looke rooms needed to be During an interview the Maintenance Di makes rounds throuevery morning and new issues. Review of the Facilit Environment," with revealed the following policy of the facility in such a manner to resident rights It is to accommodate the the residents that all individualized, home Review of the Facility Disinfecting Resided date of August 2013 purpose of this proof or cleaning and dis Under "General Gui Housekeeping surfawill be cleaned on a occur, and when the soiled. 2. Environmed disinfected (or clean	on 8/12/2020 at 11:41 a.m., rector (MD) reported he aghout the whole building the checks the logbooks for ty policy titled "Home Like a review date of 8/2020, and under "Intent:" It is the to provide care and services acknowledge and respect is also the policy of the facility eneeds and preferences of the essential to creating an elike environment. Ty policy titled "Cleaning and the shoots," with a revised and the shoots," with a revised and the shoots, and	F 584				