

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

PRINTED: 03/26/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315193	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/20/2019
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	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 THIS COMPLAINT: # NJ 127416. Census: 105. Sample: 5. THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON VISIT.	F 000			
F 921 SS=D	Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(i) §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Complaint # 115360. Based on observation on 9/20/2019, in the presence of Facility Management, it was determined that the facility failed to maintain the building in good condition for 2 of 5 Resident rooms inspected, and provide a safe and hazard free environment for the Residents. This deficient practice was evidenced by the following: At 9:00 a.m. during the survey entrance, a request was made to the facility's Administrator (Admin), Director of Nursing (DON), Assistant Director of Nursing (ADON) and Director of Maintenance (DOM), to provide a copy of the facility layout which identifies the various rooms in	F 921	1.The mildew-like substance found in the rooms of Residents #2 and #5 were immediately cleaned and the surfaces were painted. The rest of the rooms throughout the facility were inspected to see if any other instances of such mildew conditions exist and no others were found. 2. This deficient practice has the potential to affect all residents. 3. All staff was in-serviced to report any sighting of mildew-like discoloration and of the potential danger of such discoloration. The Housekeeping and Maintenance staff was in-serviced to immediately respond to eliminate any such sightings. 4. The Administrator or designee will audit five rooms weekly for a period of three months to monitor for any mildew-like	10/18/19	

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

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10/13/2019

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 921	<p>Continued From page 1</p> <p>the facility. The surveyor also requested, "What is the facility's system for handling maintenance requests." The DOM told the surveyor, There are two Nursing Units () and they have a maintenance request log at each Nursing Unit. The surveyor made a request to provide copies of all of July, August, and September 2019 maintenance requests from both log books.</p> <p>Later starting at 11:09 a.m., in the presence of the Facility's Admin, DON, and DOM, a tour of the building was conducted. This tour included common areas and inspection inside of 5 Resident rooms with the following resident safety hazards were observed:</p> <ol style="list-style-type: none"> 1. The surveyor observed inside Sample Resident #2's room, two sections of wallpaper that were loose and separating away from the wallboard. The surveyor observed one 3 inch by 25 inch section on the right side of the room's Packaged Thermal Air Conditioning (PTAC) separating away from the wall that had a black "Mold-Like" substance adhering to the wallpaper glue backing and wallboard. The surveyor also observed a 3 inch section of wallpaper to the left of the PTAC unit that was separating away from the wall board that had a black substance on the wallpaper glue backing and wallboard. 2. The surveyor observed inside of Sampled Resident #5's room, a 10 inch by 6 inch section of wallboard under the room's PTAC unit, a black "Mold-Like" substance adhering to the wallboard. <p>Safety Hazards. NJAC 8:39-31.2 (e).</p>	F 921	<p>substance. All findings will be reported quarterly at the Quality Assurance Meeting.</p>		

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New Jersey Department of Health

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S2140	<p>8:39-31.2(c) Mandatory Physical Environment</p> <p>(c) A current, written preventive maintenance program shall be implemented. Records of inspections and repairs shall be maintained for at least one year.</p> <p>This REQUIREMENT is not met as evidenced by: Based on Facility provided documentation and interviews on 9/20/2019, it was determined that the facility failed to maintain written Maintenance Request with corrections for at least one year. This deficient practice is further evidenced by the following:</p> <p>At 9:00 a.m. during the survey entrance, a request was made to the facility's Administrator (Admin), Director of Nursing (DON), Assistant Director of Nursing (ADON) and Director of Maintenance (DOM), to provide a copy of the facility layout which identifies the various rooms in the facility. The surveyor made a request to the Admin. to provide the Residents Council meeting minutes for one year (September 2018 through September 2019) for review. The surveyor also requested, "What is the facility's system for handling maintenance request." The DOM told the surveyor, There are two Nursing Units (East and West) and they have a maintenance request log book at each Nursing Unit. The surveyor made a request to provide copies of all of July, August, and September 2019 maintenance requests from both log books.</p> <p>Later at 10:21 a.m. a review of the facility</p>	S2140	<ol style="list-style-type: none"> 1. Daily maintenance logs were provided and placed at each nurse station, as well as dietary. The Maintenance Department will maintain a separate log for non-resident areas. All staff throughout the facility was immediately instructed to report any maintenance issues by writing it into the maintenance log. 2. This deficient practice can potentially affect all residents. 3. All staff were in-serviced as to the importance of recording maintenance issues throughout the building. The maintenance department was in-serviced to examine maintenance logs on a daily basis, to repair all issues in a timely manner, and to record the date that the issue was addressed in the log book. The maintenance department was instructed to retain maintenance logs for a period of one year. 4. The Administrator or designee will monitor the log books weekly to ensure that issues are addressed in a timely manner. All findings will be reported quarterly at the Quality Assurance Meeting. 	10/18/19

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S2140	<p>Continued From page 1</p> <p>provided documentation was performed. The facility provided the Resident Council meeting minutes, however, no maintenance request logs were provided.</p> <p>At 10:31 a.m., a second request was made to the DOM to provide the maintenance requests for July, August, and September 2019 for review. At 10:40 a.m. the DOM provided 4 log sheets. A review of the facility provided log sheets identified the following requests:</p> <p>Sheet #1: Date identified: 9/19, problem: Room [REDACTED] window blinds need to be replaced. Date corrected: will replace 9/19.</p> <p>Sheet #2: Date identified: 6/3/19, TV not working. Date corrected: _____. Date identified: 6/8/19, TV- hardly and volume. Date corrected: Changed TV.</p> <p>Sheet #3: had the following dates identified on the log sheet: 12/7/17, 12/13/17, 12/17/17, 12/20/17, 12/22/17, 12/24/17, 12/29/17, 12/31/17, 1/1/18, 1/4/2018, 1/5/18, 1/7/18.</p> <p>Sheet #4: had the following dates identified on the log sheet: 11/9/17, 11/11/17, 11/12/17, 11/13/17, 11/14/17, 11/15/17, 11/18/17, 11/19/17, 11/26/17, 11/28/17, 12/2/17.</p> <p>At this time, the surveyor asked the DOM, "Are these 4 pages the only maintenance requests you have." The DOM said, "Yes, I don't have any more." The surveyor asked he DOM, "What happened to the other requests." The DOM said, they get tattered, some in poor condition we can't save them or they're missing.</p>	S2140		

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S2140	Continued From page 2 At 10:54 a.m., the surveyor made a third request to the Admin and DOM, to provide July, August, and September 2019 maintenance requests. The Admin said, "Can't locate them." The facility failed to maintain the maintenance request documentation for one year as required by Regulation.	S2140		