STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315105	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Coral Harbor Rehabilitation and Healthcare Center	2050 Sixth Ave Neptune City, NJ 07753

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44833 Complaint NJ #: 177087, 178121 Based on observations, interviews, and review of pertinent facility documents, it was determined that the facility failed to maintain a homelike environment by ensuring resident bathroom doors were in good repair. This deficient practice was observed in 1 of 2 nursing units and was evidenced by the following: On 1/6/25 at 12:27 PM, during initial tour of the facility, the surveyor observed the bathroom door of Resident room [ROOM NUMBER] to be deformed with a bow causing the top corner and the bottom corner of the handle side to be bowed out from the frame when the door was completely closed. Only the latch was able to fully be seated in the door frame with the top and bottom corners pulled away allowing the surveyor to see into the bathroom with the door closed. The door also had at least eight approximately half inch sized holes drilled into the door on the inside running half the length of the door from the top down. The door handle appeared to be coming off/loose from the door on the inside. On 1/9/25 at 12:08 PM, the surveyor interviewed the Director of Maintenance (DM), who stated that the facility utilized a system called TELS that all staff had access to put in work orders and inform the Maintenance Department of repairs that needed to be addressed. The DM acknowledged having knowledge of the bathroom door of Resident room [ROOM NUMBER] being in disrepair, but stated that the facility had not yet developed a plan to address it. The DM was unsure of how long it had been in its current state. The DM further stated that the facility was aware that some doors need to be replaced, specifically on the second floor, but stated we don't have anything in place for door orders. The DM acknowledged that the facility had a responsibility to ensure the building was in good repair and to look and function as good as it should in order to maintain a homelike environment for residents. On 1/9/25 at 12:52 PM, in the presence of the survey team, the surveyor interviewed the Licensed Nursing Home Administrator (LNHA) who confirmed that all staff had access and knew how to use the TELS repair order system and that the Maintenance Department as well as the Regional Administration did monthly rounds of the facility to ensure all repairs were addressed. On 1/10/25 at 10:22 AM, in the presence of the survey team, the LNHA provided the surveyor with photos of the bathroom door for Resident room [ROOM NUMBER] and acknowledged it was in disrepair and he informed the surveyor that the door was replaced after surveyor inquiry. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315105	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Coral Harbor Rehabilitation and Healthcare Center	2050 Sixth Ave Neptune City, NJ 07753

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the facility's Homelike Environment policy with revised February 2021, included .Residents are provided with a safe, clean, comfortable and homelike environments and encouraged to use their personal belongings to the extent possible .the facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include: clean, sanitary, and orderly environment . A review of the facility's Maintenance Service policy revised December 2009, included .the maintenance department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times . NJAC 8:39-31.4(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315105	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Coral Harbor Rehabilitation and Healthcare Center	2050 Sixth Ave Neptune City, NJ 07753

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 44833 Complaint NJ #: 177087 Based on observations, interviews, review of medical records, and other pertinent facility documentation, it was determined that the facility failed to report an allegation of abuse within two hours to the New Jersey Department of Health (NJDOH). This deficient practice was identified for 1 of 1 residents reviewed for abuse (Resident #145), and was evidenced by the following: On 1/6/25 at 1:00 PM, the surveyor requested from the Licensed Nursing Home Administrator (LNHA) all reportable events, grievances, accidents, and incident reports for Resident #145. On 1/7/25 at 1:15 PM, the LNHA provided the surveyor with the requested documentation for Resident #145. This documentation included the following: An internal compliance hotline call from the resident dated 7/27/24. A fall accident report and investigation dated 9/26/24. A fall accident report and investigation dated 10/14/24. At that time, the surveyor asked the LNHA if that was all the reports for Resident #145, and the LNHA replied as far as she was aware, it was. On 1/9/25 at 9:04 AM, the LNHA and the Director of Nursing (DON) informed the surveyor that after the surveyor's multiple inquiries for reportable events, accidents, incidents, and grievances regarding Resident #145, they began to ask facility staff if they were aware of any other incidents that were not provided to the surveyor. The LNHA stated that the Social Worker (SW) looked through her emails and found two emails, both dated 8/7/24, one was from Resident #145 and the second from the Resident's Representative (RR). The emails both included grievances and an accusation of verbal abuse from an unnamed nurse at the facility towards the resident. The LNHA stated that the email was just found in the SW's spam/junk folder after surveyor inquiry. The LNHA acknowledged that the allegation was absolutely considered verbal abuse, and stated that the facility started an investigation into the matter which included attempting to reach out to the resident who no longer resided at the facility. On 1/9/25 at 9:58 AM, the surveyor reviewed Resident #145's medical record. A review of the resident's Transfer/Discharge Report indicated the resident was admitted to the facility with diagnoses which included but were not limited to; chronic obstructive pulmonary disease (COPD), need for assistance with personal care, and chronic pain. A review of the most recent comprehensive Minimum Data Set (MDS), an assessment tool dated 7/31/24, indicated that the resident had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating the resident was cognitively intact. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315105	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Coral Harbor Rehabilitation and Healthcare Center	2050 Sixth Ave Neptune City, NJ 07753

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 1/9/25 at 11:46 AM, the surveyor interviewed the LNHA, who stated that normally when an allegation of abuse or grievance was reported to the facility by a resident or the resident's representative, it was brought to the attention of the administration team. The LNHA continued if a particular person or staff member was named, then that staff member was suspended pending an investigation, and the facility reported the allegation to the NJDOH, the office of the Ombudsman, and if necessary to local law enforcement. The LNHA stated that investigations should be completed and closed out in five days or sooner. The LNHA stated she was unsure as to why or how Resident #145's emailed grievance/allegation of abuse was sent to the spam/junk folder and the facility's information technology (IT) department had to investigate it. The LNHA further acknowledged that it was the facility's responsibility to ensure all allegations of abuse and grievances were received timely and addressed including reported immediately. The LNHA stated that the abuse allegation was reported to the NJ DOH on 1/8/25. On 1/9/25 at 1:01 PM, the Regional Director of Operations (RDO), in the presence of the survey team, acknowledged the delay in investigating the accusation of abuse and stated, we agree that the system inhibited the ability to respond to the complaint/allegation. On 1/10/25 at 10:22 AM, the LNHA acknowledged to the surveyor, in the presence of the survey team, that the allegation of abuse which was sent on 8/7/24, was just being investigated and followed up with/reported after surveyor inquiry. A review of the facility provided policy titled, Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating dated revised September 2022, included the following:All reports of resident abuse .are reported to local, state and federal agencies (as required by current regulations) and thoroughly investigated by facility management .Reporting Allegations to the Administrator and Authorities 1. If resident abuse is suspected, the suspicion must be reported immediately to the administrator and to other officials according to state law. 2. The administrator or the individual making the allegation immediately reports his or her suspicion to the following persons or agencies: a. The state licensing/certification agency responsible for surveying/licensing the facility .3. Immediately is defined as: a. within two hours of an allegation involving abuse or result in serious bodily injury; or b. within 24 hours of an allegation that does not involve abuse or result in serious bodily injury. NJAC 8:39-5.1(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315105	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Coral Harbor Rehabilitation and Healthcare Center	2050 Sixth Ave Neptune City, NJ 07753

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44833 NJ Complaint NJ #: 177087 Based on interview and review of pertinent facility documents, it was determined that the facility failed to investigate allegations of verbal abuse emailed to the facility on [DATE], by both a resident (Resident #145) and their representative, that an unidentified nurse verbally abused the resident and it was not investigated until surveyor inquiry. This deficient practice was identified for 1 of 1 residents reviewed for abuse (Resident #145), and was evidenced by the following: On 1/6/25 at 1:00 PM, the surveyor requested from the Licensed Nursing Home Administrator (LNHA) all reportable events, grievances, accidents, and incident reports for Resident #145. On 1/7/25 at 1:15 PM, the LNHA provided the surveyor with the requested documents for Resident #145. The documentation included the following: An internal compliance hotline call from the resident dated 7/27/24. A fall accident report and investigation dated 9/26/24. A fall accident report and investigation dated 10/14/24. At that time, the surveyor asked the LNHA if those were all the reports for Resident #145 that the facility investigated, and the LNHA replied yes, as far as she was aware. On 1/9/25 at 9:04 AM, the LNHA and the Director of Nursing (DON) informed the surveyor that after the surveyor's multiple inquiries for reportable events, accidents, incidents, and grievances regarding Resident #145, they began to ask facility staff if they were aware of any other incidents that were not provided to the surveyor. The LNHA stated that the Social Worker (SW) looked through her emails and found two emails, both dated 8/7/24, one was from Resident #145 and the second from the Resident's Representative (RR). The emails both included grievances and an accusation of verbal abuse from an unnamed nurse at the facility towards the resident. The LNHA stated that the email was just found in the SW's spam/junk folder after surveyor inquiry. The LNHA acknowledged that the allegation was absolutely considered verbal abuse, and stated that the facility started an investigation into the matter which included attempting to reach out to the resident who no longer resided at the facility. On 1/9/25 at 9:58 AM, the surveyor reviewed Resident #145's medical record. A review of the resident's Transfer/Discharge Report indicated that the resident was admitted to the facility with diagnoses which included but were not limited to; chronic obstructive pulmonary disease (COPD), need for assistance with personal care, and chronic pain. A review of the most recent comprehensive Minimum Data Set (MDS), an assessment tool dated 7/31/24, reflected that the resident had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 indicating the resident was cognitively intact. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315105	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Coral Harbor Rehabilitation and Healthcare Center	2050 Sixth Ave Neptune City, NJ 07753

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 1/9/25 at 11:46 AM, the surveyor interviewed the LNHA, who stated when an allegation of abuse or grievance was reported to the facility by a resident or their representative, it was brought to the attention of the administration team. The LNHA continued if a particular person or staff member was named, then that staff member was suspended pending investigation. The LNHA stated that investigations should be completed and closed out in five days or sooner. The LNHA stated she was unsure as to why or how the emailed grievance/allegation was sent to the spam/junk folder and the facility's information technology (IT) department needed to investigate it. On 1/9/25 at 1:01 PM, the Regional Director of Operations (RDO), in the presence of the survey team, acknowledged the delay in investigating this accusation of abuse and stated, we agree that the system inhibited the ability to respond to the complaint/allegation. On 1/10/25 at 10:22 AM, the LNHA acknowledged to the surveyor, in the presence of the survey team, that the allegation of abuse that was emailed on 8/7/24, was just being investigated and followed up with now after surveyor inquiry. A review of the facility's Abuse, Neglect, Exploitation and Misappropriation Prevention Program policy dated revised April 2021, included .Residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to; freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual, or physical abuse and physical or chemical restraint not required to treat the resident's symptoms .the facility would .develop and implement policies and protocols to prevent and identify abuse or mistreatment of residents .identify and investigate all possible incidents of abuse, neglect, mistreatment or misappropriation of resident property . NJAC 8:39-4.1(a)5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315105	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Coral Harbor Rehabilitation and Healthcare Center	2050 Sixth Ave Neptune City, NJ 07753

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40744 Based on interviews, observation, and review of pertinent facility documents it was determined that the facility failed to complete individual comprehensive care plans for three residents with urinary and bowel incontinence. This deficient practice was identified for 3 of 3 resident reviewed for incontinence (Resident #42, #47, and #52), and was evidenced by the following: 1. On 1/9/25 at 9:00 AM, the surveyor conducted incontinence rounds on the Second-Floor long term care nursing unit with the Certified Nursing Assistant (CNA #1). During the incontinence rounds, CNA #1 removed Resident #47's incontinence brief which was dry and the surveyor observed that the resident had a white towel within the incontinence brief. CNA #1 told the surveyor that the resident requested a towel within the incontinence brief. The surveyor interviewed the resident who confirmed that they wanted a towel in their incontinence brief. On 1/9/25 at 10:00 AM, the surveyor reviewed the medical record for Resident #47. A review of the Admission Record face sheet (an admission summary) reflected Resident #47 was admitted to the facility with medical diagnoses that included but were not limited to; hemiplegia (left side paralysis), diabetes mellitus (high blood sugar), and muscle wasting. A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated 12/26/24, revealed the resident had a Brief Interview of Mental Status (BIMS) score of 15 out of 15, meaning the resident was cognitively intact. A review of Section H for bowel and bladder, revealed the resident was always incontinent of bowel and bladder. A review of the individualized comprehensive care plan (ICCP) included a focus area initiated on 11/1/23, for bowel incontinence. Interventions included to: check resident approximately every two hours and provide incontinence care as needed and to apply moisture barrier as needed. A further review of the ICCP included a focus area dated 11/1/23, for urinary incontinence. Interventions included to: establish voiding patterns; provide incontinence care as needed; and check resident approximately every two hours and provide incontinence care as needed. On 1/9/25 at 12:49 PM, the surveyor interviewed the Licensed Nursing Home Administrator (LNHA) regarding the resident with a towel in their incontinence brief. The surveyor asked how staff would know that was a resident preferred that and the LNHA stated it should be included in the care plan. 2. On 1/9/25 at 9:10 AM, the surveyor conducted incontinence rounds with CNA #1 for Resident #52. CNA #1 removed the resident's incontinence brief which revealed another incontinence brief under the first brief, and the surveyor observed the resident was laying on a third incontinence brief opened and under the resident being used as a bed pad. CNA #1 told the surveyor that the resident requested the double briefs. The surveyor asked Resident #52 if it was a preference and the resident shook their head yes. On 1/9/25 at 10:30 AM, the surveyor reviewed the medical record for Resident #52. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315105	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Coral Harbor Rehabilitation and Healthcare Center	2050 Sixth Ave Neptune City, NJ 07753

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the Admission Record face sheet reflected Resident #52 was admitted to the facility with medical diagnoses which included but were not limited to; hemiplegia (right sided paralysis), cervical spine injury, anxiety disorder, and difficulty in walking. A review of the most recent comprehensive MDS dated [DATE], revealed the resident had a BIMS score of 9 out of 15, meaning the resident had a moderately impaired cognition. A review of Section H, Bowel and Bladder, indicated the resident was always incontinent of bowel and bladder. A review of Resident #52's ICCP included a focus area dated 10/2/23, for bowel incontinence. Interventions included to provide incontinence care and apply moisture barrier as needed and to monitor the resident's bowel habits. The ICCP also included a focus area initiated 10/2/23, for urinary incontinence. Interventions included to offer toileting prior to bedtime and to check the resident approximately every two hours and provide incontinence care as needed. The ICCP did not include double briefing per the resident's request. On 1/9/25 at 12:49 PM, the surveyor interviewed the LNHA regarding Resident #52's double incontinence briefing. The surveyor asked how staff would know that was the resident's preference, and the LNHA stated it should be included in the ICCP. 45208 3. On 1/9/25 at 9:00 AM, the surveyor conducted incontinence rounds on the Second-Floor long term care nursing unit with the Registered Nurse/Unit Manager (RN/UM). During the incontinence rounds, the RN/UM removed Resident #42's incontinence brief which was dry. The surveyor interviewed the resident, who stated, at nighttime it is my preference to have two diapers and a towel applied between my legs. It helps me not soak the bed and I feel safer and stay dry. On the day shift, the resident preferred to wear one incontinence brief when out of bed. The RN/UM acknowledged that the staff was aware of Resident #42's preferences for incontinence care at night. On 1/9/25 at 10:58 AM, the surveyor reviewed the medical record for Resident #42. A review of the Admission Record face sheet reflected Resident #42 was admitted to the facility with medical diagnoses that included but were not limited to; muscle wasting and atrophy (thinning or loss of muscle tissue). A review of the most recent comprehensive MDS dated [DATE], revealed Resident #42 had a BIMS score of 15 out of 15, meaning the resident was cognitively intact. A review of Section H, Bowel and Bladder, revealed the resident was frequently incontinent of bowel and bladder. A review of the ICCP included a focus area dated 10/6/24, for bowel incontinence. Interventions included to: establish bowel elimination patterns, monitor bowel habits, and offer toileting assistance at the same time each day that the resident has an incontinence episode; provide incontinence care as needed; and to apply moisture barrier as needed. The ICCP also included a focus area dated 10/6/24, for urinary incontinence. Interventions included: to establish voiding patterns; offer/encourage toileting prior to bedtime; and check resident approximately every two hours and provide incontinence care as needed. The ICCP did not include double briefing or a towel between the resident's legs per the resident's request. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315105	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Coral Harbor Rehabilitation and Healthcare Center	2050 Sixth Ave Neptune City, NJ 07753

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 1/9/25 at 12:49 PM, the surveyor interviewed the LNHA regarding resident's preferences for double incontinence briefing. The surveyor asked how staff would know that was the resident's preference, and the LNHA stated it should be included in the ICCP. A review of the facility's Care plans, Comprehensive Person-Centered policy with a revision date of March 2022, included that a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial, and functional needs is developed and implemented for each resident and includes residents stated goals . NJAC 8:39-27.1(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315105	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Coral Harbor Rehabilitation and Healthcare Center	2050 Sixth Ave Neptune City, NJ 07753

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33106 Complaint NJ #: 173135; 173483 Based on observation, interview, review of medical records, and review of other pertinent facility documents, it was determined that the facility failed to a.) obtain a physician's order for a replacement nutritional supplement after the facility identified that there was a national shortage of the resident's (Resident #146) current nutritional supplement; b.) consistently document the assessment and dressing changes to a resident's (Resident #195) peritoneal dialysis site (kidney treatment that filters waste and excess fluid from the blood using the lining of the abdomen); c.) appropriately administer intravenous (IV) antibiotic medication in accordance to the physician's order; and d.) document communication with the physician in accordance with professional standards of practice. This deficient practice was identified for 3 of 19 residents reviewed for professional standards of practice (Resident #146, #195, and #295). Reference: New Jersey Statutes, Title 45, Chapter 11, Nursing Board, The Nurse Practice Act for the state of New Jersey states; The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimes as prescribed by a licensed or otherwise legally authorized physician or dentist: Reference New Jersey Statutes, Title 45, Chapter 11, Nursing Board, The Nurse Practice Act for the state of New Jersey states; The practice of nursing as a licensed practical nurse is defined as performing task and responsibilities within the framework of case finding; reinforcing the patient family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the duration of a registered nurse or licensed or otherwise legally authorized physician or dentist. This deficient practice was identified by the following: 1. A review of the Admission Record (AR) face sheet (an admission summary) indicated that Resident #146 was admitted to the facility with the diagnoses which included but was not limited to; malignant neoplasm of the urethra (cancer of the tube that carries urine out of the body), absence of the left upper arm limb (left upper arm (LUA) amputation), and right left below the knee amputation (BKA). A review of the Admission Screener (AS) dated 4/24/24, reflected that Resident #146 required assistance with activities of daily living (ADLs) and was confined to the wheelchair. The AS also reflected that the resident had a pressure ulcer located on the coccyx (tailbone) area. A review of the Minimum Data Set (MDS), an assessment tool, was not required to be completed. The resident resided in the facility for eight days in 2024. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315105	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Coral Harbor Rehabilitation and Healthcare Center	2050 Sixth Ave Neptune City, NJ 07753

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the Admission Nutritional Risk Assessment (ANRA) dated 4/26/24 at 10:31 AM, reflected that the Registered Dietitian (RD) assessed Resident #146 as new admission to facility after a hospitalization related to percutaneous endoscopic gastrostomy (PEG) (an endoscopic medical procedure in which a tube is passed into a patient's stomach through the abdominal wall) removal, a wound infection of the left foot, right BKA and LUE amputation at elbow, and stage two pressure ulcer of the coccyx. The ANRA reflected that Resident #146 was at risk for malnutrition related to altered skin integrity, underweight body mass index (BMI), multiple amputations, with need for a therapeutic diet and supplementation. Recommendations from the RD included to provide Ensure Plus (a nutritional supplement) eight ounces (8 oz) daily. A review of the Physician's Order Report (POR) included a physician's order dated 4/26/24, for Ensure Plus 8 oz daily by mouth. A review of the corresponding April 2024 Medication Administration Record (MAR) reflected that the nurses were documenting that Resident #146 received the Ensure Plus and consumed 100 percent of the supplement given on 4/27/24, 4/28/24, 4/29/24, and 4/30/24. A review of Resident #146's individualized comprehensive care plan (ICCP) initiated on 4/26/24, reflected that the resident had potential for nutritional problems related to hypertension, pancreatitis, PEG removal and amputations and had a need for a therapeutic diet with supplementation. Interventions included to provide and serve nutritional supplementation as ordered: Ensure Plus 8 oz daily. The RD provided the surveyor with Resident #146's meal tickets from 4/24/24 to 5/1/24, and the nutritional supplement documented on the meal ticket indicated that the resident received a Mighty Shake. The Mighty Shake was provided to the resident every meal according to the meal ticket. There was no physician's order for the resident to receive the Mighty Shake with every meal as was written on the meal ticket. On 1/9/25 at 9:06 AM, the surveyor interviewed the RD, who stated that she had been working in the facility for approximately five months and she was unfamiliar with the resident. At that time, the RD reviewed the physician's orders with the surveyor and confirmed that Resident #146 did not have a physician's order for the Mighty Shake; the resident had a physician's order for Ensure Plus 8 oz to be given once a day. The RD stated that at that time the Ensure Plus was ordered, there was a national shortage of Ensure Plus and that the equivalent nutritional supplement would have been the Mighty Shake to be given as a substitute. The RD confirmed that an order was not obtained for the Mighty Shake and that the nurse should have discontinued the Ensure Plus supplement and ordered the Mighty Shake as the substitute. The surveyor reviewed the MAR with the RD, and she stated that she did not know why the nurses signed that the resident received the Ensure Plus when it was not available to give to the resident. The RD provided the surveyor with a letter from the company that supplied the Ensure Plus dated 4/12/24, and according to the letter the company was experiencing temporary out of stock items and that the supplement would be expected to be back in stock by mid-June or July of 2024. The RD provided the surveyor with a form titled, Acceptable Supplement Substitution policy dated January 2024, and according to this policy a Mighty Shake/health shake would have been an acceptable substitute for Ensure Plus 8 oz. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315105	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Coral Harbor Rehabilitation and Healthcare Center	2050 Sixth Ave Neptune City, NJ 07753

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 1/9/25 at 10:37 AM, the surveyor interviewed the Licensed Practical Nurse/Unit Manager (LPN/UM #1), who stated that if nutritional supplements were needed, an order was obtained from the medical doctor (MD) and the supplement was documented on the MAR as well as how much the resident consumed. LPN/UM #1 stated that if there was a national shortage of the supplement during the time the supplement was ordered, the MD should have been notified and the original supplement should have been discontinued and the replacement supplement should have been ordered. LPN/UM #1 stated all nutritional supplements required a physician's order. LPN/UM #1 reviewed the MAR with the surveyor and confirmed that the nurses signed on the MAR that the resident received Ensure Plus as well as signed how much the resident consumed. LPN/UM #1 confirmed there was no physician's order for the Mighty Shake, and the nurses should not have documented the resident received the Ensure Plus when there was a national shortage. On 1/9/25 at 10:50 AM, the surveyor interviewed the Assistant Director of Nursing (ADON), who explained that nutritional supplements were considered medications and were ordered by the MD and signed on the MAR the amount the resident consumed. The ADON stated if there was a national shortage of a nutritional supplement at the time it was ordered for Resident #146, and the supplement was not available, the staff notified the RD who recommended to discontinue that supplement and recommended a substitution. The ADON confirmed a physician's order was required for a Mighty Shake, and that staff did not notify the RD or MD to discontinue the Ensure Plus and order the Mighty Shake. On 1/10/25 at 10:30 AM, the surveyor interviewed the Director of Nursing (DON) and Licensed Nursing Home Administrator (LNHA), who both confirmed that the nurses should have changed Resident #146's supplement order, even though the supplements were interchangeable, they should have changed the order to specify the supplement that the resident was provided. 40744 2. On 1/6/25 at 9:30 AM, during an interview with LPN/UM #1, the surveyor was told that Resident #195 was receiving peritoneal dialysis treatments while at the facility. The resident received treatments every evening. A review of the AR face sheet reflected that Resident #195 was admitted to the facility with medical diagnoses which included but were not limited to; end stage renal disease, hypertension (high blood pressure), heart failure, and depression. A review of the most recent comprehensive MDS dated [DATE], revealed Resident #195 had a Brief Interview of Mental Status (BIMS) score of 15 out of 15, which indicated that the resident was cognitively intact. A review of Section O, Special Procedure and Treatments, revealed the resident was a peritoneal dialysis resident. A review of the physician's orders included the following orders dated 8/1/24, for the resident: peritoneal dialysis (PD) solution 2.5% 6000 milliliter (ml) yellow bags in the evening for PD; dialysis instill two (2) 6000 ml green bags; peritoneal dialysis solution 1.5% purple bag in the evening for PD; dialysis instill one (1) purple bag solution; and peritoneal dialysis solution 2.5% dextrose (1.5%) 2,000 ml solution yellow in the evening for PD; dialysis instill 1 small yellow bag. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315105	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Coral Harbor Rehabilitation and Healthcare Center	2050 Sixth Ave Neptune City, NJ 07753

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the resident's ICCP included a focus area dated 8/1/24, for peritoneal dialysis. Interventions included to: monitor dialysis access site for signs and symptoms of infection; report abnormal findings to physician or designee; and check and change dressing on dialysis access as ordered and per policy. A review of the MAR and the TAR did include the dialysis access site assessments or dressing changes as indicated in the ICCP. A review of the Progress Notes included two Nurse's Notes, one dated 10/25/24, and one dated 11/11/24, that included the dialysis access site assessments. There was no additional documentation regarding the assessment of the site. On 1/7/25 at 11:44 AM, the surveyor observed Resident #195 in the room who had just received morning care from the Certified Nursing Assistant (CNA #1). Resident #195 told surveyor they had been on dialysis for three years prior to admission to the facility. The resident then showed the surveyor the abdominal catheter (flexible tubing) used for the dialysis treatment. The catheter was secured with tape to prevent pulling. There was an undated white gauze dressing over the catheter site. On 1/8/25 at 1:49 PM, the surveyor interviewed the DON regarding care of the resident's dialysis catheter site. The surveyor asked if there should be a dressing over the site and she stated yes. The surveyor then asked if there would be a physician's order for a dressing change and the DON stated yes. On 1/10/25 at 12:30 PM, the DON showed the surveyor an order for an antibiotic ointment to the dialysis catheter site. The order did not include a dressing. The surveyor asked the DON if the order should have a dressing, and if the dressing should be dated when changed. The DON confirmed yes. A review of the facility's Peritoneal Dialysis (Continuous Ambulator) dated revised October 2010, included . catheter care and site observation .11. to apply sterile dressing of the catheter insertion site . 45208 3. On 1/8/24 at 10:00 AM, the surveyor reviewed the medical record for Resident #295. A review of the AR face sheet reflected that Resident #295 was admitted to the facility with medical diagnoses which included but was not limited to; methicillin resistant staphylococcus aureus infection (MRSA; a type of bacteria that is resistant to many antibiotics). A review of the most recent MDS dated [DATE], reflected that Resident #295 had a BIMS score of 15 out of 15, which indicated the resident was cognitively intact. A further review of the MDS reflected the resident used antibiotics and received IV medications as a resident. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315105	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Coral Harbor Rehabilitation and Healthcare Center	2050 Sixth Ave Neptune City, NJ 07753

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the resident's ICCP included a focus area initiated on 4/13/24, and revised on 4/23/24, that the resident received intravenous therapy of daptomycin- sodium chloride intravenous solution 700-0.9 milligram (mg) per 100 ml-% (700 mg); use 700 mg (an antibiotic). Interventions included to: monitor dressing at IV insertion site daily and change as ordered; monitor/document/report to physician as needed signs and symptoms of infection at the IV site; and report to nursing if IV comes out or site appears different. The ICCP did not include to administer the antibiotic as ordered. A review of the Order Summary Report (OSR) included a physician's order (PO) dated 4/13/24, and discontinued 4/14/24, for daptomycin 700 mg IV; to administer one time a day for MRSA and discontinuation date of 4/14/24. A review of the MAR indicated the antibiotic medication daptomycin 700 mg was to be administered intravenous (IV) with a start date of 4/14/24 at 6:00 AM. The nurse's initial signature on the MAR dated 4/14/24 at 11:00 AM, indicated NA, meaning the medication was not available and the resident did not receive their daily dose of physician ordered daptomycin on 4/14/24. A review of the Progress Notes did not reflect any nursing documentation regarding the missed medication dose, and that the nurse called the physician to notify them of the missed dose or the pharmacy was contacted. The facility was unable to provide any documentation regarding the unavailable antibiotic. On 1/9/24 at 11:00 AM, the surveyor interviewed the contracted Pharmaceutical Representative (PR) liaison, who stated the pharmacy to delivered medication to the facility on the weekend once daily to the facility between 7:30 PM and 10:00 PM. The PR stated facility could request an additional delivery if a stat (immediate) medication or a specific timed medication was needed for a resident. The PR reviewed the order sent to the company for daptomycin ordered on 4/13/24, for the dose on 4/14/24 at 6:00 AM, and the PR stated that the dose did not arrive at the facility until 4/14/24 at 9:51 PM. The PR confirmed that there were no stat requests or calls to the pharmaceutical company for a rushed delivery for the daptomycin. On 1/10/25 at 9:35 AM, the surveyor interviewed the DON, who explained that the staff should have placed a call to the physician to let them know that there was a delay in administration of the medication, and documented that call in the Progress Notes. The DON stated that the nurse should have either obtained a new order or called the pharmacy to ask for a stat dose or the estimated time of arrival (ETA) for the delivery of the medication based on the physician's recommendations. On 1/10/25 at 10:00 AM, the surveyor interviewed the Licensed Nursing Home Administrator (LNHA), who indicated that the staff should have notified the resident's physician. The LNHA acknowledged there was a delay in medication administration, and it prolonged the resident's care. On 1/10/25 at 10:30 AM, the surveyor team met with the LNHA and DON, who both acknowledged the surveyor's concerns and no additional information was provided. A review of the facility's Physician Orders policy dated February 2014, included that licensed nurses would obtain, document, and provide care and services in accordance with orders received from the physician. The provision of care and services in accordance with physician orders would be documented in accordance with professional standards of practice . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315105	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Coral Harbor Rehabilitation and Healthcare Center	2050 Sixth Ave Neptune City, NJ 07753

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the facility's Administering Medications policy dated April 2019, included medications are administered in a safe and timely manner and as prescribed .medications are administered with in one (1) hour of their prescribed time, unless otherwise specified . NJAC 8:39-11.2(b)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315105	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Coral Harbor Rehabilitation and Healthcare Center	2050 Sixth Ave Neptune City, NJ 07753

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. 33106 Based on observation, interview, review of facility medical records and other pertinent facility documents, it was determined that the facility failed to document the necessary treatment and services consistent with professional standards of practice for a resident with a pressure ulcer. This deficient practice was identified for 1 of 2 residents reviewed for pressure ulcers (Resident #4), and was evidenced by the following: A review of the Admission Record face sheet (an admission summary) Resident #4 was admitted to the facility with the diagnoses that included but not limited to; dementia, diabetes mellitus and severe protein calorie malnutrition. A review of the most recent comprehensive Minimum Data Set (MDS), an assessment tool dated 11/19/24, indicated that Resident #4 had severe cognitive impairment and was dependent on staff for all aspects of activities of daily living (ADLs). A review of Section M reflected that Resident #4 was at risk for developing pressure ulcers and had a full thickness stage 3 pressure area. On 1/6/25 at 12:35 PM, the surveyor observed Resident #4 lying in bed on an air mattress. The resident was unable to be interviewed due to an impaired cognition and the resident had a non-verbal status. The nurse assigned to the resident indicated that Resident #4 had a pressure ulcer on the left foot. The surveyor observed the dressing on the left foot dated 1/6/24. A review of the Weekly Skin Check dated 12/28/24, indicated the resident had a pressure ulcer on the left foot bunion area. A review of the Treatment Administration Record (TAR) dated 1/1/25 until 1/31/25, reflected a physician's order dated 12/6/24, for Medi-honey wound/burn dressing external gel (wound dressings); apply to left bunion wound topically every day shift for wound care. Cleanse left bunion wound with normal saline solution (NSS); apply Medi honey and NSS moist gauze to the base of the wound and secure with dry gauze and rolled gauze once daily. According to the TAR, on 1/4/25 and 1/5/25, there were no nurses' signatures that indicated wound care was provided to Resident #4's left bunion wound. The surveyor reviewed Resident #4's individualized comprehensive care plan (ICCP) dated 5/14/19, which indicated that the resident had a wound to the left bunion area and had the potential for pressure ulcer development. Interventions included to provide treatments per physician's orders and the staff was to monitor for effectiveness of treatments rendered. A review of the Wound Assessment Report dated 1/7/25, indicated that Resident #4 had a left foot bunion pressure area stage three and that the wound measured three centimeters by three centimeters by nine centimeters (3 cm x 3 cm x 9 cm) with a 0.20 depth and was improving without complications. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315105	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Coral Harbor Rehabilitation and Healthcare Center	2050 Sixth Ave Neptune City, NJ 07753

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 1/8/25 at 9:17 AM, the surveyor interviewed the Registered Nurse (RN), who stated that the nurse assigned to the resident was responsible to complete wound care and then signed on the TAR the treatment was completed. The RN stated if the TAR was not signed by a nurse, it indicated that the wound care was not completed. The RN stated if for any reason the wound care was not completed, the nurse indicated no on the TAR and then documented in a progress note as to why it was not completed. At that time the RN reviewed Resident #4's TAR, in the presence of the surveyor, and agreed that the TAR dated 1/4/25 and 1/5/25, on day shift was blank and if there were no signatures from the nurse on those days, that indicated that wound care was not completed on those days. On 1/8/25 at 9:31 AM, the surveyor interviewed Licensed Practical Nurse/Unit Manager (LPN/UM), who stated that it was the responsibility of the nurse to complete the resident's wound care and document the completion on the TAR. The LPN/UM stated if signatures were missing on the TAR, it indicated that the wound care was not completed or that the nurse forgot to sign that the treatment was completed. The LPN/UM stated that it would be important to sign the TAR so that the facility could ensure the best care was rendered for the residents and documenting completion of a procedure was important to ensure that proper care was provided. On 1/8/25 at 11:48 AM, the surveyor interviewed the Director of Nursing (DON), who stated that wound care was completed per physician's orders and documented on the TAR for completion. The DON stated that it was important for the nurse to sign the TAR after wound care completion because if the nurse did not sign the TAR, it indicated that the treatment was not done as ordered by the physician. On 1/9/25 at 9:55 AM, the surveyor interviewed the LPN, who stated that she had worked on 1/4/25 and 1/5/25, and she confirmed that the TAR did not contain her signature for the resident's wound care on those days. The LPN stated that it was a crazy busy weekend and that she must have forgotten to sign out the TAR on those dates, but she remembered performing Resident #4's left bunion area treatments. The LPN acknowledged that based on standards of nursing practice, if you did not sign that a procedure was performed then it was not done. On 1/9/25 at 10:47 AM, the surveyor interviewed the Assistant Director of Nursing (ADON), who stated that after a treatment was performed by the nurse, it was the nurse's responsibility to document that it was completed by putting a signature on the TAR. The ADON stated that if the TAR was blank and there was no signature that documented the treatment was performed, then the conclusion would be that the treatment was not provided to the resident. On 1/10/25 at 10:39 AM, the surveyor interviewed the DON, who stated that the nursing staff were required to sign the TAR when treatments were provided. She stated that when the nurse signed the TAR, it confirmed that the treatment was provided. A review of the facility's Wound Care policy dated 2001, included the following information should be recorded in the resident's medical record: the type of wound care given; the date and time the wound care was given; all assessment data; the signature and title of the person recording the data . NJAC 8:39-27.1 (e)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315105	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Coral Harbor Rehabilitation and Healthcare Center	2050 Sixth Ave Neptune City, NJ 07753

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. 49094 Based on observations, interview, and review of pertinent facility documents, it was determined that the facility failed to ensure dialysis communication forms between the facility and the contracted dialysis facility were consistently completed. This deficient practice was identified for 1 of 3 residents reviewed for dialysis (Resident #68), and was evidenced by the following: On 1/6/25 at 12:25 PM, during initial tour of the facility, the surveyor observed Resident #68 in their bedroom sleeping. On 1/7/25 at 9:00 AM, the surveyor reviewed the medical record for Resident #68. A review of the Admission Record face sheet (an admission summary) reflected the resident was admitted to the facility with diagnoses which included but not limited to; end stage renal disease (kidneys have permanently lost their ability to function), chronic kidney disease (slow loss of kidney function over time), and type two diabetes mellitus (body does not use insulin properly). A review of the most recent comprehensive Minimum Data Set (MDS), an assessment tool dated 12/14/24, reflected the resident had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated a cognitively intact cognition. A further review included the resident received dialysis while at the facility. A review of the Order Summary Report included a physician's order (PO) dated 12/7/24, for dialysis at [dialysis center name] on Tuesday, Thursday, and Saturday; pick up at 7:00 AM. A further review revealed a PO dated 12/7/24, to give book and bag lunch prior to leaving; check the book after arrival for communication in the morning every Tuesday, Thursday, and Saturday. A review of the individualized comprehensive care plan (ICCP) included a focus area dated 6/18/24, that the resident needed hemodialysis related to renal failure at [dialysis center name] on Tuesday, Thursday, and Saturday. Interventions included but not limited to; monitor dialysis access site for signs and symptoms of infection, report abnormal findings to the physician or designee, monitor shunt sites for thrill and bruit (an assessment done by feeling their shunt for electric pulse that can be done with fingers or stethoscope done every shift to make sure functioning) every shift and as needed. On 1/8/25 at 10:22 AM, the surveyor reviewed Resident #68's dialysis communication book that was sent with the resident on dialysis treatment days. The communication forms were reviewed from October 2024 to January 2025. The following dialysis communication forms were not completed by the facility's nurse upon return from dialysis: 10/12/24, 10/15/24, and 10/17/24. The dialysis communication form was not completed by the dialysis center on 11/7/24. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315105	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Coral Harbor Rehabilitation and Healthcare Center	2050 Sixth Ave Neptune City, NJ 07753

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 1/8/25 at 10:44 AM, the surveyor interviewed the Licensed Practical Nurse (LPN #1), who stated Resident #68 went out for dialysis on Tuesday, Thursday, and Saturday. LPN #1 further stated that prior to their departure, the nurse obtained vital signs, monitored the access site, and documented on the dialysis communication form that it was sent to dialysis with the resident. LPN #1 also stated that when the resident returned from dialysis, the nurse obtained vital signs, monitored the access site for drainage, checked the bruit and thrill and documented it in section three of the communication form. LPN #1 stated that if the dialysis center did not fill out their section, the facility called the center to see what they did at the dialysis center and if there were any new orders or changes. On 1/9/25 at 10:05 AM, the surveyor interviewed the Director of Nursing (DON), who stated the purpose of the dialysis communication form was to ensure communication between the facility and dialysis center. The DON further stated that when a resident went out to dialysis, the nurse was responsible to complete section one with vital signs, upon return the nurse reviewed the form and completed section three. The DON also stated that the dialysis center completed section two with weights, vital signs, labs, and new orders. The surveyor asked the DON if the dialysis center left section two blank, what should the nurse do. The DON replied, the nurse called the dialysis center to find out if there were any new orders or any concerns. The DON acknowledged that the dialysis communication forms were not filled out completely on the following dates: 10/12/24, 10/15/24, 10/17/24, and 11/7/24. On 1/9/25 at 12:49 PM, the DON, in the presence of the Licensed Nursing Home Administer (LNHA), Assistant Director of Nursing (ADON), [NAME] President of Clinical Services, and the survey team, stated the importance of the dialysis communication forms were to ensure communication between the facility and the dialysis center. The DON also stated that the dialysis center completed section two with how the dialysis treatment went, vital signs, and any new orders. The DON further stated if section two was not completed by the dialysis center, the nurse contacted the dialysis center and documented any new orders. A review of the facility's Hemodialysis Catheters - Access and Care of policy dated revised February 2023, included the nurse should document in the resident's medical record every shift as follows: .3. If dialysis was done during shift. 4. Any part of report from dialysis nurse post-dialysis being given. 5. Observations post-dialysis . NJAC 8:39-27.1(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315105	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Coral Harbor Rehabilitation and Healthcare Center	2050 Sixth Ave Neptune City, NJ 07753

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. 45208 Based on observation, interview, and review of facility provided documents, it was determined that the facility failed to provide a safe, sanitary, and comfortable environment for residents. This deficient practice was identified for 1 of 1 observed medication storage room, and was evidenced by the following: On 1/8/25 at 9:49 AM, the surveyor toured the medication room on the Subacute unit in the presence of the Licensed Practical Nurse/Unit Manager (LPN/UM). The surveyor observed the following: debris on the medication room floor and brown substance build up in the corners; debris (appeared to be a tea bag) in the drain of the sink, brown discoloration in the basin, along the edge of the sink, behind the sink, and around the faucet; in the cabinet housing the sink, the surveyor observed brown, black, and orange substance towards the back of the cabinet under pipes. On 1/9/24 at 10:00 AM, the surveyor reviewed the monthly cleaning schedule which revealed the medication room was to be cleaned on 1/24/25. The medication room had been scheduled for cleaning on 11/22/24 and 12/27/24. On 1/9/25 at 12:54 PM, the surveyor interviewed the Licensed Nursing Home Administrator (LNHA) and the Director of Nursing (DON), who explained that the facility had an electronic request system in place that went directly to a beeper/cell phone of the maintenance staff. They continued it was reviewed in the morning and a text alert was sent throughout the day. The LNHA stated anybody in the building had access to the electronic reporting system, and the staff reached out to housekeeping staff by phone or on the unit if there were any concerns that needed immediate attention. On 1/10/25 at 9:19 AM, the surveyor interviewed the Maintenance Director (MD), who stated that the facility utilized an electronic system for reporting any maintenance issues that came up. The MD stated the all staff were able to make a service ticket and if there was an issue under the sink in the medication room, it should have been reported. The MD confirmed he did not have any request tickets for under the sink in the cabinet. On 1/10/25 at 9:29 AM, the surveyor interviewed the Director of Housekeeping (DH), who revealed that the medication rooms were cleaned monthly and on a schedule. The DH stated he expected his staff to follow the cleaning step, cleaning process. The DH stated if there was an issue that needed to be addressed all staff could report it, and then it would be properly cleaned as needed. On 1/10/25 at 9:35 AM, the surveyor interviewed the DON, who stated all the staff could report a need for cleaning or something to be fixed. The DON stated for housekeeping, they placed a call to the department, and for maintenance, the staff placed a request in the electronic maintenance system that was available on all the computers. The DON confirmed everyone should be accountable if they saw something to report it to keep the facility clean. A review of the facility's undated 5 Step Daily Room Cleaning policy included .3. Dust Mop Floor-you may use a broom to sweep in tight spaces, sweep up debris in dustpan; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315105	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Coral Harbor Rehabilitation and Healthcare Center	2050 Sixth Ave Neptune City, NJ 07753

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	4. Clean and sanitize sink: the sink includes: The sink, fixtures, pipes under sink. Use germicide to clean the sink to be sure it is disinfected. You may use glass cleaner on the faucets to shine them after germicide has been used .7. Damp Mop Floor - use proper mop and germicide solution to disinfect the floor. Be sure to run the mop along the edges. When damp mopping floors pay close attention to any possible buildup along the corners and edges. Use a scraper to remove any potential build up in these areas to maintain a clean and sanitary surface . NJAC 8:39 -31.2(e)