

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315115	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/14/2025
NAME OF PROVIDER OR SUPPLIER Atlantic Coast Rehab & Health		STREET ADDRESS, CITY, STATE, ZIP CODE 485 River Ave Lakewood, NJ 08701	
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)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>38680</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to ensure a resident was transported from one area of the unit to another in a dignified manner for 1 of 29 sampled residents, (Resident #109). This deficient practice was evidenced by the following:</p> <p>On 02/10/2025 at 10:39 AM, the surveyor observed the Certified Nursing Assistant (CNA) transport a resident (Resident #109) backwards in his/her geriatric chair from the resident hallway to the nurse station.</p> <p>According to the Admission Record Resident #109 was admitted to the facility with diagnoses including but not limited to: dementia and muscle weakness.</p> <p>A review of the most recent Minimum Data Set (MDS) an assessment tool used to facilitate care dated 12/20/24, revealed that Resident #109 had long and short-term memory deficits. The MDS further indicated that the resident required maximal assistance with activities of daily living.</p> <p>During an interview with the surveyor on 02/10/2025 at 10:41 AM, the CNA said that transporting a resident backwards in a chair should be avoided for safety reasons, as the resident would likely find it uncomfortable and unpleasant.</p> <p>During an interview with the surveyor on 02/10/2025 at 10:51 AM, the Unit Manager stated that residents should be transported forward all the time to keep the resident from getting disoriented.</p> <p>During an interview with the surveyor on 02/14/25 at 10:02 AM, the Director of Nursing stated there was no policy regarding transporting however he stated, absolutely not, when asked if a resident should be transported backwards.</p> <p>The surveyor reviewed the facility provided Resident Rights which reflected that the residents were to be treated with courtesy, consideration, and respect for your dignity and individuality.</p> <p>The surveyor reviewed the facility provided job description for a Certified Nursing Assistant which reflected that a. Respect for the patient/resident is consistently provided.</p> <p>NJAC 8:39-4.1(a)(12)</p>		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45209</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to develop and implement a comprehensive person-centered care plan that identified furnished services to attain or maintain the resident's highest practical physical, mental, and psychosocial well-being for a resident that required nebulized medications (liquid medicine that turns into a mist that can be easily inhaled) and a leg brace for 2 of 28 residents reviewed for care planning (Resident # 89 and 96). This deficient practice was evidenced by the following:</p> <p>1. Upon initial tour of the facility on 2/10/2025 at 10:20 AM, surveyor #1 observed a nebulizer mask standing upright on a nebulizer machine located to the right of Resident #89 on the bedside table. The nebulizer mask was not bagged and exposed to the environment. Resident #89 was asleep and did not respond to surveyor #1's prompting.</p> <p>The surveyor reviewed the medical record for Resident #89.</p> <p>A review of the Admission Record, an admission summary, revealed the resident had diagnoses which included, but were not limited to: Metabolic Encephalopathy (a condition where the brain does not function properly due to an underlying metabolic imbalance), Diabetes Mellitus, Hemiplegia (paralysis or weakness on one side of the body) and Hemiparesis (weakness on one side of the body) following cerebral infarction (stroke) affecting right dominant side.</p> <p>A review of the resident's most recent comprehensive Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated 1/24/25 included the resident had a Brief Interview for Mental Status (BIMS) score of 8 out of 15, which indicated the resident's cognition as moderately impaired.</p> <p>A review of the January and February Medication Administration Treatment included the following physician orders (PO):</p> <p>A PO, with a start date 1/20/2025, for Ipratropium-Albuterol Solution 0.5miligrams (mg)/3 milliliters (mL) inhale orally via nebulizer four times a day for wheezing.</p> <p>A review of Resident #89's care plan did not reveal a focus area identifying nebulizer use.</p> <p>On 2/12/2025 at 12:31 PM, surveyor #1 interviewed Unit Manager Licensed Nurse Practitioner (UMLPN #1) who stated that they were not sure if nebulizer treatments should be identified on the care plan.</p> <p>On 2/12/2025 at 12:43 PM, surveyor #1 interviewed UMLPN #2 who confirmed that nebulizer treatments should be identified on the care plan. Upon reviewing Resident #89's care plan with surveyor #1, the UMLPN#2 was not able to locate nebulizer treatments. UMLPN #2 stated that they will update Resident #89's care plan.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/12/2025 at 1:47 PM, surveyor #1 interviewed the Director of Nursing, in the presence of the Licensed Nursing Home Administrator (LNHA) and Administrator in Training, who confirmed that nebulizer treatments should have been on Resident #89's plan of care.</p> <p>A review of the facility's Admission and Baseline Care Plan (BCP) Policy, last reviewed 3/5/2024, included:1. [.] This initial plan of care also serves as the BCP for the resident. l) This initial baseline plan of care will address the immediate needs of the resident including, but not limited to: safety, personal hygiene, dietary needs, medications [.] 3. The BCP will be used as the foundation for care planning with additions/revisions being incorporated into the comprehensive care plan. Once the comprehensive care plan as been developed and implemented, any additional changes will be made to the comprehensive care plan based on the needs of the residents.</p> <p>N.J.A.C. 8:39-11.2 (e)</p> <p>51232</p> <p>On 02/10/2025 at 10:48 AM, Surveyor #2 observed Resident #96 wheeling herself in a wheelchair down the hallway on the Crest Unit, wearing an ankle foot orthosis (AFO) brace (supports and stabilizes the foot and ankle) on her left lower leg.</p> <p>On 02/11/2025 at 10:00 AM, Surveyor #2 reviewed the electronic medical records (EMR) for Resident #96 as follows:</p> <p>According to the Admission Record Resident #96 was admitted to the facility with diagnoses including, but not limited to, hemiplegia and hemiparesis following a cerebral infarction affecting the left dominant side.</p> <p>A review of Resident #96 most recent comprehensive Minimum Data Set (MDS) (an assessment tool used to facilitate the management of care) dated 01/16/2025, revealed under section C-Cognitive Patterns, that the resident had a Brief Interview for Mental Status (BIMS) (tool used to assess cognitive function in individuals) score of 15 out of 15, indicating the resident's cognition was intact.</p> <p>A review of the Admission Observation assessment dated [DATE], indicated that Resident #96 was admitted with a brace on his/her left leg.</p> <p>A review of Resident #96 Care Plan did not address or include specific instructions for the care of a brace on his/her left leg.</p> <p>A review of Resident #96 Physician Orders did not include current or discontinued orders for a brace on his/her left leg.</p> <p>During an interview with Surveyor #2 on 02/12/2025 at 1:12 PM, the Licensed Practical Nurse Unit Manager (LPNUM #1) said that there should have been an order in place, and it should have been included in the care plan when the resident was wearing a brace.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with Surveyor #2 on 02/12/2025 at 1:23 PM, Resident #96 said that he/she had been wearing the AFO brace to his/her left lower leg prior to admission to the facility and that he/she wore it every day except when he/she was in the bed. He/she also mentioned that he/she applied it independently.</p> <p>During an interview with Surveyor #2 on 02/13/2025 at 10:35 AM, the Director of Rehabilitation (RD) said that she notifies the Director of Nursing (DON) and the unit manager (UM) to ensure that residents who wear a brace or splint have an order and a care plan in place for the device.</p> <p>A review of the facility provided policy, with a review date of 03/05/2024, titled, Admission and Baseline Care Plan (BCP) revealed under the section titled Procedure that, This initial baseline plan of care will address the immediate needs of the resident including, but not limited to: 1. (a) safety, (b) personal hygiene, (c) dietary needs, (d) medications, and (e) ambulation. 3. The BCP will be used as the foundation for care planning with additions/revisions being incorporated into the comprehensive care plan. Once the comprehensive care plan has been developed and implemented, any additional changes will be made to the comprehensive care plan based on the needs of the resident.</p> <p>A review of the facility provided policy, with a review date of 07/12/2024, titled, Splint and Brace Application Policy and Procedure revealed under the section titled Procedure that, OT will evaluate patient for need for splinting, hand roll, or etc. Request an MD order as indicted. Explain procedure to the patient and tell patient to report any adverse effects. Position the patient comfortably. Check patient's skin for decreased sensation, wounds etc. Apply splint, hand roll etc. as per orders.</p> <p>N.J.A.C. 8:39-11.2 (e)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>43936</p> <p>Based on observations, interview, record review, and review of pertinent facility documents, it was determined that the facility failed to provide treatment and care, based upon current standards of practice specifically by having a urinary catheter drainage bag in contact with the floor, not documenting urinary outputs, and not providing a privacy bag for 2 of 3 residents (Resident # 89, 100) reviewed for Urinary Catheters.</p> <p>The deficient practice was evidenced by the following:</p> <p>On 02/10/2025 at 10:43 AM during the initial tour, Surveyor # 1 observed Resident # 100 in bed. At that time, Surveyor # 1 observed a catheter drainage bag in contact with the floor.</p> <p>A review of Resident # 100's Order Summary located in the Electronic Medical Record (EMR) revealed an order to, Monitor and document [trade name] catheter output every shift. If no output in 8 hours notify MD every shift. The order revealed a start date of 1/06/2025.</p> <p>A review of the Treatment Administration Record located in the EMR revealed blanks in the documentation portion for the following dates:</p> <p>2/1/2025 - Day - Blank</p> <p>2/9/2025 - Evening - Blank</p> <p>1/29/2025 - Evening - Blank</p> <p>1/31/2025 - Day - Blank</p> <p>On 02/13/2025 at 12:36 PM during an interview with Surveyor # 1, the Director of Nursing (DON) replied, No when asked if catheter drain bags should be in contact with the floor. The DON further replied, Infection when the surveyor asked why not. Lastly, the DON replied, If it's not documented it wasn't done. when the surveyor asked if urinary outputs are blank on the Treatment Administration Record, would you consider that administered.</p> <p>A review of the facility policy titled, Urinary Catheters with a review date of July 20, 2024 revealed under Standards of Care for the Resident with an Indwelling Urinary Catheter that, The catheter collection tubing should be kept from kinking, and the collection bag should always be kept below the level of the bladder (and not touching the floor).</p> <p>N.J.A.C. S 8:39-27.1 (a)</p> <p>45209</p> <p>2. Upon initial tour of the facility on 2/10/2025 at 10:20 AM, surveyor #2 observed from the hallway Resident #89's urinary catheter drainage bag with no privacy bag.</p> <p>(continued on next page)</p>

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The surveyor reviewed the medical record for Resident #89.</p> <p>A review of the Admission Record, an admission summary, revealed the resident had diagnoses which included, but were not limited to: Metabolic Encephalopathy (a condition where the brain does not function properly due to an underlying metabolic imbalance), Diabetes Mellitus, Hemiplegia (paralysis or weakness on one side of the body) and Hemiparesis (weakness on one side of the body) following cerebral infarction (stroke) affecting right dominant side.</p> <p>A review of the resident's most recent comprehensive Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated 1/24/25 included the resident had a Brief Interview for Mental Status (BIMS) score of 8 out of 15, which indicated the resident's cognition as moderately impaired. Review of Section H of the MDS identified Resident #89 with an indwelling catheter.</p> <p>A review of the Medication Administration Treatment (MAR) included the following physician orders (PO):</p> <p>A PO, with a start date of 1/20/2025, to Maintain privacy bag at all times check placement [every] shift. The date of 2/10/2025 was checked with nurses' initials which indicated that the privacy bag was in place.</p> <p>A PO, with a start date of 1/20/2025, to Monitor and document [indwelling catheter] output every shift. In no output in 8 hours notify [Medical Director]. Upon review of the January MAR the following date did not have an output entry: 1/26/2025 Evening shift. Upon review of the February MAR the following date did not have an output entry: 2/4/2025 Evening shift.</p> <p>A review of the resident's individual comprehensive care plan (ICCP) included a focus area, dated 1/21/2025, that the resident was at risk for urinary tract infection (UTI) [related to] catheter use. Interventions included: leg bag or privacy bag as warranted to maintain dignity/privacy and provide catheter care every shift as ordered and (as needed) Monitor for decrease in output.</p> <p>On 2/12/2025 at 12:13 PM, surveyor #2 interviewed Certified Nursing Assistant (CNA #1) who confirmed that urinary drainage bags were to be placed in a privacy bag. When asked how urinary output were monitored, CNA #1 responded that they will empty the bag, measure the amount, and report the output to the nurse who was responsible for documenting the amount.</p> <p>On 2/12/2025 at 12:31 PM, surveyor #2 interviewed Unit Manager Licensed Nurse Practitioner (UMLPN #1) who confirmed that either the CNA or the nurse can empty the urinary drainage bag and measure the amount, but the nurse was responsible for documenting the amount in the chart. When asked how urinary drainage bags are to be maintained at bedside, UMLPN #1 reported that they were to be in a privacy bag. When asked about blanks in the MAR, UMLPN#1 stated that there should never be blanks.</p> <p>On 2/12/2025 at 12:43 PM, surveyor #2 interviewed UMLPN #2 who confirmed that they were familiar with Resident #89. UMLPN #2 stated that urinary drainage bags were to be maintained in a privacy bag and that the nurses were responsible for documentation of the urinary output. Surveyor #2 provided pictures of the urinary drainage device as observed on initial tour. UMLPN#2 confirmed the finding. When asked if there should be blanks on the MAR, UMLPN#2 denied.</p> <p>(continued on next page)</p>

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/12/2025 at 1:47 PM, surveyor #2 interviewed the Director of Nursing, in the presence of the Licensed Nursing Home Administrator (LNHA) and Administrator in Training, who viewed the surveyors pictures and acknowledged that the urinary drainage device was not in a privacy bag and that urinary outputs were expected to be marked for every shift.</p> <p>A review of the facility's Urinary Catheters Policy, last reviewed 7/20/2024, included under the heading Standards of Care for the Resident with an Indwelling Urinary Catheter: [.] Collection bags should be emptied from the spigot every shift using a separate collection container for each resident; a foley collection bag cover should be utilized to maintain resident dignity when in bed [.].</p> <p>A review of the facility's RN/LPN Job Description document included under the heading Documentation included: A. All documentation is done in a timely manner, using appropriate formats; B. All documentation is properly identified, signed, and dated; C. Documentation [.]flow sheet information, and care plans are done legibly and filed appropriately [.].</p> <p>N.J.A.C. 8:39-19.4 (a)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45209</p> <p>Based on observation, interview, record review, and review of pertinent facility documents, it was determined that the facility failed to provide respiratory care consistent with professional standards of practice by not storing nebulizer (a small machine that turns liquid medicine into a mist that can be easily inhaled) and Bilevel positive airway pressure device (BiPap- a breathing device that helps a person breathe easier) equipment in bags which resulted in environmental exposure for 3 of 5 residents reviewed for oxygen use (Resident #22, 34, 89) . The deficient practice was evidenced by the following:</p> <p>1.Upon initial tour of the facility on 2/10/2025 at 10:20 AM, surveyor #1 observed a nebulizer mask standing upright on a nebulizer machine located to the right of Resident #89 on the bedside table. The nebulizer mask was not bagged and exposed to the environment. Resident #89 was asleep and did not respond to surveyor #3's prompting.</p> <p>On 2/11/2025 at 9:16 AM, surveyor #3 observed a nebulizer mask standing upright on a nebulizer machine located to the right of Resident #89 on the bedside table. The nebulizer mask was not bagged and exposed to the environment.</p> <p>The surveyor reviewed the medical record for Resident #89.</p> <p>A review of the Admission Record, an admission summary, revealed the resident had diagnoses which included, but were not limited to: Metabolic Encephalopathy (a condition where the brain does not function properly due to an underlying metabolic imbalance), Diabetes Mellitus, Hemiplegia (paralysis or weakness on one side of the body) and Hemiparesis (weakness on one side of the body) following cerebral infarction (stroke) affecting right dominant side.</p> <p>A review of the resident's most recent comprehensive Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated 1/24/25 included the resident had a Brief Interview for Mental Status (BIMS) score of 8 out of 15, which indicated the resident's cognition as moderately impaired.</p> <p>A review of the January and February Medication Administration Treatment included the following physician orders (PO):</p> <p>A PO, with a start date 1/20/2025, for Ipratropium-Albuterol Solution 0.5miligrams (mg)/3 milliliters (mL) inhale orally via nebulizer four times a day for wheezing.</p> <p>On 2/12/2025 at 12:13 PM, surveyor #1 interviewed Certified Nursing Assistant (CNA #2) who confirmed that nebulizer supplies were to be in a bag when not in use.</p> <p>On 2/12/2025 at 12:31 PM, surveyor #1 interviewed Unit Manager Licensed Nurse Practitioner (UMLPN #1) who stated that nebulizers were to be stored in a bag to keep clean when not in use.</p> <p>On 2/12/2025 at 12:43 PM, surveyor #1 interviewed UMLPN #2 who confirmed that they were familiar with Resident #89. UMLPN #2 confirmed that nebulizers were to be bagged.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 2/12/2025 at 1:47 PM, surveyor #1 interviewed the Director of Nursing, in the presence of the Licensed Nursing Home Administrator (LNHA) and Administrator in Training, who viewed the surveyors pictures and acknowledged that the nebulizers were not in a bag. When asked how nebulizers are to be stored when not in use the DON replied, in a bag.</p> <p>A review of the facility's Respiratory Equipment Policy and Procedure, last reviewed 8/5/2024, included: All nebulizer tubing and equipment shall be date and stored in an oxygen bag when not in use .</p> <p>N.J.A.C. 8:39-27(b)</p> <p>49712</p> <p>During the initial tour on 02/10/2025 at 09:56 AM, Resident #22 was observed lying in bed with nasal oxygen in use. Surveyor #2 observed a nebulizer mask laying open to air on the resident's bedside table.</p> <p>On 02/11/2025 at 10:30 AM Surveyor #2 observed Resident # 22 in bed with nasal oxygen tubing on and the Oxygen concentrator turned off. Surveyor #2 asked the Licensed Practical Nurse (LPN) # 2 if the resident should be on continuous oxygen. LPN # 2 stated yes and went in to check the resident. LPN #2 stated, this should not be turned off. LPN # 2 turned oxygen back on and noticed the concentrator was not working properly. LPN #2 then replaced concentrator and checked resident's vitals.</p> <p>According to the Admission Record, Resident #22 was admitted to the facility with diagnoses including but not limited to; Chronic Combined Systolic and Diastolic Congestive Heart Failure, and Chronic Obstructive Pulmonary Disease (an ongoing lung condition caused by damage to the lungs).</p> <p>A review of the most recent comprehensive Minimum Data Set (MDS) dated [DATE], indicated Resident #22 was on oxygen while a resident.</p> <p>A review of the Order Summary Report dated 02/14/2025, revealed a physician order for DuoNeb solution (a medication used to relax the airway to increase air flow to the lungs),1 vial inhale orally via a nebulizer every six hours. The order also revealed to store the mask in a drawstring bag after each use. The Order Summary Report also revealed and order to administer oxygen at 2 liters/min via nasal cannula continuously.</p> <p>During an interview on 02/13/2025 at 11:16 AM with surveyor # 2 the Infection Control Preventionist said that all nebulizer masks should be placed in bags when not in use so that they don't pick up any bacteria.</p> <p>During an interview on 02/13/2025 at 12:36 PM with surveyor #2 the Director of Nursing, (DON) said that nebulizer mask should be kept in plastic bags due to infection control. The DON also said that staff should be checking the oxygen concentrators to make sure they are on and properly functioning.</p> <p>A review of a facility provided policy titled Respiratory Equipment Policy and Procedure revealed, all nebulizer equipment shall be dated and stored in an oxygen bag when not in use .</p> <p>NJAC 8:39-27.1(a)</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>51232</p> <p>Upon initial tour of the facility on 2/10/2025 at 10:27 AM, Surveyor #3 observed Resident # 34 BiPAP machine and mask was on his/her dresser with the mask left uncovered and exposed to the environment.</p> <p>On 02/11/2025 at 10:35 AM, Surveyor #3 reviewed the electronic medical records (EMR) for Resident #34 as follows:</p> <p>According to the Admission Record Resident #34 was admitted to the facility with diagnoses including, but not limited to, Chronic Obstructive Pulmonary Disease (COPD) (a progressive lung disease that makes it difficult to breathe) and Sleep Apnea (repeated interruptions in breathing during sleep).</p> <p>A review of Resident #34 most recent comprehensive Minimum Data Set (MDS) (an assessment tool used to facilitate the management of care) dated 01/25/2025, revealed under section C-Cognitive Patterns, that the resident had a Brief Interview for Mental Status (BIMS) (tool used to assess cognitive function in individuals) score of 15 out of 15, indicating the resident's cognition was intact.</p> <p>A review of Resident #34 Physician Orders indicated the following: start date 01/19/2025, the BiPAP machine is to be used every night at bedtime and removed in the morning, in addition to being used as needed for shortness of breath (SOB).</p> <p>During an interview with Surveyor #3 on 02/10/2025 at 10:35 AM during the initial tour, Resident #34 said that he/she wears the BIPAP machine when he/she sleeps.</p> <p>During an interview with Surveyor #3 on 02/12/2025 at 1:15 PM, the Licensed Practical Nurse Unit Manager #1 (LPNUM #1) said that respiratory equipment should be properly bagged.</p> <p>During an interview with Surveyor #3 on 02/13/2025 at 12:45 PM, the Director of Nursing (DON) said that BiPAP masks should be stored in a plastic bag for infection control purposes.</p> <p>A review of the facility provided policy, with a review date of 08/05/2024, titled, Respiratory Equipment Policy and Procedure revealed under the section titled Procedure that, All nebulizer tubing and equipment shall be date and stored in an oxygen bag when not in use and replaced every 7 days.</p> <p>N.J.A.C. 8:39-27(b)</p>		

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NAME OF PROVIDER OR SUPPLIER Atlantic Coast Rehab & Health		STREET ADDRESS, CITY, STATE, ZIP CODE 485 River Ave Lakewood, NJ 08701	
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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>49712</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to establish a system of records for all controlled drugs in sufficient detail to enable an accurate reconciliation for the dispensing of controlled medications for 1 out of 3 medication carts inspected under the Medication Storage Task.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 02/12/2025 at 11:39AM in the presence of the Registered Nurse (RN)# 1, the surveyor inspected the medication cart on the subacute high side cart for storage and labeling of medications. During reconciliation of controlled medications, the surveyor observed 15 Oxycodone-Acetaminophen (a narcotic medication used to treat pain) in the blister pack in the narcotic box, but the Controlled Drug Sheet (CDS) documented 16 were left.</p> <p>At the same time on 02/12/2025 during the interview with the surveyor, RN #1 stated, I just gave that sorry, I should have signed that out. When asked to see what time the medication was given, RN # 1 pulled up the medication on the medication administration record and stated, 10:27 AM.</p> <p>During an interview on 02/13/2025 at 12:36 PM with the surveyor, the Director of Nursing said that narcotics should be signed out in the CDS when removed from the blister pack.</p> <p>Review of the facility's policy titled, Medication Preparation for Administering revised on 02/16/2022, revealed under Medication Administration that 4. As specified by federal and state regulations, controlled substances are documented as given at the time of administration.</p> <p>NJAC 8:39-29.7(c)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49712</p> <p>Based on observation, interview, and facility provided documentation, it was determined that the facility failed to ensure all medical supplies were stored in accordance with professional standards by having expired supplies in 1 of 2 medication storage rooms inspected.</p> <p>This deficient practice was evidenced by the following:</p> <p>On [DATE] at 11:13 AM the surveyor in the presence of a Licensed Practical Nurse (LPN)# 1, observed the following in the subacute medication storage room:</p> <ol style="list-style-type: none"> 1. 6 unopened boxes of probe covers with an expiration date of [DATE]. 2. 2 opened boxes of colostomy bags with an expiration date of ,d+[DATE]. 3. 1 unopened box of paper medical tape with an expiration date of ,d+[DATE]. <p>During an interview on [DATE] at 11:13 AM with the surveyor LPN #1 said there should not be any expired medical supplies in the storage room and she removed the items.</p> <p>During an interview on [DATE] at 12:36 PM with the surveyor the Director of Nursing (DON) said he was unaware of expiration dates on supplies, and he would be checking them from now on. The DON also said that there should not be expired items in the storage room.</p> <p>Facility unable to provide a policy on expired supplies.</p> <p>N.J.A.C 8:,d+[DATE].4 (g)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>38680</p> <p>Based on observation, interview, and pertinent facility documents, it was determined that the facility failed to handle potentially hazardous food and maintain sanitation in a safe and consistent manner to prevent food borne illness. This deficient practice was evidenced by the following:</p> <p>On 02/10/2025 from 09:17 AM until 10:15 AM, the surveyor observed the following in the kitchen in the presence of the Prep [NAME] (PC) then the Regional Food Service Director (RFSD):</p> <ol style="list-style-type: none"> 1. In refrigerator #1 on the bottom right shelf there were shelled eggs in a carton that were out of the cardboard box. The PC stated the eggs should be stored in the original container. 2. On a storage shelf, souffle cups were opened and exposed to air. The RFSD stated the cups should be covered. 3. In refrigerator #2 there were 20 small cups of mixed fruit that were labeled prepared 2/6/25 discard by 2/8/25 on a metal tray. The RFSD stated he is going to discard them as they are not labeled properly. 4. In freezer #4 there were hash brown patties that were opened and covered with plastic wrap. The hash brown patties were not labeled or dated. The RFSD stated he will discard the hash brown patties. 5. In refrigerator # 3 there were florets of broccoli stored in a blue crate in a black bag that was opened to air. There was no label and no date. The RFSD stated that the broccoli should be labeled and dated. 6. In refrigerator #4 an opened case of cranberry juice was not labeled or dated. The RFSD stated the cranberry juice should be labeled and dated. He stated the case was labeled, however when staff opened the case, the label was ripped off. <p>During an interview on 02/14/25 at 10:29 AM, the Food Service Director stated the broccoli should have been labeled and dated. The eggs should have been in a cardboard box. The cranberry juice was labeled and dated however once box was opened the label ripped off.</p> <p>The surveyor reviewed the facility provided policy titled, Sun Cups (juices) with a revision date of 11/3/17 which reflected: all sun cups upon delivery are to be dated.</p> <p>The surveyor reviewed the facility provided policy titled, Labeling and Dating with no date which reflected all leftover perishable and non-perishable food products should be labeled and dated to assure all food is being served in a safe and sanitary manor.</p> <p>The surveyor reviewed the facility provided policy titled, Food Storage, with no date which reflected: 14. Frozen Foods c. All foods should be covered, labeled, and dated.</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The surveyor reviewed the facility provided policy titled, Storage Areas, with no date which reflected that all paper products should be wrapped in original container or tightly wrapped when not in use.</p> <p>NJAC 8:39-17.2(g)</p>		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Dispose of garbage and refuse properly.</p> <p>38680</p> <p>Based on observation and interview, it was determined that the facility failed to provide a sanitary environment by failing to a.) keep the garbage container area free of debris and b.) have a closed cover over the opening the garbage container.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 02/11/25 at 01:09 PM, the surveyor observed the outside garbage area. There were wooden pallets, broken orange plastic pieces, a recliner chair with a rolled-up carpet on top of it, a geriatric chair, a medical glove, a gray container labeled trash, and a commode. These items were not in a container and were in proximity of vehicles. The surveyor observed a green garbage container filled with cardboard boxes. The garbage container was opened on one side exposing the cardboard boxes inside.</p> <p>On 02/12/25 at 11:27 AM, the surveyor observed the garbage area again. There were cardboard boxes spilling out of the garbage container, on the ground, and on top of the half-closed lid.</p> <p>On 02/12/25 at 11:53 AM, the Licensed Nursing Home Administrator (LNHA) stated that the trash is picked up twice per week and if there is overflow then the facility calls the company to pick up.</p> <p>On 02/13/25 at 09:29 AM, the LNHA stated that the garbage and refuse was cleaned up properly. He acknowledged that the cardboard should not have been on the ground and should have been covered.</p> <p>The LNHA stated that the facility did not have a policy that addressed the outside garbage containers.</p> <p>NJAC 8:39-19.7</p>

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>38680</p> <p>Based on observation, interview and record review, it was determined that the facility failed to maintain a complete and readily accessible medical records. This deficient practice was identified for 1 of 29 residents reviewed, Resident #70 and was evidenced by the following:</p> <p>On 02/10/2025 at 11:20 AM, the surveyor observed Resident #70 in bed. Resident #70 states he/she feels great.</p> <p>The surveyor reviewed Resident #70's electronic health record and observed a Physician Order dated 1/29/25: hospice evaluation and treat. There was no other documentation in the electronic health record including the care plans and progress notes regarding hospice.</p> <p>Further review of the medical record revealed the resident was admitted to the facility with diagnoses which included dementia and malnutrition. The 1/8/25 minimum data set, an assessment tool, reflected that this resident was not cognitively intact and was not on hospice.</p> <p>On 02/11/25 at 09:13 AM, the surveyor reviewed the hospice binder and the consultation binder at the nurse station no paperwork for Resident # 70 observed.</p> <p>On 02/12/25 at 01:51 PM, during an interview with the Nurse Manager (NM), she stated that her and the Director of Nursing met with Resident #70's family and the family wanted to pursue hospice. The NM stated that there definitely should have been documentation in the electronic health record. She acknowledged that there was no documentation regarding hospice for this resident.</p> <p>On 02/13/25 at 09:47 AM, during an interview with the Director of Nursing, he stated there should have been documentation in the electronic health record regarding the hospice consult.</p> <p>On 02/13/2025 at 11:59 AM, the surveyor reviewed the electronic medical record and observed nurse's notes dated 02/12/2025 (after surveyor inquiry) regarding a conversation with Resident #70's family regarding hospice.</p> <p>A review of the facility provided policy titled, Medical Records Policy and Procedure, with no date reflected that the medical record shall be available and include at least the following information: consultation reports, if a part of a care plan is not implemented, the record shall explain why.</p> <p>NJAC 8:39-35.2 (d)(5)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>49712</p> <p>Based on observation, interview, record review, and review of pertinent facility documents it was determined that the facility staff failed to use appropriate infection control practices specifically by not following proper technique with personal protective equipment (PPE) on 1 of 3 units observed.</p> <p>The deficient practice was evidenced by the following:</p> <p>On 02/10/2025 at 9:53 AM during initial tour of the facility the surveyor observed a certified nursing assistant (CNA) walk out of resident # 58's room, down the hall to the soiled utility room and back wearing a gown and gloves. The resident's room had an enhanced barrier precautions (a infection control intervention designed to reduce transmission of resistant organisms that employs targeted gown and glove use) sign on the door.</p> <p>A review of Resident #58's electronic medical record revealed a physician's order to maintain enhanced barrier precautions related to a G-tube (a small, flexible tube inserted through the abdominal wall into the stomach).</p> <p>During an interview on 02/13/2025 at 11:02 AM with the surveyor, the Licensed Practical Nurse (LPN)#1 said that gowns should be removed before leaving the resident's room.</p> <p>During an interview on 02/13/2025 at 11:10 AM with the surveyor, the CNA # 1 said you should not leave the room with a gown on, and that it should be removed before leaving the room.</p> <p>During an interview on 02/13/2025 at 11:16 AM with the surveyor, the Infection control preventionist said, they had just had an in-service on wearing gowns in the hallway and that they should be removed before leaving the residents room and placed in the covered trash cans due to infection control.</p> <p>A review of a facility provided policy titled Enhanced Barrier Precautions revised on 02/04/2025, revealed under Procedure that, Solid linen and trash bins will be placed inside the resident room and near the exit for discarding PPE after removal, prior to exit of the room .</p> <p>N.J.A.C. 8:39-19.4(c)</p>