STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315179	A. Building B. Wing	10/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Autumn Lake Healthcare at Oceanview	2721 Route 9 Ocean View, NJ 08230

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. (continued on next page)

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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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Complaint # 2649488, 2597199Based on interviews, medical record review and review of pertinent facility documents on 10/30/2025 it was determined that the facility failed to: a.) complete a thorough investigation of an injury of unknown origin by ruling out abuse and neglect; b.) ensure it reported an injury of unknown origin to the New Jersey Department of Health.This deficient practice occurred for 1 of 3 residents reviewed for accidents and injuries (Resident #1). This deficient practice is evidenced by the following:A review of the admission Record (an admission summary) reflected that Resident #1 was admitted to the facility on [DATE] with diagnoses that included but were not limited to; Dementia (poor blood flow that causes memory and thinking problems) and cerebral infarction (lack of blood and oxygen to the brain that causes damage).A review of the admission Minimum Data Set, an assessment tool dated 09/23/2025, reflected that Resident #1 had a Brief Interview for Mental Status score (BIMS) of 00 out of 15, indicating that the resident was severely cognitively impaired. A review of a facility document labeled #2127 Bruise, Date: 10/18/2025, 12:07 revealed under Notes a 10/20/2025 entry; Alert Note -- On 10/18/25 at approx 10:45am [Resident #1] was observed with swelling and discoloration to the right hand, fourth finger. [Resident #1] unable to state what happened. Prior to incident, noted documentation of [Resident #1] becoming physically aggressive with staff during care. [Resident #1] was hitting and scratching the staff. [Resident #1] has a history of resisting care and combative behaviors. Risperdal was titrated on 10/15. MD made aware of bruising and swelling. PRN Tylenol administered for pain. X-ray of right hand ordered to r/o (rule out) fracture or dislocation. POA (Power of Attorney).made aware of incident. The document further revealed under Notes a 10/25/2025 entry, In conclusion, [Resident #1] did obtain a fracture to the fourth middle phalanx on [their] right hand due to combative behavior with care that was noted previously.A review of Resident #1's Weekly Skin Evaluation - V3 with an Effective Date: 10/18/2025 12:23 revealed under 4. Integrity .Description .Right hand ringer finger bruise/swelling.A review of Resident #1's Radiology Results Report with an Examination Date: 10/19/2025 18:19 revealed under INTERPRETATION: .IMPRESSION: .Fracture at the base of the fourth middle phalanx with impaction.A review of Resident #1's Order Summary Report (OSR) with active orders as of 10/30/2025 revealed an order for ortho (orthopedic) consult with dr [NAME] dated 10/20/2025.A review of Resident #1's Progress Notes (PNs) dated 10/20/2025 at 6:25 A.M. revealed, There is a fracture at the base of the fourth middle phalanx [Doctor] notified. Awaiting return response. A PN dated 10/20/2025 at 11:20 A.M. revealed orders obtained consult dr [NAME] ortho. A PN dated 10/22/2025 at 2:26 P.M. revealed, New orders from Ortho appointment boxer splint on buddy tape may remove for hygiene.A review of Resident #1's Care Plan (CP) revealed a focus, with an initiation date of 10/19/2025, of [Resident #1] has a fracture at the base of the fourth middle phalanx with impaction d/t (due to) combative/aggressive behaviors, arthritis, osteoporosis, and narrowing of the joint.A review of a facility provided document titled REPORTABLE EVENT RECORD/REPORT dated 10/21/2025 revealed under Today's Date 10/21/2025 and under Narrative: 3) that the physician, power of attorney and the ombudsman were notified.In a 10/30/2025 interview at 10:11 A.M. Certified Nursing Assistant #1 (CNA #1) stated she provided care to Resident #1 on 10/17/25 during the 3 P. M. to 11P.M. shift, specifically around 7P.M. She further stated that she and another CNA changed Resident #1 for bed. CNA #1 stated nothing was wrong with her hand on the 17th.In a 10/30/2025 interview at 11:23 A. M., Licensed Practical Nurse #1 (LPN #1) stated that CNA #2 came to her on 10/18/2025 and reported Resident #1's finger on their right hand had a bruise. LPN #1 further stated that when she saw Resident #1's hand just the tip was bruised but as the day went on the hand became bruised.In a 10/30/2025 interview at 11:44 A.M., when questioned about the reporting of the injury of unknown origin, the Director of Nursing (DON) stated, Well [Resident #1] is combative with care. I believe it was when they were getting her dressed. Probably the 3-11 shift, mostly because at that time before bed [Resident #1] was much more aggressive. The surveyor asked if the injury of unknown origin was reported to the New Jersey Department of Health and the DON replied, No we did not report to the state because it's not necessarily unknown origin because [Resident #1] was noted in PCC (Point Click Care the electronic medical record) to be more combative at that time. We assumed it was from this changing. She further stated, For us it wasn't of unknown origin.In an 10/30/2025 interview at 3:34 P.M., with the DON and the Licensed Nursing Home Administrator (LNHA), the DON stated Resident #1 had signs and symptoms of a potential injury on 10/18/2025 and that during the investigation she did not check other residents on the same unit or assignment for injuries to rule out abuse