

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315206	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/31/2024
NAME OF PROVIDER OR SUPPLIER Manahawkin Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1211 Rt 72 West Manahawkin, NJ 08050	

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 0773</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results.</p> <p>49509</p> <p>Based on interviews, record reviews, and policy reviews on 10/31/2024, the facility failed to notify the Physician of laboratory results for 1 of 3 Resident (Resident #3.) reviewed for laboratory services. Specifically, the facility failed to notify the Physician of Resident#3 of the abnormal urinalysis results.</p> <p>The Surveyor reviewed the Electronic Medical Record (EMR) was as follows:</p> <p>According to the Admission Face Sheet Resident #3 was admitted to the facility with diagnoses which included but not limited to: Acute Kidney Failure and Acute Ethmoidal Sinusitis.</p> <p>A review of the Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated 08/23/2024 showed a Brief Interview for Mental Status score of 15. This indicated that resident #3's cognition was intact.</p> <p>On 10/31/2024 at 10:20 AM, the Surveyor interviewed Unit Manager LPN (UM) who informed the Surveyor that urine specimen for Resident #3 was collected on 10/17/2024, The results were received by the facility on 10/18/2024. Resident #3 was started on antibiotic on 10/24/2024. UM stated the lab report was faxed to the front desk and secretary gives the labs slip to the nurses. Once the nurses' receive the lab slip results, the Physician should be notified on the same day and documented in the progress notes. At that time, the UM acknowledged that there was no documented evidence in Resident #3's EMR that the Physician was made aware of the abnormal urinalysis result on 10/18/2024.</p> <p>On 10/31/2024 at 1:44 PM, The surveyor interviewed and reviewed medical records with The Director of Nurses (DON) who confirmed that a urine specimen was collected for Resident #3 on 10/17/2024 with results received by the facility on 10/18/2024. Lab was not reviewed or reported to the physician. The Surveyor reviewed the progress notes with the DON who confirmed there is no documented evidence staff reported lab result for Resident #3 to Physician on.</p> <p>During an interview on 11/4/2024 at 1:45 PM, the Physician stated that he ordered a urinalysis for Resident on 10/17/2024. The Physician confirmed that the staff had not notified him of the results. The Physician was reviewing labs slips on 10/24/2024 and found that Resident #3 had abnormal urinalysis results. The Physician notified the Director of Nursing that same day and provided an order for antibiotic. The Physician stated that the protocol was for the nurse on duty at the facility to call him with any abnormal lab results promptly , and then he would provide an order.</p> <p>(continued on next page)</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 0773</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility's policy titled, Physician, Physician Assistant, Nurse Practitioner or Clinical Nurse Specialist Lab Notification,"</p> <p>revised October,2022, revealed, . It is the policy of this facility to timely notify the physician, physician assistant, nurse practitioner or clinical nurse specialist of lab results.</p> <p>Definitions: Promptly means that results shall be relayed with little or no delay to the ordering physician, physician assistant, nurse practitioner, or clinical nurse specialist.</p> <p>NJAC 8:39-13.1(d)</p>