

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315218	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2024
NAME OF PROVIDER OR SUPPLIER Seacrest Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1001 Center St Little Egg Harbor Tw, NJ 08087	

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 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38079</p> <p>Based on observation, interview, record review, and review of pertinent facility documentation, it was determined that the facility failed to identify, document, and transmit on the Minimum Data Set (MDS) an assessment tool used to facility resident care, a resident's diagnosis of skin cancer. This deficient practice was identified for 1 of 27 residents (Resident # 72) reviewed for MDS.</p> <p>This deficient practice was evidenced as follows:</p> <p>On 07/29/2024 at 9:47 AM, the surveyor observed Resident #72 self-propelling in their wheelchair (w/c) around the third-floor unit. The surveyor observed the resident had multiple red sores on their face.</p> <p>On 07/31/2024 at 12:52 PM, the Licensed Practical Nurse (LPN) stated that Resident # 72's sores were skin cancer lesions. The LPN further stated that the resident had this diagnosis and sores for three years.</p> <p>A review of the Admission Record documented diagnoses which included but were not limited to; dementia, rosacea (chronic skin condition that causes redness, flushing, bumps, and visible blood vessels on the face), personal history of malignant melanoma of the skin dated 10/21/2021, and unspecified skin changes. A review of the resident-centered, on-going care plan included a focus area of impaired skin integrity r/t (related to) skin lesions and dermatitis r/t skin cancer.</p> <p>A review of the Annual MDS dated [DATE], included Section M1040 D. Open lesion(s) other than ulcers, rashes, cuts (e.g. cancer lesions) and had a documented response of No. A review of the Weekly Skin Check dated 12/19/2023, within the 7 day look back period of the Annual MDS, documented Resident # 72 had open lesion other than ulcer to the face and right ear.</p> <p>A review of the MDS dated [DATE], included Section M1040 D. Open lesion(s) other than ulcers, rashes, cuts (e.g. cancer lesions) and had a documented response of No. A review of the Weekly Skin Check dated 01/31/2024, within the 7 day look back period of the MDS, documented Resident # 72 had an open lesion other than ulcer skin cancer lesion to ear.</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 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the MDS dated [DATE], included Section M1040 D. Open lesion(s) other than ulcers, rashes, cuts (e.g. cancer lesions) and had a documented response of No. A review of the Weekly Skin Check dated 07/09/2024, within the 7 day look back period of the MDS, documented Resident # 72 had an open lesion other than ulcer of the left ear.</p> <p>On 08/01/24 at 8:38 AM, during an interview with the surveyor, the MDS Coordinator stated that she would obtain her resident information from areas such as the progress notes, the staff, the medication and treatment administration records, and skin checks. She further stated that skin cancer on the face should have been documented on the MDS to reflect accurate care of the resident.</p> <p>A review of the facility provided MDS Coordinator Job Description undated, included but was not limited to; Purpose . to conduct and coordinate the development and completion of the resident assessment in accordance with the requirements of this state and the policies and goals of this Center. Care Plan and Assessment Function included but was not limited to; ensure all members of the assessment team are aware of the importance of completeness and accuracy .</p> <p>On 08/01/2024 at 8:30 AM, the above concern was presented to the facility administrative team.</p> <p>On 08/02/2024 at 9:47 AM, the administrative team acknowledged the concerns with the MDS accuracy but had no additional information to provide regarding Resident # 72.</p> <p>NJAC 8:39-11.1, 11.2</p>		

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<p>F 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>38079</p> <p>Based on interview, record review, and review of facility documentation, it was determined that the facility failed to complete and transmit a death in facility Minimum Data Set (MDS) an assessment tool, for 1 of 1 resident (Resident # 16) reviewed for MDS record over 120 days old. The deficient practice was evidenced by the following:</p> <p>A review of the Admission Record revealed Resident # 16 was admitted with diagnoses which included but were not limited to; hypertension (elevated blood pressure) and atherosclerotic heart disease (a build up of fats in the walls of the arteries causing narrowing). A review of the progress notes revealed a note dated 05/21/2024 at 16:24 (4:24 PM), the resident was noted sitting in their wheelchair and was nonresponsive. The resident was taken to their room and was noted without a pulse and no respirations. Resident # 16's code status request was for no resuscitation and no hospitalization . The resident was pronounced dead at 4:15 PM.</p> <p>A review of the MDS' revealed that there was no MDS completed or transmitted to depict Resident # 16's death in the facility.</p> <p>On 08/01/24 at 8:35 AM, during an interview with the surveyor, the MDS Coordinator was asked about Resident # 16's death in the facility. The MDS Coordinator acknowledged it had not been completed or transmitted but should have been completed and transmitted timely. The MDS Coordinator stated it was important to keep the resident information accurate.</p> <p>A review of the facility provided MDS Coordinator Job Description undated, included but was not limited to; Purpose The primary purpose of your job position is to conduct and coordinate the development and completion of the resident assessment in accordance with the requirements of this state and the policies and goals of this Center. Care Plan and Assessment Function ensure that a complete resident assessment is conducted within fourteen days of a significant change in the resident's condition.</p> <p>A review of the facility provided policy, MDS Completion and Submission Timeframes revised October 2023, included but was not limited to; Our facility will conduct and submit resident assessments in accordance with current federal and state submission timeframes. 1. The assessment coordinator or designee is responsible for ensuring that resident assessments are submitted . in accordance with current federal and state guidelines.</p> <p>On 08/01/2024 at 12:30 PM, the above concern was addressed with the facility administrative team. The facility had no additional information to provide.</p> <p>NJAC 8:39-11.2</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>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>43936</p> <p>Based on observation, interview, record review, and review of pertinent facility documentation it was determined that the facility failed to provide treatment and care to address the resident's positioning needs that were in accordance with professional standards of practice that were based on the comprehensive assessment, person-centered care plan and the resident's choice. The deficient practice was identified for 1 of 4 residents reviewed for Position and Mobility.</p> <p>The deficient practice was evidenced by the following:</p> <p>On 07/29/2024 at 10:30 AM during the initial tour, the surveyor observed Resident # 115 in the hallway in his/her wheelchair. He/she had a white, leg splint observed on his/her left leg. The splint was located outside of his/her pants.</p> <p>On 07/30/2024 at 11:57 AM, the surveyor observed Resident # 115 in the hallway in his/her wheelchair. He/she had a white, leg splint observed on his/her left leg. The splint was located outside of his/her pants.</p> <p>On the same date at 12:45 PM, the surveyor observed Resident # 115 in his/her wheelchair in the day room eating lunch. He/she had the white, leg splint observed near the left ankle. The splint was located outside of his/her pants.</p> <p>A review of the physician's orders located in Resident # 115's Electronic Medical Record (EMR) did not reveal an order for Resident # 115 to wear a splint.</p> <p>A review of Resident # 115's diagnoses located in the EMR revealed that he/she had diagnoses of but not limited to cerebral vascular accident (stroke) and hemiplegia (unspecified affecting left nondominant side (paralysis on one side of the body).</p> <p>A review of Resident # 115's Care Plan located in the EMR revealed that he/she did not have a care plan focus or intervention for the splint.</p> <p>On 07/30/2024 at 1:26 PM during an interview with the surveyor, Licensed Practical Nurse (LPN) # 1 said that Resident # 115 chooses to wear the splint on his leg. She said that it was from a prior hospital admission.</p> <p>Another review of Resident # 115's Care Plan revealed a new intervention that revealed, I wear a brace to the left lower leg when out of bed. The intervention was initiated on 07/30/2024 after the surveyor's original review of the Care Plan.</p> <p>Another review of Resident # 115's physician's orders revealed a new order that revealed, Apply left leg brace in the morning and remove in the evening every day and evening shift. The order was added on 07/30/2024 at 20:31 (8:31 PM).</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 07/31/2024 at 9:32 AM during an interview with the surveyor, Unit Manager Licensed Practical Nurse (UMLPN) # 1 replied, No, I have no reason. Going through the chart, it was on [his/her] chart from the previous stay and I do know he wears it. when the surveyor asked if there was a reason the order and care plan were input yesterday. The UMLPN # 1 replied, The day he arrived. One hundred percent. when the surveyor asked when the brace should have been ordered and care planned.</p> <p>On 08/01/2024 at 12:29 PM during an interview with the Director of Nursing (DON), the surveyor asked if a resident entered the facility and chose to use a leg splint or brace, should there be an order and care plan for it. The DON replied, Yes. Further, the surveyor asked when the order and care plan should be initiated. The DON replied, Upon arrival of the brace. It should be care planned and an order to be put in.</p> <p>A review of the facility policy titled, Care Plans, Comprehensive Person-Centered with a revised date of March 2022 revealed under, Policy Interpretation and Implementation that, 2. The comprehensive, person-centered care plan is developed within seven (7) days of the completion of the required MDS assessment (Admission, Annual or Significant Change in Status), and no more than 21 days after admission.</p> <p>A review of the facility policy titled, Range of Motion (ROM) Devices dated March 2022 revealed under Procedure that, 2. When a ROM device is to be utilized, the primary physician or consulting physician will provide orders specifying the type of device, the frequency of application, and the duration of application. a. If applicable, the physician's order will specify the don and doff times for the deice to be applied and removed. and 6. The resident's care plan will include measurable goals and objectives as well as resident-specific interventions for the use of ROM devices.</p> <p>NJAC S 8:39-27.1 (a)</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 observation, interview, record review and review of pertinent facility documentation it was determined that the facility failed to provide appropriate and sufficient care based upon current standards of practice and the resident's care plan by specifically having a urinary catheter drainage bag in contact with the floor and unsecured to the bed frame and failing to document urinary outputs on the treatment administration record (TAR) as ordered. The deficient practice was identified for 1 of 1 residents (Resident #73) investigated for Urinary Catheter or UTI (Urinary Tract Infection).</p> <p>The deficient practice was evidenced by the following:</p> <p>A review of Resident # 73's Minimum Data Set, an assessment tool dated 7/12/2024 located in the Electronic Medical Record revealed he/she had an indwelling urinary catheter.</p> <p>A review of Resident # 73's Electronic Medical Record (EMR) revealed that he/she was diagnosed with but not limited to muscle wasting and atrophy and urinary tract infection.</p> <p>A review of Resident # 73's physician's orders located in the EMR revealed that he/she had orders to measure urinary outputs.</p> <p>A review of Resident # 73's Care Plan located in the EMR revealed a focus that Resident # 73 had an indwelling urinary catheter related to retention initiated on 07/11/2024. The focus revealed an intervention to, Monitor/record/report PRN [as needed] s/sx [signs and symptoms] UTI [Urinary Tract Infection]: pain, burning, blood tinged urine, cloudiness, no output . The intervention was initiated on 07/11/2024.</p> <p>A review of Resident # 73's Treatment Administration Record located in the EMR revealed an order to measure urinary output every shift, document output in mls [milliliters]. The order had a start date of 07/11/2024. The following dates and times were blank revealing no urinary output in milliliters:</p> <p>7/12/24 - Night</p> <p>7/13/24 - Evening, Night</p> <p>7/15/24 - Night</p> <p>7/18/24 - Evening</p> <p>7/19/24 - Night</p> <p>7/20/24 - Evening</p> <p>7/22/24 - Evening</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>7/26/24 - Night</p> <p>7/29/24 - Night</p> <p>On 07/30/2024 at 8:25 AM while touring the unit, the surveyor observed Resident # 73 in bed. At that time, the surveyor observed the urinary catheter drainage bag in contact with the floor. The plastic securement hook was not attached to the bed frame.</p> <p>On 08/01/2024 at 12:29 PM, during an interview with the Director of Nursing (DON), the surveyor asked if a resident had an indwelling urinary catheter, how should the drainage bag be secured when the resident is in bed. The DON replied, .It should be hooked to the non-moveable portion of the bed. Further, the surveyor asked should the drainage bag be in contact with the floor. The DON replied, No. Lastly, the surveyor asked if a resident has an order to measure urinary outputs, would you consider it administered if the Treatment Administration Record is blank. The DON replied, No.</p> <p>A review of the facility policy titled, Catheter Care, Urinary revised August 2022 revealed under Infection Control that, 2. Be sure the catheter tubing and drainage bag are kept off the floor. Also, the policy revealed under, Input/Output that, 2. Follow the facility procedure for measuring and documenting input and output.</p> <p>NJAC S 8:39-27.1 (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 - Few</p>	<p>38079</p> <p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>Based on observation, interview, record review and review of facility documentation, it was determined that the facility failed to ensure a resident's oxygen delivery system was stored to protect it from the environment. This deficient practice was identified for 1 of 2 residents (Resident #118) reviewed for oxygen use and was evidenced as follows.</p> <p>On 07/29/2024 at 10:29 AM, the surveyor observed Resident #118 in a high back wheelchair (w/c) in the third-floor unit day room. Resident #118 had a portable oxygen tank on the back of the w/c and was wearing a nasal cannula (n/c) as an oxygen delivery system.</p> <p>On 07/30/2024 at 12:49 PM, the surveyor observed Resident #118 again in the third-floor unit day room. Resident #118 was not wearing a n/c. The surveyor observed the back of the w/c with the portable oxygen tank. The oxygen tubing and n/c delivery system were wrapped around the top of the portable oxygen tank. The n/c was exposed to the environment and not in any protective container.</p> <p>A review of the electronic medical record (EMR) for Resident #118 revealed an Admission Record with diagnoses which included but were not limited to; Chronic Obstructive Pulmonary Disease (COPD - a group of persistent respiratory symptoms that damage the lungs), Dementia, and pneumonia. A review of the Admission Minimum Data Set (MDS) an assessment tool used to facilitate resident care dated 07/05/2024, documented the resident scored 09 out of 15 on the Brief Interview for Mental Status (BIMS) which indicated the resident had moderate cognitive impairment. The MDS further revealed that Resident #118 used oxygen therapy. The Order Summary Report revealed a physician's order dated 07/12/2024, for Oxygen at 2 L (liters)/ Minute via Nasal Cannula as needed for SOB (shortness of breath) or SP02 (peripheral capillary oxygen saturation) of 92 percent or below as needed. A review of the resident-centered, on-going resident Care Plan included a focus area of altered respiratory status . and included an intervention to administer respiratory treatments.</p> <p>On 07/31/2024 at 10:12 AM, the surveyor observed Resident #118 in the third-floor unit day room. The resident was wearing the n/c oxygen delivery system, but the oxygen concentration was set at 0.5 L/minute. The Registered Nurse Unit Manager (RN UM) was at the nurse's desk and was asked to come and observe the oxygen. The RN UM acknowledged that the oxygen tanks was set at the wrong concentration and also observed there was something wrong with the portable oxygen tank. The RN UM removed the n/c from the resident. The resident took the n/c and placed it under their w/c cushion. The portable oxygen tank was changed for a new one. At that time, the RN UM was asked about how the n/c should be stored when not in use. The RN UM stated that the n/c should be kept in a plastic bag to protect it from getting dirty. The surveyor showed the RN UM the n/c not in a protective bag on 07/30/2024. The RN UM acknowledged that was not the correct way to store the n/c.</p> <p>A review of the facility provided policy, Oxygen & Nebulizer Use-Infection Control adopted August 2021, included but was not limited to; Purpose. The purpose of this procedure is to guide prevention of infection associated with oxygen administration. Steps in the Procedure . 8. Keep the oxygen cannula and tubing used PRN (as needed) in a plastic bag when not in use.</p> <p>(continued on next page)</p>		

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 08/01/2024 at 12:30 PM, the above information was provided to the Director of Nursing (DON) and the Licensed Nursing Home Administrator (LNHA). No additional information was provided by the facility. NJAC 8:39-19.4(c), 27.1(a)		

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<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident must receive and the facility must provide necessary behavioral health care and services.</p> <p>38079</p> <p>Based on observation, record review, and review of pertinent facility documentation, it was determined that the facility failed to consistently monitor and document behaviors of residents on psychotropic medications per the physician's orders and the resident-centered Care Plan. This deficient practice was identified for 2 of 7 residents (Resident # 105 and # 117) reviewed for behaviors and was evidenced by the following:</p> <p>1.) On 07/29/24 at 10:13 AM, the surveyor observed Resident # 105 in the third-floor unit day room. Resident # 105 was holding a blanket; their eyes were closed, and the resident did not respond to the surveyor when the surveyor greeted the resident.</p> <p>On 08/01/24 at 8:12 AM, the Certified Nursing Assistant (CNA) stated she did care for Resident # 105 too often and was not sure of the resident's behaviors.</p> <p>On 08/01/24 at 8:18 AM, the Registered Nurse Unit Manager (RN UM) stated Resident #105 had behaviors of verbally yelling at staff during care. She stated the resident would have behavior charting documented every shift and was seen by psychiatry. The RN UM stated there should never be blank areas on any Medication Administration Record (MAR) or Treatment Administration Record (TAR).</p> <p>A review of the Admission Record revealed that Resident # 105 was admitted with diagnoses which included but were not limited to; delusional disorders, depression, unspecified mood disorder, and dementia. A review of the Order Summary Report active orders as of 08/01/2024, included but were not limited to; an order dated 03/06/2024, for Depakote Sprinkles 125 mg (milligram) give 2 capsules by mouth two times a day related to unspecified mood disorder; dated 02/28/2024, for Escitalopram 10 mg give 1 tablet by mouth one time a day for depression; dated 04/26/2024, Seroquel 25 mg give 1 tablet by mouth at bedtime for unspecified mood disorder. There was an order dated 07/12/2024, Behaviors/Intervention monitor for paranoia, delusions, restlessness, sleeplessness, withdrawal with intervention codes may include . 1. Redirection 2. Direct supervision 3. Activity 4. Toilet 5. Food/fluid offered 6. Position change 7. Other intervention (specify in progress notes) 8. Medication every shift for behavior management.</p> <p>A review of the resident-centered, on-going care plan included but was not limited to the following:</p> <p>A focus area for the use of anti-anxiety medication, initiated 04/21/2023 with an intervention to observe for effectiveness and side effects initiated 04/21/2023.</p> <p>A focus area for the use of anti-depressant medication, initiated 02/28/2024 with interventions to observe for effectiveness and side effects, and to monitor/document/report to physician ongoing s/sx (signs/symptoms) of depression unaltered by antidepressant medication, or worsening s/sx of depression initiated 02/28/2024.</p> <p>(continued on next page)</p>		

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<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A focus area for the use of anti-psychotic medication r/t (related to) behavior management, depression, initiated 03/03/2024 with interventions to observe for effectiveness and side effects, and to report to nurse possible medication side effects . initiated 03/03/2024.</p> <p>A focus area of being resistive to care related to anxiety, dementia, initiated 03/05/2024 with interventions to allow the resident to make decisions initiated 03/05/2024; encourage participation initiated 03/05/2024; provide consistency in care initiated 03/05/2024; and to provide 1:1 emotional support when needed initiated 03/14/2024.</p> <p>A review of the TARs revealed the following:</p> <p>Dated March 2024, an order dated 03/03/2024, Monitor for changes in behaviors every shift. The TAR revealed two blank areas where monitoring was not documented as being completed.</p> <p>Dated April 2024, Monitor for changes in behaviors every shift. The TAR revealed one blank area where monitoring was not documented as being completed.</p> <p>Dated June 2024, Monitor for changes in behaviors every shift. The TAR revealed three blank areas and two shifts marked NO which indicated the monitoring was not documented as being completed. The TAR legend and codes did not include NO.</p> <p>Dated July 2024, Behaviors/Intervention monitor for paranoia, delusions, restlessness, sleeplessness, withdrawal and include intervention codes. Five shifts documented behaviors but failed to document any interventions. Nine shift documented X which indicated the monitoring was not documented as being completed. The TAR did not list X in the codes or legends.</p> <p>2.) On 07/30/24 at 9:52 AM, the surveyor observed Resident # 117 in the third-floor unit day room holding a stuffed dog and having the dog jump on the table. The resident smiled when the surveyor spoke to them but did not respond.</p> <p>On 07/31/24 at 10:18 AM, the surveyor observed Resident # 117 in the day room sitting in a wheelchair at a table with other residents. The CNA was assisting the resident with looking at pictures. The CNA stated that the resident was easy to redirect when they get upset and likes to keep the stuffed dog with them.</p> <p>A review of the Admission Record revealed Resident # 117 had diagnoses which included but were not limited to; major depressive disorder, mood disorder, anxiety, and dementia. A review of the Order Summary Report included an order dated 06/12/2024, Clonazepam 0.5 mg related to anxiety; dated 11/15/2023, Escitalopram 10 mg for depression; and dated 06/05/2024, Quetiapine 50 mg related to mood disorder. There was an order dated 02/22/2024, Behaviors/Intervention Monitor for (verbal or physical agitation) ie: screaming, calling out, combativeness; Intervention Codes . 1. Redirection 2. Direct supervision 3. Activity 4. Toilet 5. Food/fluid offered 6. Position change 7. Other intervention (specify in progress notes) 8. Medication every shift for behavior management.</p> <p>A review of the resident-centered, on-going care plan included the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315218	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2024
NAME OF PROVIDER OR SUPPLIER Seacrest Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1001 Center St Little Egg Harbor Tw, NJ 08087	
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 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A focus area for the use of anti-depressant medication, initiated 11/15/2023 with interventions observe for effectiveness and side effects, monitor/document/report to physician ongoing s/sx of depression unaltered by antidepressant medication, or worsening s/sx of depression, and report to nurse possible medication side effects initiated 11/15/2023.</p> <p>A focus area for use of anti-psychotic medication r/t behavior management, initiated 02/19/2024 with interventions to observe for effectiveness and side effects, and report to the nurse possible medication side effects initiated 02/19/2024.</p> <p>A focus area of having the potential to demonstrate verbally abusive behaviors related to Dementia, . poor impulse control, and will interfere in other residents personal space, initiated 02/22/2024. Interventions included intervene before agitation escalates, guide away from source of distress, engage in conversation, if resident is still aggressive, approach later , initiated 02/22/2024.</p> <p>A focus area for use of anti-anxiety medication r/t anxiety disorder, initiated 02/19/2024 with interventions to observe for effectiveness and side effects, offer to have someone sit with resident when anxious, provide quiet space and reduced stimuli, and report to nurse possible medication side effects initiated 02/19/2024.</p> <p>A review of the TARs revealed Behaviors/Intervention monitor for (Verbal or Physical Agitation) ie: screaming, calling out, combativeness with Intervention Codes . 1. Redirection 2. Direct supervision 3. Activity 4. Toilet 5. Food/fluid offered 6. Position change 7. Other intervention (specify in progress notes) 8. Medication every shift for behavior management. The TARs documented the following:</p> <p>Dated March 2024, 36 shifts left blank where monitoring was not completed. One shift marked N where monitoring was not completed. Two shifts marked X where monitoring was not completed. The TAR legend and codes did not include X or N for the # (number) of behaviors exhibited.</p> <p>Dated April 2024, 39 shifts left blank where monitoring was not completed. Four shifts marked X where monitoring was not completed. The TAR legend and codes did not include X.</p> <p>Dated May 2024, 44 shifts left blank where monitoring was not completed. Ten shifts marked X or N where monitoring was not completed. The TAR legend and codes did not include X or N for the # of behaviors exhibited.</p> <p>Dated June 2024, 41 shifts left blank where monitoring was not completed. Four shifts marked X or N where monitoring was not completed. The TAR legend and codes did not include X or N for the # of behaviors exhibited.</p> <p>Dated July 2024, 11 shifts left blank where monitoring was not completed. Eight shifts marked X where monitoring was not completed. The TAR legend and codes did not include X.</p> <p>On 08/01/24 at 8:47 AM, the Director of Nursing (DON) stated behavior monitoring was completed and documented on every shift. She stated that there should not be any blank areas because that indicates it was not done.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Seacrest Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1001 Center St Little Egg Harbor Tw, NJ 08087	
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<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 08/02/24 at 10:42 AM, the Assistant Director of Nursing (ADON) reviewed the TARS with the surveyor. The ADON acknowledged that X means it was not done. The ADON further stated that the documentation on the TARs should have been done according to the code on the orders and not an X.</p> <p>A review of the facility provided policy, Charting and Documentation revised July 2017, included but was not limited to; Policy Statement The medical record should facilitate communication between the interdisciplinary team regarding the resident's condition and response to care. Policy Interpretation and Implementation 6. To ensure consistency in charting and documentation of the resident's clinical record, only facility approved abbreviations and symbols may be used when recording entries in the resident's clinical records.</p> <p>A review of the facility provided policy, Behavioral Assessment, Intervention and Monitoring revised March 2019, included but was not limited to; Policy Statement 2. Behavioral symptoms will be identified using facility-approved behavioral screening tools and the comprehensive assessment. 5. Residents will have minimal complications associated with the management of altered or impaired behavior. Assessment 2. As part of the comprehensive assessment, staff evaluate . a. the resident's usual patterns of cognition, mood and behavior; c. the resident's typical or past responses to stress, fatigue, fear, anxiety, frustration and other triggers. 3. The nursing staff will identify, document, and inform the physician about specific details regarding changes in an individual's mental status, behavior, and cognition . 4. New onset or changes in behavior will be documented regardless of the degree of risk to the resident or others. Causes Identification 1. The interdisciplinary team will thoroughly evaluate new or changing behavioral symptoms in order to identify underlying causes and address any modifiable factors that may have contributed to the resident's change in condition . Management 10. When medications are prescribed for behavioral symptoms, documentation will include: . h. monitoring for efficacy and adverse consequences .</p> <p>NJAC 8:39-27.1(a)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>38079</p> <p>Based on observation, interview, record review, and review of pertinent facility documentation, it was determined that the facility failed to monitor and document potential side effects of psychotropic medications per physician's orders and the resident-centered Care Plan. This deficient practice was identified for 2 of 5 residents (Resident # 105 and # 117) reviewed for unnecessary medications and was evidenced by the following:</p> <p>1.) On 07/29/24 at 10:13 AM, the surveyor observed Resident # 105 in the third-floor unit day room. Resident # 105 was holding a blanket; their eyes were closed, and the resident did not respond to the surveyor when the surveyor greeted the resident.</p> <p>A review of the Admission Record revealed that Resident # 105 was admitted with diagnoses which included but were not limited to; delusional disorders, depression, unspecified mood disorder, and dementia. A review of the Order Summary Report active orders as of 08/01/2024, included but were not limited to; an order dated 03/06/2024, for Depakote Sprinkles 125 mg (milligram) give 2 capsules by mouth two times a day related to unspecified mood disorder; dated 02/28/2024, for Escitalopram 10 mg give 1 tablet by mouth one time a day for depression; dated 04/26/2024, Seroquel 25 mg give 1 tablet by mouth at bedtime for unspecified mood disorder. There were orders dated 03/03/2024 to monitor for the following side effects:</p> <p>Anti-anxiety medications every shift which may include . sedation, drowsiness, ataxia, dizziness, nausea, vomiting, confusion, headache, blurred vision, skin rash, other (specify in progress notes) every shift side effect codes Y=yes, N=no.</p> <p>Anti-depressant medications every shift which may include . sedation, drowsiness, dry mouth, blurred vision, urinary retention, tachycardia (increased heart rate), muscle tremors, agitation, headache, skin rash, weight gain, other (specify in progress notes) every shift side effect codes Y=yes, N=no.</p> <p>Anti-psychotic medications every shift which may include . sedation, drowsiness, dry mouth, constipation, blurred vision, extrapyramidal reaction (drug induced movements), weight gain, edema (swelling), postural hypotension (low blood pressure), sweating, loss of appetite, urinary retention, other (specify in progress notes) every shift side effect codes Y=yes, N=no.</p> <p>A review of the resident-centered, on-going care plan included but was not limited to the following:</p> <p>A focus area for the use of anti-anxiety medication initiated 04/21/2023, with an intervention to observe for effectiveness and side effects initiated 04/21/2023.</p> <p>A focus area for the use of anti-depressant medication initiated 02/28/2024 with an intervention to observe for effectiveness and side effects initiated 02/28/2024.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Seacrest Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1001 Center St Little Egg Harbor Tw, NJ 08087	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A focus area for the use of anti-psychotic medication r/t (related to) behavior management initiated 03/03/2024, depression with interventions to observe for effectiveness and side effects, and to report to nurse possible medication side effects . initiated 03/03/2024.</p> <p>A review of the Treatment Administration Records (TAR) revealed the following:</p> <p>Dated March 2024, the side effect monitoring of the anti-anxiety medication revealed 48 shifts were left blank and 13 shifts documented SE (side effects) as X. The side effect monitoring of the anti-depressant medication revealed 48 shifts were left blank and 13 shifts documented SE as X. The side effect monitoring of the anti-psychotic medication revealed 48 shifts were left blank and 13 shifts documented SE as X. The TAR legend and chart codes did not list X as an abbreviation for documentation.</p> <p>Dated April 2024, the side effect monitoring of the anti-anxiety medication revealed 40 shifts were left blank and 5 shifts documented SE (side effects) as X. The side effect monitoring of the anti-depressant medication revealed 40 shifts were left blank and 5 shifts documented SE as X. The side effect monitoring of the anti-psychotic medication revealed 40 shifts were left blank and 4 shifts documented SE as X. The TAR legend and chart codes did not list X as an abbreviation for documentation.</p> <p>Dated May 2024, the side effect monitoring of the anti-anxiety medication revealed 44 shifts were left blank and 5 shifts documented SE (side effects) as X. The side effect monitoring of the anti-depressant medication revealed 44 shifts were left blank and 2 shifts documented SE as X. The side effect monitoring of the anti-psychotic medication revealed 44 shifts were left blank and 2 shifts documented SE as X. The TAR legend and chart codes did not list X as an abbreviation for documentation.</p> <p>Dated June 2024, the side effect monitoring of the anti-anxiety medication revealed 41 shifts were left blank and 2 shifts documented SE (side effects) as X. The side effect monitoring of the anti-depressant medication revealed 41 shifts were left blank and 2 shifts documented SE as X. The side effect monitoring of the anti-psychotic medication revealed 41 shifts were left blank and 2 shifts documented SE as X. The TAR legend and chart codes did not list X as an abbreviation for documentation.</p> <p>Dated July 2024, the side effect monitoring of the anti-anxiety medication revealed 11 shifts were left blank and 9 shifts documented SE (side effects) as X. The side effect monitoring of the anti-depressant medication revealed 11 shifts were left blank and 9 shifts documented SE as X. The side effect monitoring of the anti-psychotic medication revealed 11 shifts were left blank and 9 shifts documented SE as X. The TAR legend and chart codes did not list X as an abbreviation for documentation.</p> <p>2.) On 07/30/24 at 9:52 AM, the surveyor observed Resident # 117 in the third-floor unit day room holding a stuffed dog and having the dog jump on the table. The resident smiled when the surveyor spoke to them but did not respond.</p> <p>On 07/31/24 at 10:18 AM, the surveyor observed Resident # 117 in the day room sitting in a wheelchair at a table with other residents. The CNA was assisting the resident with looking at pictures. The CNA stated that the resident was easy to redirect when they get upset and likes to keep the stuffed dog with them.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the Admission Record revealed Resident # 117 had diagnoses which included but were not limited to; major depressive disorder, mood disorder, anxiety, and dementia. A review of the Order Summary Report included an order dated 06/12/2024, Clonazepam 0.5 mg give 1 tablet by mouth two times a day related to anxiety; dated 11/15/2023, Escitalopram 10 mg give 1 tablet by mouth one time a day for depression; and dated 06/05/2024, Quetiapine 50 mg give 1 tablet by mouth three times a day related to mood disorder.</p> <p>There was a physician order dated 02/22/2024, to monitor for side effects of Anti-psychotic medications every shift which may include . sedation, drowsiness, dry mouth, constipation, blurred vision, extrapyramidal reaction (drug induced movements), weight gain, edema (swelling), postural hypotension (low blood pressure), sweating, loss of appetite, urinary retention, other (specify in progress notes) every shift side effect codes Y=yes, N=no. Document side effects in progress notes.</p> <p>There were physician's orders dated 07/12/2024, to monitor for the side effects of:</p> <p>Anti-anxiety medications every shift which may include . sedation, drowsiness, ataxia, dizziness, nausea, vomiting, confusion, headache, blurred vision, skin rash, other (specify in progress notes) every shift side effect codes Y=yes, N=no.</p> <p>Anti-depressant medications every shift which may include . sedation, drowsiness, dry mouth, blurred vision, urinary retention, tachycardia (increased heart rate), muscle tremors, agitation, headache, skin rash, weight gain, other (specify in progress notes) every shift side effect codes Y=yes, N=no.</p> <p>A review of the resident-centered, on-going care plan included the following:</p> <p>A focus area for the use of anti-depressant medication, initiated 11/15/2023 with interventions observe for effectiveness and side effects initiated 11/15/2023.</p> <p>A focus area for use of anti-psychotic medication r/t behavior management, initiated 02/19/2024 with interventions to observe for effectiveness and side effects, and report to the nurse possible medication side effects initiated 02/19/2024.</p> <p>A focus area for use of anti-anxiety medication r/t anxiety disorder, initiated 02/19/2023 with interventions to observe for effectiveness and side effects initiated 02/19/2024.</p> <p>A review of the TARs revealed the following:</p> <p>Dated March 2024, the side effect monitoring for anti-psychotic medications revealed 35 shifts left blank where monitoring was not completed. Two shift marked X for the SE. The TAR legend and chart codes did not list X as an abbreviation for documentation. There was no documentation of monitoring for the SE of the anti-depressant medication ordered 11/15/2023.</p> <p>Dated April 2024, the side effect monitoring for anti-psychotic medications revealed 39 shifts left blank where monitoring was not completed. Five shift marked X for the SE. The TAR legend and chart codes did not list X as an abbreviation for documentation. There was no documentation of monitoring for the SE of the anti-depressant medication ordered 11/15/2023.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Dated May 2024, the side effect monitoring for anti-psychotic medications revealed 44 shifts left blank where monitoring was not completed. Two shift marked X for the SE. The TAR legend and chart codes did not list X as an abbreviation for documentation. There was no documentation of monitoring for the SE of the anti-depressant medication ordered 11/15/2023.</p> <p>Dated June 2024, the side effect monitoring for anti-psychotic medications revealed 41 shifts left blank where monitoring was not completed. Two shift marked X for the SE. The TAR legend and chart codes did not list X as an abbreviation for documentation. There was no documentation of monitoring for the SE of the anti-depressant medication ordered 11/15/2023 or the anti-anxiety medication ordered 06/12/2024.</p> <p>Dated July 2024, the side effect monitoring of the anti-anxiety medication revealed 9 shifts documented SE (side effects) as X. The side effect monitoring of the anti-depressant medication revealed 9 shifts documented SE as X. The side effect monitoring of the anti-psychotic medication revealed 11 shifts were left blank and 8 shifts documented SE as X. The TAR legend and chart codes did not list X as an abbreviation for documentation.</p> <p>On 08/01/24 at 8:47 AM, the Director of Nursing (DON) stated that there should not be any blank areas on the TAR because that indicated it was not done.</p> <p>On 08/02/24 at 10:42 AM, the Assistant Director of Nursing (ADON) reviewed the TARS with the surveyor. The ADON acknowledged that X means it was not done. The ADON further stated that the documentation on the TARs should have been done according to the code on the orders and not an X.</p> <p>A review of the facility provided policy, Charting and Documentation revised July 2017, included but was not limited to; Policy Statement The medical record should facilitate communication between the interdisciplinary team regarding the resident's condition and response to care. Policy Interpretation and Implementation 6. To ensure consistency in charting and documentation of the resident's clinical record, only facility approved abbreviations and symbols may be used when recording entries in the resident's clinical records.</p> <p>A review of the facility provided policy, Behavior Assessment, Intervention and Monitoring revised March 2019, included but was not limited to; Management 10. When medications are prescribed for behavioral symptoms, documentation will include: . h. monitoring for efficacy and adverse consequences . Monitoring 3. Interventions will be adjusted based on the impact on behavior and other symptoms, including any adverse consequences related to treatment. 4. If antipsychotic medications are used to treat behavioral symptoms, the IDT (interdisciplinary team) will monitor . a. the IDT will monitor for side effects and complications related to psychoactive medications; for example, lethargy, abnormal involuntary movements, anorexia, or recurrent falling. B. If such symptoms are identified, . the IDT will adjust the current regiment to try to minimize side effects while maintaining therapeutic effectiveness.</p> <p>NJAC 8:39-27.1(a)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>49712</p> <p>Based on observation, interview, and review of other facility documentation, it was determined that the facility failed to handle potentially hazardous foods and maintain sanitation in a safe and consistent manner to prevent food borne illness.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 7/29/2024 from 09:28 AM to 09:48 AM the surveyor accompanied by the Regional Food Service Director (RFSD), observed the following in the kitchen:</p> <ol style="list-style-type: none"> 1. In the walk-in refrigerator there was raw fish wrapped in plastic wrap with a use by date of 7/28/2024. The RFSD removed the fish and stated, That should have been removed. 2. In the walk-in freezer there was a bag of frozen pork with a use by date of 7/10/2024 and three bags of frozen corned beef with a use by date of 5/6/2024. The RFSD removed the items and stated, They should have all been removed. 3. In the prep refrigerator there were 11 salad plates on two trays wrapped in plastic wrap with no label or date, and 2 pitchers of what the RFSD identified as iced tea with no label and no date. The RFSD removed the items and stated, They were made today but they should be labeled and dated. <p>On 08/01/2024 at 12:30 PM during an interview with the surveyor, the Licensed Nursing Home Administrator (LNHA) replied No when asked if food that is after their use by date should still be in the freezer and refrigerator.</p> <p>A review of the facility provided policy Food Receiving and Storage with a revised date of November 2022 revealed under the Policy Statement that, Food shall be received and stored in a manner that complies with food handling practices. The policy also revealed under section Refrigerator/Freezer Storage that, All foods stored in the refrigerator or freezer are covered, labeled and dated (use by) date.</p> <p>N.J.A.C. 8:39-17.2(g)</p>		