

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315252	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/04/2024
NAME OF PROVIDER OR SUPPLIER  Complete Care at Bayshore LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  715 North Beers Street Holmdel, NJ 07733	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>48618</p> <p>Complaint #: NJ00166783, NJ00171418, NJ00172419</p> <p>Based on interview and record review on 03/28/24, 04/01/24, and 04/04/24, it was determined that the facility failed to follow acceptable standards of clinical practice related to a.) consistently documenting the administration of a medication in the electronic Medication Administration Record (MAR) and b.) consistently document that a treatment was completed in the electronic Treatment Administration Record (TAR)</p> <p>This deficient practice was identified for two residents reviewed (Resident #2 and Resident #3) and was evidenced by the following:</p> <p>1.) Resident #2 was not at the facility; a closed record review was completed.</p> <p>A review of the Admission Record face sheet (an admission summary) reflected that Resident #2 was admitted to the facility with diagnoses which included but were not limited to, pyelonephritis (a bacterial infection causing inflammation of the kidneys), type 2 diabetes, severe protein-malnutrition, and hypertension.</p> <p>A review of the 01/21/24 Quarterly Minimum Data Set (MDS), an assessment tool reflected that the resident had a Brief Interview for Mental Status (BIMS) score of 9 out of 15, which indicated that the resident's cognition was severely impaired. A review of Section K Swallowing/Nutritional Status reflected that the resident received 51% or more of their total calories daily through a feeding tube and received 501 [mL] a day or more of fluids via a feeding tube.</p> <p>A review of Resident #2's Care Plan reflected a focus, dated 04/12/23 and last revised on 12/15/23, that the resident was at risk for malnutrition and that tube feedings were needed for the resident to receive adequate nutrition. Interventions included to administer tube feedings and flushes as ordered and to monitor for signs of dehydration.</p> <p>A review of Resident #2's April 2023 Physician Order Summary (POS) reflected an active Enteral Feed Order, dated 03/23/23, to flush tube with 250 mL of water every six hours.</p> <p>A review of the corresponding April 2023 Medication Administration Record (MAR) reflected that blanks were noted on the following dates:</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-04/14/23 at 6 A.M.</p> <p>-04/15/23 at 12 A.M. and 6 A.M.</p> <p>-04/24/23 at 12 A.M. and 6 A.M.</p> <p>A review of the April 2023 progress notes (PN) corresponding to those dates did not reveal any documentation showing that the flushes were administered. The nursing staff assigned to the resident on those dates were not available for interview at the time of the survey.</p> <p>A review of the July 2023 POS reflected an active Enteral Feed Order, dated 03/23/23, to flush tube with 250 mL of water every six hours.</p> <p>A review of the corresponding July 2023 MAR reflected a blank on 07/03/23 at 6 P.M.</p> <p>A review of the July 2023 PN for the corresponding date did not reveal any documentation showing that the flushes were administered. The nursing staff assigned to the resident on that date was not available for interview at the time of the survey.</p> <p>A review of the July 2023 MAR reflected an Enteral Feed Order, with a start date of 07/05/23, that the tube was to be flushed with 250 mL of water every four hours. Blanks were noted on the following dates:</p> <p>-07/05/23 at 4 P.M. and 8 P.M.</p> <p>-07/06/23 at 12 A.M. and 4 P.M.</p> <p>A review of the July 2023 PN did not reveal any documentation showing that the flushes were administered. The nursing staff assigned to the resident on those dates were not available for interview at the time of the survey.</p> <p>A review of the December 2023 POS reflected an active Enteral Feed Order, dated 12/01/23, to flush tube with 240 mL of free-water (water) every six hours.</p> <p>A review of the corresponding December 2023 MAR reflected a blank on 12/07/23 at 6 A.M.</p> <p>A review of the March 2024 POS revealed an active Enteral Feed Order, dated 12/14/23, to flush with free-water (water) every six hours.</p> <p>A review of the corresponding December 2023 MAR reflected blanks on:</p> <p>-12/23/23 at 6 A.M.</p> <p>-12/29/23 at 12 P.M.</p> <p>A review of the December 2023 PN for the corresponding dates did not reveal any documentation showing that the flushes were administered. The nursing staff assigned to the resident on those dates were not available for interview at the time of the survey.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the March 2024 POS revealed an active Enteral Feed Order, dated 12/14/23, to flush with free-water (water) every six hours.</p> <p>A review of the corresponding March 2024 MAR reflected a blank on 03/14/24 at 6 P.M.</p> <p>A review of the March 2024 PN for the corresponding date did not reveal any documentation showing that the flush was administered. The nursing staff assigned to the resident on that date was not available for interview at the time of the survey.</p> <p>2.) Resident #3 was not at the facility; a closed record review was completed.</p> <p>According to the Admission Record, Resident #3 was admitted to the facility with diagnoses which included but were not limited to: hypertension, Type 2 diabetes, and coronary artery disease.</p> <p>Review of the 02/04/23 Quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, revealed that Resident #3 had a Brief Interview for Mental Status (BIMS) score of 6 out of 15, which indicated the resident had severe cognitive impairment. The MDS also indicated that Resident #3 was at risk for pressure ulcers/injuries.</p> <p>Review of the 3/17/23 Wound Investigation Report, revealed that the facility discovered that Resident #3 had a Stage II open superficial wound on the sacrum. The open area measured 2 cm [centimeters] x 2 cm. The summary revealed that the wound was, Unavoidable due to several comorbidities: decline in function, poor appetite, anemia, hx [history] of cancer on chemotherapy.</p> <p>Review of the March 2023 Medication Administration Record (MAR) revealed a 03/26/23 order for Santyl (topical medication that is used for removing dead skin tissue and aid in wound healing). The order instructed to cleanse sacral wound with normal saline and apply Santyl and cover with foam dressing daily. There was no documentation that the treatment was performed on 03/27/23 and 03/28/23 day shift. The nursing staff assigned to the resident on those dates were not available for interview at the time of the survey.</p> <p>Review of the March 2023 Treatment Administration Record (TAR) revealed that Resident #3 had a 03/24/23 order for Metrogel (topical medication that is commonly used to clean wounds). The order instructed to apply BID [twice a day] to sacral wound for three days. There was no documentation that the treatment was performed on 03/24/23 day shift. The nursing staff assigned to the resident on that date was not available for interview at the time of the survey.</p> <p>Review of the April 2023 MAR revealed a 03/29/23 order for Santyl (topical medication that is used for removing dead skin tissue and aid in wound healing). The order instructed to cleanse sacral wound with normal saline and apply Santyl and cover with foam dressing daily. There was no documentation that the treatment was performed on 04/06/23 day shift. Further review of the April 2023 MAR revealed a 4/21/23 Santyl order that had no documentation that the treatment was performed on 04/29/23 day shift. The nursing staff assigned to the resident on those dates were not available for interview at the time of the survey.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the May 2023 MAR revealed 04/21/23 order for Santyl (topical medication that is used for removing dead skin tissue and aid in wound healing). The order instructed to cleanse sacral wound with normal saline and apply Santyl and cover with foam dressing daily. There was no documentation that the treatment was performed on 05/26/23 day shift. The nursing staff assigned to the resident on those dates were not available for interview at the time of the survey.</p> <p>Review of the Resident #3's Progress Notes revealed no documentation that the treatments were completed on the aforementioned dates and shifts.</p> <p>During an interview with the surveyor on 04/04/24 at 11:46 A.M., the Licensed Practical Nurse (LPN) stated that it is the responsibility of the nurses to perform treatments and administer medications as ordered. She further stated that once the nurse completes the medication administration or treatment the nurse should then sign the appropriate MAR or TAR. The LPN stated, If it wasn't signed off, it wasn't signed off on. When asked if there was a blank, how would someone know that it was completed, the LPN stated, I don't know. The LPN further explained that it is expected that nurses sign off on all care and that there should be no blanks.</p> <p>During an interview with the surveyor on 04/04/24 at 1:02 P.M., the Director of Nursing (DON) stated that medication administration was documented on the MAR and treatment orders were documented on the TAR. The DON explained that signing the MAR and TAR was important for accountability and continuity of care. She further stated that nurses were to document the completion of the care provided to the resident by signing the MAR and/or TAR accordingly. The DON further stated that there should be no blanks. She stated that there was no way for someone to tell if a medication was administered or if a treatment was provided if there were blanks on the MAR and TAR.</p> <p>During a post-survey telephone interview with the surveyor on 04/11/24, the Nurse Practitioner (NP) stated that it was her expectation that nurses follow orders as prescribed by the practicing physician. She further stated that nurses should be documenting completion of all care in the resident's electronic record.</p> <p>Review of the facility's undated Charting and Documentation, policy, revealed that all services provided to residents was to be documented in the residents' medical record. Under Section 2 of the Policy Interpretation and Implementation the policy further indicated, The following information is to be documented in the resident medical record . b.) Medications administered, c.) Treatments or services performed . Under Section 4, the policy further indicated, Entries may only be recorded by licensed personnel in accordance with state law and facility policy.</p> <p>NJAC 8:39-3.2(a),(b); 11.2(b); 27.1(a); 29.2(d)</p>		