

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315264	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/21/2024
NAME OF PROVIDER OR SUPPLIER Complete Care at Bey Lea, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 Old Freehold Road Toms River, NJ 08753	
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 - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>34423</p> <p>C/O # NJ 175730</p> <p>Based on observation, interview and review of other facility documentation, it was determined that the facility failed to provide resident Health Shakes (a nutritional supplement) for 9 of 9 Health Shakes observed for delivery. This deficient practice was evidenced by the following:</p> <p>On 10/16/2024 at 11:55 AM, on Pleasant Plains Unit, the surveyor observed nine (9) four (4) ounce Health Shakes with the individual resident names sitting on a tray on top of the nurses station. Each container was labeled with the resident name along with AM 10/16.</p> <p>During an interview with the surveyor on 10/16/2024 at 12:06 PM, the surveyor asked the Licensed Practical Nurse/Unit Manager (LPN/UM #1) why are the Health Shakes still sitting on the counter. She replied Thats a good question. When asked should these have been provided to resident's, the LPN/UM replied Sure, they should have been passed out already.</p> <p>During an interview with the surveyor on 10/18/2024 at 01:48 PM, the Director of Nursing (DON) was asked what is the expectation for passing of AM snacks/Health Shakes. The DON replied, The Health Shakes should be administered around 10 am, that is when they are scheduled.</p> <p>On 10/21/2024 at 8:52 AM, the DON provided a facility policy titled Medication Orders last updated 6/28/24, the following was revealed under Recording Orders section 7. Commercial Dietary Supplements-When recording orders for commercial dietary supplements, specify the type, amount and frequency.</p> <p>NJAC 8:39-27.1(a)</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 315264
		If continuation sheet Page 1 of 8

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315264	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/21/2024
NAME OF PROVIDER OR SUPPLIER Complete Care at Bey Lea, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 Old Freehold Road Toms River, NJ 08753	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>40039</p> <p>Based on observations, interviews, and review of other pertinent facility documents, it was determined that the facility failed to obtain a physician's order for supplemental oxygen and develop a care plan for 1 of 1 resident (Resident #53) reviewed for respiratory care. This deficient practice was evidenced by the following:</p> <p>On 10/15/2024 at 10:39 AM during the initial tour of the facility the surveyor observed Resident #53 lying in bed and receiving oxygen via nasal cannula (a device used to deliver supplemental oxygen or increased airflow to a patient or person in need of respiratory help). The oxygen concentrator was observed to be set at 2 liters per minute (L/min) and the oxygen tubing appeared to be dated 10/4/24.</p> <p>According to the Admission Record, Resident #53 was admitted to the facility with the following but not limited to diagnoses: Dementia, anxiety disorder, diabetes mellitus, and chronic obstructive pulmonary disease.</p> <p>A review of the comprehensive Resident Assessment Instrument Minimum Data Set (MDS), an assessment tool, dated 09/16/2024, revealed Resident #53 had a Brief Interview for Mental Status score of 9/15, which indicated moderate cognitive impairment. Section O of the MDS indicated that Resident #53 received intermittent oxygen therapy on admission and while a resident in the facility. Section O also revealed that Resident #53 received respiratory therapy for a total of 4 days.</p> <p>A review of Resident #53's Order Summary Report, with active orders as of 10/18/2024, did not reveal a physician's order for supplemental oxygen use. In addition, the surveyor reviewed the 09/01/2024-09/30/2024 Medication Administration Record (MAR) and the Treatment Administration Record (TAR), as well as the 10/01/2024-10/31/2024 MAR and TAR for Resident #53. The MAR's and TARs did not reveal that Resident #53 received supplemental oxygen.</p> <p>A review of the comprehensive care plan for Resident #53 did not reveal that Resident #53 had a care plan developed for supplemental oxygen.</p> <p>On 10/16/2024 at 08:10 AM the surveyor observed Resident #53 with oxygen via nasal cannula while lying in bed. The oxygen concentrator was on and set at 2L/min. The oxygen concentrator had surgical tape dated 10/9/2024. on the front of the concentrator. On 10/16/2024 at 10:52 AM Resident #53 was observed to be out of the room. The surveyor observed that the oxygen tubing was currently disconnected from the oxygen concentrator and the concentrator was turned off at the time of observation.</p> <p>On 10/18/2024 at 09:10 AM the surveyor interviewed the Licensed Practical Nurse (LPN #1) assigned to Resident #53's unit. The surveyor asked LPN #1 if residents who are receiving supplemental oxygen require a physician order? LPN #1 told the surveyor, Yes, we need an order for oxygen if it is standing or PRN (as necessary). LPN #1 further explained that if you came in from the hospital with it (supplemental oxygen), it should be on the admission orders. If it happens after admission, then we would contact the physician for the order.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315264	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/21/2024
NAME OF PROVIDER OR SUPPLIER Complete Care at Bey Lea, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 Old Freehold Road Toms River, NJ 08753	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/18/2024 at 09:39 AM Resident #53 was observed lying in bed with the head of the bed elevated. Resident #53 was observed to receive oxygen at 1L/min by nasal cannula.</p> <p>On 10/18/2024 at 10:07 AM the surveyor reviewed the Orders section of the electronic medical record (EMR). Review of Resident #53's orders revealed that there was no current order for Resident #53 to receive supplemental oxygen. The surveyor also reviewed Resident #53's 09/01/2024-09/30/2024 and 10/1/2024-10/31/2024 Medication Administration Record (MAR) and Treatment Administration Record (TAR) in the EMR. No orders for supplemental oxygen treatment were observed.</p> <p>On 10/18/2024 at 12:47 PM the surveyor interviewed the Licensed Practical Nurse/unit manager (LPN/UM #2) assigned to Resident #53's unit. The surveyor asked LPN/UM #2 if a resident receiving supplemental oxygen required a physician order. LPN/UM #2 told the surveyor, Yes, a resident requires a physician's order for oxygen. LPN/UM #2 further stated to the surveyor that you need an order for everything.</p> <p>On 10/18/2024 at 01:37 PM during a meeting with facility administrative staff which included the Regional Licensed Nursing Home Administrator (RLNHA), the facility Director of Nursing (DON), and the Regional Nurse Manager (RNM), the surveyor told the staff that Resident #53 was observed to receive supplemental oxygen via nasal cannula on the following dates: 10/15/2024, 10/16/2024, and 10/18/2024. When asked if a resident who receives supplemental oxygen requires a physician order the staff all agreed that a resident receiving oxygen should have a physician order and a care plan.</p> <p>The surveyor reviewed the facility policy titled Oxygen Administration; date implemented: 9/1/2024. The following was revealed under Policy: Oxygen is administered to residents who need it, consistent with professional standards of practice, the comprehensive person-centered care plans, and the resident's goals and preferences. In addition, the following was revealed under the heading Policy Explanation and Compliance Guidelines: 1. Oxygen is administered under orders of a physician, except in the case of emergency. In such case, oxygen is administered and orders for oxygen are obtained as soon as practicable when the situation is under control.</p> <p>4. The resident's care plan shall identify the interventions for oxygen therapy, based upon the resident's assessment and orders, such as, but not limited to:</p> <ul style="list-style-type: none"> a. The type of oxygen delivery system. b. When to administer, such as continuous or intermittent and/or when to discontinue. c. Equipment setting for the prescribed flow rates. d. Monitoring of SpO2 (oxygen saturation) levels and/or vital signs. e. Monitoring for complications associated with the use of oxygen. <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315264	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/21/2024
NAME OF PROVIDER OR SUPPLIER Complete Care at Bey Lea, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 Old Freehold Road Toms River, NJ 08753	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The surveyor reviewed the facility policy titled Comprehensive Care Plans; date implemented: 9/1/2024. The following was revealed under the heading Policy: It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment. In addition, the following was revealed under the heading Policy Explanation and Compliance Guidelines:</p> <p>2. The comprehensive care plan will be developed within 7 days after the completion of the comprehensive MDS assessment. All Care Assessment Areas (CAAs) triggered by the MDS will be considered in developing the plan of care. Other factors identified by the interdisciplinary team, or in accordance with the resident's preferences, will also be addressed in the plan of care. The facility's rationale for deciding whether to proceed with care planning will be evidenced in the clinical record.</p> <p>NJAC 8:39-27.1(a)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315264	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/21/2024
NAME OF PROVIDER OR SUPPLIER Complete Care at Bey Lea, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 Old Freehold Road Toms River, NJ 08753	
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 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>39460</p> <p>Based on observation, interview, and review of pertinent facility documents it was determined the facility failed to ensure an accurate ordering and receiving of narcotic medications by failing to ensure and that the required Federal narcotic acquisition forms (DEA 222 form) were dated and signed as of the day it was submitted for filling for 1 of 9 forms provided, and was evidenced by the following:</p> <p>On 10/16/24 at 10:03 AM, the surveyor reviewed the facility provided DEA 222 forms which revealed one of the nine provided forms had been pre-signed by the facility's Medical Director (MD) prior to submission to the provider pharmacy for filling. The forms were as follows:</p> <p>Order form number:</p> <p>240371632</p> <p>240371633</p> <p>240371634</p> <p>240371640</p> <p>240371639</p> <p>240371638</p> <p>240371637- pre-signed by Medical Director</p> <p>240371636</p> <p>240371635</p> <p>On 10/16/24 at 12:07 PM, the surveyor interviewed the Director of Nursing (DON) who confirmed there were nine DEA 222 forms in the facility provided binder and one form had been pre-signed by the MD. The DON stated she was unaware there were any pre-signed forms. The process was she would complete the form then have the MD review and sign it before it was sent to the pharmacy to be filled, so there should be no pre-signed forms.</p> <p>On 10/18/24 at 11:55 AM, the surveyor attempted to interview the MD via telephone, but the MD was unavailable.</p> <p>On 10/18/24 at 1:40 PM, the survey team met with the facility DON, Licensed Nursing Home Administrator (LNHA) and Regional Nurse Manager to discuss concerns found on survey. All three acknowledged there should be no pre-signed DEA 222 forms.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315264	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/21/2024
NAME OF PROVIDER OR SUPPLIER Complete Care at Bey Lea, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 Old Freehold Road Toms River, NJ 08753	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/21/24 at 9:24 AM, the surveyor in the presence of the survey team, interviewed via telephone the facility MD, who stated the facility used his DEA number to order narcotics. When narcotic medication needed to be ordered the DON filled out the DEA 222 forms then he would sign the form to be sent to the provider pharmacy for filling. The surveyor then asked the MD why there was a pre-signed form found in the facility binder? He stated he was informed of the finding and thought he remembered when it happened, that in his haste he had signed the wrong form, and his expectation was that the form would be destroyed. The MD acknowledged there should be no pre-signed forms because the forms could be misdirected or misused for drug diversion.</p> <p>A review of the Instructions for DEA Form 222, under Part 1. Purchaser Information, 6. The order form must be signed and dated by the purchaser on the day it is submitted for filling.</p> <p>A review of the facility provided, undated 6.0 Controlled Dangerous Substance Inventory for Back Up Box and Emergency Kits policy . A DEA Form 222 must be completed to obtain the par level of Schedule II CDS in the emergency box supply. Upon signature of the Medical Director or his/her designee, the two copies are sent to the pharmacist in charge .</p> <p>NJAC 8:39-29.7(c)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315264	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/21/2024
NAME OF PROVIDER OR SUPPLIER Complete Care at Bey Lea, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 Old Freehold Road Toms River, NJ 08753	
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 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services.</p> <p>34423</p> <p>Based on observation, interview, review of the Electronic Medical Record (EMR), and review of other facility documentation, it was determined that the facility failed to initiate a person-centered care plan for Hospice services. This deficient practice was identified for 1 of 2 residents reviewed for Hospice services (Resident #26) and was evidenced by the following:</p> <p>During the initial tour on 10/15/2024 at 10:59 AM, Resident #26 was observed lying in bed with their eyes closed.</p> <p>A review of the EMR on 10/15/2024 at 03:49 PM, revealed the following:</p> <p>According to the Admission Record Resident #26 was admitted with diagnoses including but not limited to: Alzheimer's disease.</p> <p>A review of the most recent comprehensive Minimum Data Set, an assessment tool used to facilitate care, dated 01/31/2024 revealed Resident #26 had a Brief Interview for Mental Status score of 1 of 15 indicating severe cognitive impairment. Under section O resident received hospice while a resident.</p> <p>A review of the Order Summary Report with Active Orders as of 10/18/2024, showed a physician order dated 01/17/2024 for hospice Eval (evaluation) & Treat w (with)/ [company name] Hospice.</p> <p>A review of the care plan for Resident #26 did not include a Hospice Care plan.</p> <p>During an interview with the surveyor on 10/18/2024 at 10:05 AM, Licensed Practical Nurse/Unit Manager (LPN/UM #1) was asked what the process is when a resident or family requests hospice services. LPN/UM #1 replied the Social Worker would be notified and he would put out a referral to the hospice company of choice. We get the order from the physician and then hospice comes and does the evaluations. We give them options and they can choose a company. When questioned as to who provides the care, LPN/UM #1 replied Hospice aides do resident care if they can but if not, our staff are responsible to make sure resident care is performed and they assist with meals. The Hospice nurses come at least weekly, and we can reach them by phone.</p> <p>The surveyor asked who is responsible for completing the care plan. LPN/UM #1 replied The hospice is responsible for completing the care plan. LPN/UM #1 confirmed that yes, we have a care plan on all hospice patients in the EMR.</p> <p>On 10/18/2024 at 10:13 AM, the surveyor requested LPN/UM #1 to pull Resident #26's care plan up in the EMR. LPN/UM #1 pulled up a hospice care plan with date initiated of 10/17/24 and said he/she has been on hospice awhile and this done by the corporate nurse.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315264	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/21/2024
NAME OF PROVIDER OR SUPPLIER Complete Care at Bey Lea, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 Old Freehold Road Toms River, NJ 08753	
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 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the surveyor on 10/18/2024 at 10:25 AM, the Regional Nurse Manager (RNM) was asked if she initiated the Hospice care plan for Resident #26. The RNM replied I did an audit yesterday (10/17/2024) and updated his/her care plan to include hospice. The surveyor asked if this resident had a care plan for hospice prior to yesterday and she replied, I don't remember that there was a care plan prior to that.</p> <p>During an interview with the surveyor on 10/18/2024 at 01:50 PM, the Director of Nursing was asked if the expectation was that a resident on hospice would have a care plan in the EMR. The DON said Yes, if there had been one (care plan) it would be in the medical record.</p> <p>During a follow-up interview on 10/21/2024 08:53 AM, the DON said no there was no hospice care plan for Resident #26. Unfortunately, that was an oversight, and it has been updated and corrected. The DON confirmed Resident #26 should have had a care plan when he/she first started hospice.</p> <p>A review of a facility policy on 10/16/2024 at 10:15 AM, titled Hospice Program with reviewed date of March 2024, revealed under the Policy Interpretation and Implementation section 13. Coordinated care plans for residents receiving hospice services will include the most recent hospice plan of care as well as the care and services provided by our facility (including the responsible provider and discipline assigned to specific tasks) in order to maintain the residents highest practicable physical, mental and psychosocial well-being. 14. The coordinated care plan will reflect the resident's goals and wishes, as stated in his or her advanced directives and during on going communication with the resident or representative, including: a. palliative goals and objectives; b. palliative interventions and c. Medical treatment and diagnostic tests. 15. The coordinated care plan shall be revised and updated as necessary to reflect the resident's current status including but not limited to; a. diagnosis; b. problem list; c. symptom management (pain, nausea vomiting etc.) d. bowel and bladder care; e. nutrition and hydration needs; f. oral health; g. skin integrity; h. spiritual, activity and psychosocial needs; and mobility i and positioning.</p> <p>NJAC 8:39-(27.1)(a)</p>		