

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/09/2025
NAME OF PROVIDER OR SUPPLIER Excel Care at Manalapan		STREET ADDRESS, CITY, STATE, ZIP CODE 104 Pension Road Manalapan, NJ 07726	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>Complaint # 2672054 Based on interviews, review of the Medical Records (MR), and pertinent facility documents on 12/9/25, it was determined that the facility Nursing staff failed to notify the Resident's family when a Resident had a change in condition for 1 out of 4 sampled residents (Resident #2). This deficient practice is evidenced by the following: According to Resident #2's MR, the Resident had diagnoses which included but were not limited to: Crohn's Disease and Ulcerative Colitis. According to the Minimum Data Set (MDS) an assessment tool utilized to facilitate the care of a resident, dated 10/31/25, indicated that Resident #2 had a Brief Interview for Mental Status (BIMS) score of 12/15, indicating the Resident was moderately impaired. A review of Resident #2's Progress Notes (PN) documented by the Nursing Supervisor dated 11/01/25 at 9:50 AM, revealed: Resident with a Medical diagnosis of Ulcerative Colitis was observed during the AM shift with an episode of bloody diarrhea. Upon assessment, resident stated 'I already called my son'. Resident appeared anxious at the time of evaluation. Further review of the PN revealed that the Nurse Practitioner was notified, the doctor was called, but did not answer, and a voicemail was left regarding the resident's condition and transfer. There was no documentation that the resident's family was notified regarding the resident's change in condition. An attempt was made to reach the assigned nurse for Resident #2 on 12/9/25 at 1:21 PM but was unsuccessful. During an interview with the surveyor on 12/9/25 at 1:44 PM, the Certified Nursing Assistant (CNA #1) stated that on 11/1/25, she received report from Resident #2's assigned nurse, that the resident had a medical emergency and needed to leave as soon as possible. CNA #1 stated that she received Resident #2 in their bathroom and that there were blood clots on the floor leading to the bathroom and on the bathroom floor. CNA #1 stated that there were other staff prepping the resident to go to the hospital. CNA #1 stated that the Emergency Medical Transport (EMT) and the resident's representative were already at the facility when she arrived. CNA #1 stated that she provided care to Resident #2 and the resident's son assisted her to put the resident in their chair. During an interview with Director of Nursing (DON) on 12/9/25 at 2:11 PM, the DON stated, The resident was bleeding I believe that night after midnight on 11/1/25. The Nursing Supervisor reported a bleeding episode with the resident, they did not know where the bleeding was coming from. They reached out to the Nurse Practitioner (NP) to get further instruction. There was no documentation in Resident #2's MR that the Resident's family was made aware of the Resident's change in condition. A review of the facility's policy titled Change in a Resident's Condition or Status with a Revised date of 2021, revealed: Our facility promptly notifies the resident, his or her attending physician, and the resident representative of changes in the resident's medical/mental condition and/or status 4. Unless otherwise instructed by the resident, a nurse will notify the resident's representative when: b. There is a significant change in the resident's physical, mental or psychosocial status; NJAC 8:39-13.1(c)</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: 315282
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