

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 01/08/2026
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 0635</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide doctor's orders for the resident's immediate care at the time the resident was admitted.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Complaint #: 2708219Based on interviews, review of medical records, and review of other pertinent facility documents on 1/8/2026, it was determined that the facility failed to obtain a physician's order for oxygen therapy, upon admission, for a resident that was identified as needing continuous oxygen therapy.This deficient practice was identified for 1 of 3 residents reviewed (Resident #3), as evidenced by the following:According to the admission Record (AR), Resident #3 was admitted with diagnoses that included but were not limited to: pneumonia and acute respiratory failure with hypoxia.According to the Minimum Data Set (MDS), an assessment tool, Resident #3 did not have a Brief Interview for Mental Status (BIMS) score completed at the time of survey due to recent admission.A review of a document provided by the facility titled Discharge Instructions with a printed date of 12/26/25 at 01:32 P.M., for Resident #3, reveals Oxygen therapy for 2 liters per minute applied via nasal cannula (a device used to supply supplemental oxygen) with a continuous duration of use. The document further reveals Monitor oxygen saturation, supplemental oxygen as needed for goal saturation of 92 number.A review of Resident #3's Admission/readmission comprehensive nursing assessment dated [DATE] reveals under 1. Nursing Assessment . 5. Most Recent O2 sats [oxygen saturation] 98.0% via nasal cannula.A review of Resident #3's MEDICATION ADMINISTRATION RECORD dated 12/1/2025 - 12/31/2025 reveals O2 @ 3LPM VIA NASAL CONTINUOUS [oxygen delivery in the nose of 3 liters of oxygen per minute to be given continuously] every shift.-Start Date- 12/28/2025 2300.During an interview on 1/08/2026 at 12:22 P.M., with the Director of Nursing (DON), the DON states an oxygen order should start on admission when a resident needs it, for [Resident #3] it started on 12/28/26. The DON acknowledges that Resident #3 was wearing oxygen but the order for oxygen was not placed into the medical record until 2 days after the resident was admitted . The DON further states the facilities policy was not followed by the nurse because there was no order for oxygen from admission.A review of the facility's policy for Oxygen Administration with a revised date of October 2010, reveals under Preparation 1. Verify that there is a physician's order for this procedure.NJAC 8:39- 11.2 (a), (d)</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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NAME OF PROVIDER OR SUPPLIER Excel Care at Manalapan		STREET ADDRESS, CITY, STATE, ZIP CODE 104 Pension Road Manalapan, NJ 07726	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Complaint #: 2708219Based on interviews, review of medical records, and review of other pertinent facility documents on 1/8/2026, it was determined that the facility failed to develop and implement a baseline care plan to address a resident's oxygen therapy and failed to address the resident's known non-compliance with oxygen use. This deficient practice was identified for 1 of 3 residents reviewed (Resident #3), as evidenced by the following: According to the admission Record (AR), Resident #3 was admitted to the facility on [DATE] with diagnoses that included but were not limited to: pneumonia and acute respiratory failure with hypoxia.According to the Minimum Data Set (MDS), an assessment tool, Resident #3 did not have a Brief Interview for Mental Status (BIMS) score completed at the time of survey due to recent admission.A review of a document provided by the facility titled Discharge Instructions with a printed date of 12/26/25 at 01:32 P.M., for Resident #3, reveals Oxygen therapy for 2 liters per minute applied via nasal cannula (a device used to supply supplemental oxygen) with a continuous duration of use. The document further reveals Monitor oxygen saturation, supplemental oxygen as needed for goal saturation of 92 number.A review of Resident #3's Admission/readmission comprehensive nursing assessment dated [DATE] reveals under 1. Nursing Assessment. 5. Most Recent O2 sats [oxygen saturation] 98.0% via nasal cannula.A review of Resident #3's medical record revealed that a formal physician order for oxygen was not placed until 12/28/25.A review of Resident #3's MEDICATION ADMINISTRATION RECORD dated 12/1/2025 - 12/31/2025 reveals O2 @ 3LPM VIA NASAL CONTINUOUS [oxygen delivery in the nose of 3 liters of oxygen per minute to be given continuously] every shift.-Start Date- 12/28/2025 2300.A review of Resident #3's Care Plan (CP), revealed a focus of the resident has altered respiratory status related to respiratory failure as evidenced by hypoxia with an initiated date of 12/29/2025. However, review of the associated interventions revealed no interventions addressing the use of oxygen, no interventions addressing Resident #3's non-compliance with wearing oxygen, and no monitoring plan for oxygen saturation.During an interview on 1/8/2026 at 12:06 P.M., with the Unit Manager (UM), the UM states Resident #3 was on oxygen and was non-complaint with oxygen. The UM further states that the UM and supervisors update the CP and put them in, and that if a resident is non-compliant with oxygen there would be a CP in place.During an interview on 1/8/2026 at 2:08 P.M., with the Director of Nursing (DON), the DON states, [Resident #3] did not have a care plan for oxygen. The DON acknowledges there should have been a CP for oxygen as well as a CP for non-compliance with oxygen.A review of the facility policy titled Care Plans, Comprehensive Person-Centered with a revised date of March 2022 revealed under Policy Statement that a comprehensive, person centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed.NJAC 8:39- 11.2 (d)</p>		