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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>315284 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                              | (X3) DATE SURVEY COMPLETED<br><br>01/27/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Complete Care at Monmouth, LLC |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>229 Bath Avenue<br>Long Branch, NJ 07740 |  |

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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| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(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>45622</p> <p>Complaint #: NJ182074, NJ182526</p> <p>Based on observations, interviews, medical record review, and review of other pertinent facility documentation on 01/23/2025 and 1/27/2025, it was determined that the facility failed to follow standards of clinical practice for Physician Orders (POs) for medication administration and follow the Care Plan (CP) interventions for a resident (Resident #2). The facility also failed to follow its policy titled Medication Administration. This deficient practice was identified for 1of 8 residents reviewed for medication administration and was evidenced by the following:</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist.</p> <p>According to Resident #2's Admission Record (AR), the resident was admitted with diagnoses that included but were not limited to: Adult Failure to Thrive (decline in physical and mental functioning), Anxiety (feeling of worry, anxiety, or fear that are strong enough to interfere with one's daily activities), Depression (loss of pleasure or interest in activities for long periods of time), and Chronic Pain Syndrome.</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated 01/14/2025, Resident #2 had a Brief Interview of Mental Status (BIMS) score of 15 out of 15, which indicated the resident was cognitively intact. The MDS also revealed a diagnosis of Chronic Pain Syndrome and Anxiety.</p> <p>According to Resident #2's CP with an initiated date of 10/18/2023, under Focus revealed: I have chronic pain r/t (related to) ALS, under Intervention: The resident (Resident #2) pain is alleviated by: scheduled Methadone and Morphine.</p> <p>According to Resident #2's Order Summary Report (OSR) Active Orders as of 01/27/2025, the OSR revealed a physician order for the following medications:</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>315284   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                  | (X3) DATE SURVEY COMPLETED<br><br>01/27/2025 |
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| <p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Lorazepam Oral Concentrate 2MG/ML (milligram/milliliter). Give 1 ml by mouth every 6 hours(hrs.) at 12:00 A.M., 6:00 A.M., 12:00 P.M., and at 6:00 P.M. for agitation/anxiety with a start date of 05/06/2024.</p> <p>Review of Resident #2's Electronic Medication Administration Record (eMAR), the aforementioned orders were not administered on the following dates and times.</p> <p>Lorazepam Oral Concentrate 2mg/ml give 1 ml by mouth every 6 hrs., on 01/21/2025 at 6:00 A.M., and on 01/22/2025 at 6:00A.M.</p> <p>Review of Resident #2's Individual Patient Controlled Substance Administration Records (declining inventory used for narcotics) for Lorazepam and Morphine, there was no evidence of administration on the dates above.</p> <p>Review of Resident #2's progress notes for the mentioned dates, there was no documentation of harm to the resident due to not receiving their medications as ordered.</p> <p>On 01/27/2025, at 1:36 P.M., during an interview with the surveyor, the Licensed Practical Nurse (LPN), stated the expectation is for the nurse to follow the POs for medication administration for the residents. She further stated, if a medication is administered, the nurse should immediately initial the eMAR. The LPN stated, if a medication is not administered for any reason, the physician and family should be notified, and the reason should be documented in the resident's progress notes in point click care (PCC). When presented with Resident #2's eMAR for 01/2025, the LPN confirmed the missing initials.</p> <p>On 01/27/2025, at 2:00 P.M., during an interview with the surveyor, the Interim Director of Nursing (DON) stated it was important to administer medication as ordered because of consistency and compliance. The DON said if a medication is administered, it should be immediately documented by the administering nurse in the resident's eMAR. She further stated if a medication is not administered, the resident's physician and family should be notified, and it should be documented in the progress notes in PCC. The DON stated, there would be no other place to document except in PCC. The DON stated her expectation would be for all nurses to administer medications as ordered. When presented with Resident #2's eMAR for 01/2025, the DON confirmed the blank spaces for Lorazepam and Morphine. She further said blank spaces would indicate a medication was not administered as ordered.</p> <p>Review of the facility policy titled Medication Administration with a revised date of 09/01/2024. Under Policy reveals: medications are administered by licensed nurses, or staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection. Under Policy Explanation and Compliance Guidelines: #20. Sign MAR after administered. For those medications requiring vital signs, record vitals onto the MAR.</p> <p>NJAC 8:39- 11.2 (b)</p> |   |  |