

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315284	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/15/2025
NAME OF PROVIDER OR SUPPLIER  Complete Care at Monmouth, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 229 Bath Avenue 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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Complaint: NJ184628</p> <p>Based on interviews, record review, and review of other pertinent facility documentation on 04/15/2025, it was determined that the facility failed to provide a) Individual Patient Controlled Substance Administration Record for a resident (Resident #3) b) facility failed to document refusal on the Electronic Medication Administration Record (eMAR). The facility also failed to follow its policies titled, Medication Administration and Documentation in Medical Record. This deficient practice was identified for one of three residents, Resident #3. This deficient practice was evidenced by the following:</p> <p>Review of the Electronic Medical Record (EMR) was as follows:</p> <p>According to Resident #3's admission Record (AR), the resident was admitted to the facility with diagnoses that included but were not limited to: Amyotrophic Lateral Sclerosis (ALS) (nervous system disease that weakens muscles), Anxiety disorder, Chronic Pain Syndrome, Schizoaffective Disorder, Bipolar Disorder, and Adult Failure to Thrive.</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated 01/14/2025, Resident #3 had a Brief Interview of Mental Status (BIMS) score of 15 out of 15, which indicated the resident was cognitively intact.</p> <p>According to Resident #3's Order Summary Report (OSR) Active Orders as of 04/01/2025, the OSR revealed a physician order for the following medications:</p> <p>Lorazepam Oral Concentrate 2MG/ML (milligram/milliliter). Give 1 ml by mouth every 6 hours(hrs.) at 12:00 A.M, 06:00 AM, 12:00 P.M and 06:00 P.M for agitation/anxiety with a start date of 05/06/2024.</p> <p>Methadone HCL Oral Concentrate. 10 MG/ML. Give 7 ml by mouth every 8 hrs at 06:00 A.M, 02:00 P.M, and 10:00 P.M for Chronic intractable pain ALS.</p> <p>Morphine Sulfate Oral Concentrate 20 MG/ML. Give 1.25 ML by mouth every 3 hours for Chronic intractable pain ALS 1.25ml=25mg at 12:00 A.M, 03:00 A.M, 06:00 A.M, 09:00 A.M, 12:00 P.M, 03:00 P.M, 06:00 P.M an 09:00 P.M.</p> <p>Review of Resident #3's eMAR showed the orders were not signed by staff on the following dates and times.</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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Lorazepam Oral Concentrate 2MG/ML. Give 1 ml by mouth every 6 hrs., on 03/23/2025 at 06:00 P.M.</p> <p>Methadone HCL Oral Concentrate. 10 MG/ML. Give 7 ml by mouth every 8 hrs., on 03/12/2025 at 02:00 P.M. and 03/23/2025 at 10:00. P.M</p> <p>Morphine Sulfate Oral Concentrate 20 MG/ML. Give 1.25 ML by mouth every 3 hrs. on 03/23/2025 at 06:00 P.M and 09:00 P.M.</p> <p>A review of Resident #3's Progress Notes (PNs) from 03/24/2025 written by the Licensed Practical Nurse (LPN)/Unit Manager (UM) for Resident #3 documented, As reported from nursing staff resident refused the nurse to administer his/her midnight medication on 3/24/25. In a second PNs, regarding 3/23/25 medications for Resident #3, there was clarification that the refused medications were for the 11:00 P.M - 07:00 A.M shift. The PNs show Resident #3 refused his/her medications, however there were blanks on the eMAR.</p> <p>During an interview on 04/15/2025, the LPN/UM, stated that there shouldn't be any blanks on the eMAR and that the nurse administering the medication was responsible for signing the eMAR. The LPN/UM stated, If the resident refuses a medication, the proper code should be pressed and a progress note should be included. The LPN/UM confirmed the missing signatures by staff for Resident #3 on 03/23/2025 and acknowledged the nurse administering the medications did not follow the facility's policy for documentation.</p> <p>Surveyor attempted to interview nurse who worked on 03/23/2025 and was unable to, therefore the DON was interviewed.</p> <p>During an interview on 04/15/2025 at 02:48 P.M, with the Director of Nursing (DON) in the presence of the Licensed Nursing Home Administrator (LNHA), the DON stated that she doesn't expect blanks on the eMAR and that the unit managers are responsible to ensure that there are no blanks. She also stated that whoever administered the medication is responsible for filling out the eMAR and it should be signed immediately after a medication is given. She acknowledged the blanks on the eMAR for 03/23/2025 and that refusal of medications should be documented as well. She also stated that the facility's policies for medication administration and documentation was not followed.</p> <p>The surveyor requested Individual Patient Controlled Substance Administration Record sheets for Resident #3's medications of Lorazepam, Methadone, and Morphine Sulfate for 03/12/2025 and 03/23/2025. Reviewed Individual Patient Controlled Substance Administration Record for Methadone on 3/12/2025 and it showed that the 02:00 P.M dose was administered. The facility failed to provide the requested Individual Patient Controlled Substance Administration Record for Lorazepam, Methadone, and Morphine Sulfate for 03/23/2025.</p> <p>During an offsite telephone interview with the DON on 04/16/2025 at 04:16 P.M, she stated, Declining sheet should be available to surveyors and typically the original goes into the patient's chart. The DON acknowledged that Resident #3's Individual Patient Controlled Substance Administration Records were not available and they failed to follow their policy.</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility's document titled Documentation in Medical Record, implemented on 10/01/2024, revealed under Policy Explanation and Compliance Guidelines: licensed staff and interdisciplinary team members shall document all assessments, observations, and services provided in the resident's medical record in accordance with state law and facility policy.</p> <p>Review of the facility's document titled Medication Administration, implemented on 09/01/2024, revealed Medication Administration: 21. Sign MAR after administered. For those medications requiring vital signs, record vital signs on the MAR. 22. Report and document any adverse side effects or refusals.</p> <p>NJAC 8:39-35.2 (d)</p> <p>NJAC 8:39-35.2 (g)</p>