

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315312	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/22/2024
NAME OF PROVIDER OR SUPPLIER Hampton Ridge Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 94 Stevens Road Toms River, NJ 08755	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49712</p> <p>Based on interview and record review, it was determined that the facility failed to develop and implement a care plan that meets the medical needs identified on the comprehensive assessment care for 1 on 35 residents reviewed for comprehensive care plans, Resident #5.</p> <p>This deficient practice was evidenced by the following:</p> <p>A review of Resident #5's admissions record revealed that, Resident #5 was admitted with but not limited to Benign Prostatic Hyperplasia (enlarged prostate), and Obstructive and Reflux Uropathy (a blockage in one or both tubes that carry urine from the kidneys to the bladder.)</p> <p>A review of the Resident #5's comprehensive Minimum Data Set (MDS), dated [DATE], revealed under section H that the resident had an indwelling catheter.</p> <p>A review of the current Care Plan (CP) for Resident #5 did not include documentation of a CP focus area or interventions for the care of indwelling catheters.</p> <p>During an interview on 10/21/2024 at 10:15 AM with the surveyor the Licensed Practical Nurse (LPN)# 1 was asked what should be on the CP for a resident with an in dwelling catheter. At this time LPN #1 responded, Indwelling catheter care and risk for infection. When asked if there should be a focus on the indwelling catheter on the resident's baseline CP, LPN #3 replied. Yes, there should be one that has to do with care.</p> <p>During an interview on 10/21/2024 at 01:22 PM with the surveyor asked the Director of Nursing (DON) if there should be a focus area on the indwelling catheter on the resident's CP. The DON responded, yes of course.</p> <p>A review of a facility provided policy with a review date of 3/2024 and titled Comprehensive Person-Centered Care Plan revealed under section 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 and implemented for each resident.</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
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