STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315332	A. Building B. Wing	09/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southern Ocean Center	1361 Route 72 West Manahawkin, NJ 08050

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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This deficient practice was evidenced by the following: On [DATE], from 08:47 AM to 09:39 AM, during the kitchen tour, the surveyor, accompanied by the Dietary Director (DD), observed three gallons of unopened whole milk in the walk-in refrigerator. The manufacturer's expiration date on the milk was [DATE]. On [DATE] at 8:47 AM, during an interview with the surveyor, the Dietary Director (DD) stated that the expired milk would be discarded, and that expired milk could cause illness. A review of the undated facility policy titled, Use By Dating Guidelines, revealed that .The manufactures' expiration date, when available, is the use by for unopened items. N.J.A.C 8:39-17.2 (g)

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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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, interview, review of medical records, and other pertinent facility documents, it was determined that the facility failed to follow appropriate infection control practices during a COVID-19 outbreak, specifically the a.) use of Personal Protective Equipment (PPE) for 2 unsampled residents (Resident #46 and Resident #105) and 1 resident (Resident #3) reviewed for tube feeding on transmission-based precautions, b.) handling of clean linen during transport in the nursing unit on COVID-19 outbreak, and c.) hand hygiene for residents in the dining room, to prevent the potential spread of infection in accordance with the Center for Disease Control and Prevention (CDC) guidelines and standards of clinical practice. This deficient practice was evidenced by the following:Reference: As SARS-CoV-2 transmission in the community increases, the potential for encountering asymptomatic or pre-symptomatic patients with SARS-CoV-2 infection also likely increases. In these circumstances, healthcare facilities should consider implementing broader use of respirators and eye protection by HCP during patient care encounters as described. Eye protection (i.e., goggles or a face shield that covers the front and sides of the face) worn during all patient care encounters. https://www.cdc.gov/covid/hcp/infection-control/index.html Reference: Enhanced Barrier Precautions are an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDROs) in nursing homes. Enhanced Barrier Precautions involve gown and glove use during high-contact resident care activities for residents known to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices). https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/faqs.html Reference: When patients and visitors should clean their hands: Before preparing or eating food.How to clean hands: With an alcohol-based hand sanitizer.With soap and water. https://www.cdc.gov/clean-hands/about/hand-hygiene-for-healthcare.html A.1.) On 9/3/2025 at 8:57 AM, Surveyor #1 observed Nurse Practice Educator/ Registered Nurse #1 (NPE/ RN #1) wearing N95 mask and eyeglasses, sanitize their hands and don yellow disposable gown and gloves outside the room of Resident #105. The eyeglasses did not have covers on the side. The surveyor observed a signage for droplet precautions along the doorway which indicated that staff had to wear gown, gloves, N95 mask, eye protection or face shield. The signage also indicated that staff was required to keep the door closed. The surveyor observed NPE/ RN #1 leave the door open and assist Resident #105 to the wheelchair. A review of the Resident #105's electronic medical record (EMR) revealed the following: A review of the admission Record reflected the resident had diagnoses that included but not limited to COVID-19, decreased white blood cell count, and dementia. A review of the most current comprehensive Minimum Data Set (MDS), an assessment tool dated 8/1/2025 revealed that the resident had a Brief Interview for Mental status (BIMS) of 7 which indicated a severely impaired cognition. The MDS also indicated that the resident required moderate assistance for transfers. A review of the clinical physician orders active as of 8/26/2025 revealed an order for droplet precautions. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of Resident #105's most current comprehensive care plan initiated on 8/26/2025 reflected a focus for COVID-19 infection diagnosis with interventions which included droplet precautions. On 9/4/2025 at 10:30 AM, during an interview with the surveyor, the Infection Preventionist (IP) stated that the facility was on active COVID-19 outbreak which started last 8/17/2025. The surveyor asked the IP what PPE staff is expected to wear inside residents with COVID-19 infection. The IP stated that inside the rooms of residents with COVID-19 infection, the staff are expected to observe droplet precautions which meant they must wear N95 mask, gown, gloves, and protective eye gear like face shield and goggles. The IP also stated that eyeglasses need to have side cover for protection. On 9/5/2025 at 11:37 AM, during an interview with the survey team, the Director of Nursing (DON) stated that staff should be wearing gown, N95 mask, gloves, and face shield inside the room of a COVID-19 positive resident. The DON also stated that staff should not be using eyeglasses for eye protection because eyeglasses have open sides and that the sides should be closed. A review of the facility-provided policy revised on 5/1/2025 titled Transmission Based Precautions included under droplet Precautions the following: 10.6 Based upon the pathogen or clinical syndrome, if there is a risk of exposure of mucous membranes or substantial spraying of respiratory secretions is anticipated, gloves and gown as well as goggles (or face shield) should be worn. 2.) On 9/3/2025 at 9:00 AM, Surveyor #1 observed Licensed Practical Nurse (LPN) #1 enter the room of Resident #46 wearing yellow gown, gloves, N95 mask and brown eyeglasses. The eyeglasses did not have covers on the side. The room had a signage along the doorway for droplet precautions. The surveyor observed LPN #1 close the door. On 9/3/2025 at 9:03 AM, Surveyor #1 observed LPN #1 leave Resident #46's room wearing the brown eyeglasses. LPN #1 continued to wear the brown eyeglasses while doing medication administration in the nursing unit. On 9/3/2025 at 12:35 PM, Surveyor #1 observed Registered Nurse/ Unit Manager (RN/ UM) enter Resident #46's room wearing N95 mask, yellow gown, and gloves. RN/ UM was not wearing eye protection. A review of the Resident #46's electronic medical record (EMR) revealed the following: A review of the admission Record reflected the resident had diagnoses that included but not limited to COVID-19, metabolic encephalopathy (a condition where the brain's metabolism is disrupted leading to altered brain function), and chronic obstructive pulmonary (lung) disease. A review of the most current comprehensive Minimum Data Set (MDS), an assessment tool dated 8/29/2025 revealed that the resident was on isolation precautions for an active infectious disease under section O. A review of the clinical physician orders active as of 8/24/2025 revealed an order for droplet precautions. A review of Resident #46's most current comprehensive care plan revised on 9/3/2025 reflected a focus for risk of respiratory complications related to recent hospitalization. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 9/4/2025 at 10:30 AM, during an interview with the surveyor, the Infection Preventionist (IP) stated that the facility was on active COVID-19 outbreak which started last 8/17/2025. The surveyor asked the IP what PPE staff is expected to wear inside residents with COVID-19 infection. The IP stated that inside the rooms of residents with COVID-19 infection, the staff are expected to observe droplet precautions which meant they must wear N95 mask, gown, gloves, and protective eye gear like face shield and goggles. The IP also stated that eyeglasses need to have side cover for protection. On 9/5/2025 at 11:37 AM, during an interview with the survey team, the Director of Nursing (DON) stated that staff should be wearing gown, N95 mask, gloves, and face shield inside the room of a COVID-19 positive resident. The DON also stated that staff should not be using eyeglasses for eye protection because eyeglasses have open sides and that the sides should be closed. A review of the facility-provided policy revised on 5/1/2025 titled Transmission Based Precautions included under droplet Precautions the following: 10.6 Based upon the pathogen or clinical syndrome, if there is a risk of exposure of mucous membranes or substantial spraying of respiratory secretions is anticipated, gloves and gown as well as goggles (or face shield) should be worn. 3.) On 9/3/2025 at 12:24 PM, Surveyor #1 observed Licensed Practical Nurse (LPN) #2 administer water flush and a bolus feeding (a method of administering liquid food or medication through a tube directly into the stomach or small intestine) of formula Jevity 1.5 cal to Resident #3 who was sitting in a wheelchair. LPN #2 was wearing N95 mask and gloves. LPN #2 was not wearing protective gown. On the doorway of the resident's room, there was a signage for Enhanced Barrier Precautions (EBP) (an infection control strategy that uses gloves and gowns during high-contact resident care). The signage indicated staff to wear gown and gloves when providing high-contact direct care for residents. The examples given in the signage for high-contact direct care included device care or use like feeding tube. A review of the Resident #3's electronic medical record (EMR) revealed the following: A review of the admission Record reflected the resident had diagnoses that included but not limited to gastrostomy status (a medical condition where a surgical opening is created in the stomach to provide direct route for feeding), acute cough, and cerebral infarction (stroke). A review of the most current comprehensive Minimum Data Set (MDS), an assessment tool dated 8/4/2025 revealed that the resident was on feeding tube. A review of the clinical physician orders active as of 4/15/2025 revealed an order for enhanced barrier precautions for tube feeding. A review of Resident #3's most current comprehensive care plan revised on 8/8/2025 reflected a focus for enteral tube feeding with interventions which included enhanced barrier precautions. On 9/4/2025 at 10:30 AM, during an interview with the surveyor, the Infection Preventionist (IP) stated that the facility was on active COVID-19 outbreak which started last 8/17/2025. The surveyor asked the IP what PPE staff should be wearing for residents on EBP. The IP stated that staff should be wearing gown and gloves during high-contact activities such as g-tube (tube feeding) feedings. On 9/5/2025 at 11:37 AM, during an interview with the survey team, the Director of Nursing (DON) (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	stated that staff should be wearing gown and gloves for residents on EBP during high-contact activities that included g-tube feeding. A review of the facility-provided policy revised on 12/16/2024 titled Enhanced Barrier Precautions indicated under Process 4. Use EBP when patient status included wound or indwelling medical device without secretions or excretions that are unable to be covered or contained and not known to be infected or colonized with any MDRO (multi-drug-resistant organisms). B.) On 9/3/2025 at 11:51 AM, Surveyor #1 observed a yellow housekeeping cart outside a resident's room with a big plastic bag tied on the handle. The plastic bag contained clean-looking multi-colored washcloths touching the floor in the hallway. The surveyor also observed Housekeeper (HSK) #1 mop the floor of the resident's room nearest the cart. The surveyor asked HSK #1 to identify the content of the plastic bag which they identified as clean rugs. HSK#1 was observed wheeling the cart in the hallway dragging the plastic bag along with it. On 9/4/2025 at 10:30 AM, during an interview with the surveyor, the IP stated that clean linen should not touch the floor. On 9/5/2025 at 11:37 AM, during an interview with the survey team, the DON stated that clean rugs in plastic bag should not touch the floor for infection control. A review of facility-provided policy revised on 5/1/2024, titled Linen Handling included under Policy: All linen will be handled, stored, transported, and processed to contain and minimize exposure to waste products. Under Definitions: Linen includes sheets, blankets. washcloths, and similar items from departments such as .environmental services. C.) On 09/03/2025 at 11:40 AM, Surveyor #2 observed dining for lunch in the 1st floor dining room. The IP provided the residents in the dining room with moist towelettes for hand hygiene. The moist towelettes were alcohol free. During an interview with Surveyor #2 on 09/03/2025 at 11:55 AM, the IP stated that residents receive towelettes for hand hygiene prior to meals. She added that she was not sure whether the towelettes contain alcohol and that they should suffice and are good enough. During an interview with Surveyor #1 on 09/05/2025 at 11:37 AM, the LHNA stated that staff should ensure residents use alcohol-based hand sanitizer before meals to help prevent the spread of germs. He clarified that the wipes are intended for cleaning residents' hands and faces after consuming messy foods, such as ribs, to remove visible sauce or residue. A review of a facility policy dated 05/01/2025 titled, Hand Hygiene, revealed that, Per the Centers for Disease Control and Prevention (CDC), when hands are not visibly dirty, alcohol-based hand sanitizers are the preferred method for hand hygiene. N.J.A.C. 8:39-19.4(a)(1)(m)(n) N.J.A.C. 8:39-21.1(d)

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F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident?s assessment data and transmit these data to the State within 7 days of assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, it was determined that the facility failed to complete and transmit a Minimum Data Set death in facility tracking record in accordance with federal guidelines. This deficient practice was identified for 1 of 1 resident reviewed for resident assessment (Resident #17). This deficient practice was evidenced by:On [DATE], at 9:47 AM the surveyor reviewed the facility assessment task that included the Resident's MDS Assessments. The surveyor reviewed Resident #17's electronic medical record. The record revealed that the resident expired on [DATE]. The electronic health record reflected that there was no death in facility tracking record completed for the resident's death date of [DATE]. On [DATE] at 12:30 PM, the surveyor interviewed the MDS Coordinator. The MDS Coordinator confirmed that the death in facility tracking record was not completed or transmitted for Resident #17. She stated it should have been completed and transmitted by [DATE]. A MDS is a comprehensive tool that is a federal mandated process for clinical assessment of all residents that must be completed and transmitted to the Quality Measure System. The facility must electronically transmit the MDS within 14 days of the assessment being completed. NJAC 8:39-11.2