STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315340	A. Building B. Wing	07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Atlas Healthcare at Seashore Gardens	22 West Jimmie Leeds Road Galloway Township, NJ 08205

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(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. Based on observation, interview, and facility policy review, the facility failed to keep the kitchen's reach in refrigerator, ice machine, ice scoop holder, shelves, floor fan, rack, and the microwave ovens located in the pantry and snack rooms clean and sanitized. Additionally, the facility failed to ensure kitchen food preparation pans were dry when stored and failed to keep stored foods closed in the kitchen. This failure had the potential to create an environment for food-borne illnesses which could affect 139 residents who consumed food prepared from the facility's kitchen.Findings include: Review of the facility's policy titled, Sanitation dated 11/22 indicated, Policy Statement The food service area is maintained in a clean and sanitary manner. Policy Interpretation and Implementation 1. All kitchens, kitchen area and dining areas shall be kept clean . 2. All utensils, counters, shelves, and equipment are kept clean, maintained in good repair and free from breaks, corrosions, open seams, cracks, and chipped areas that may affect their use or proper cleaning . 7. Food preparation equipment and utensils that are manually washed are allowed to air dry whenever practical .10. Ice machines and ice storage containers are drained, cleaned, and sanitized per manufacturer's instructions . Review of the facility's policy titled, Food Receiving and Storage dated 11/22 indicated, Policy Statement Foods shall be received and stored in a manner that complies with safe food handling practices . Refrigerated/Frozen Storage 1. All foods stored in the refrigerator or freezer are covered, labeled, and dated . 1. Observation during the initial kitchen inspection on 07/21/25 from 9:20 AM to 10:00 AM, with the Dietary Manager (DM) present, revealed the following unclean and wet food preparation and storage equipment: a. One of the kitchen's reach-in refrigerators was unclean with a black moldlike substance in its interior storage compartment that could be wiped away with a paper towel. b. The interior of the kitchen's ice scoop holder, which was stored on top of the ice machine with the scoop stored inside, was unclean with a black moldlike substance that could be wiped away with a paper towel. c. The kitchen's ice machine was unclean with a black moldlike substance on the machine's inner metal rim that could be wiped away with a paper towel. d. Two metal shelves under the kitchen's grill were rusted and unclean with a greasy residue that could be wiped away with a paper towel. e. A large floor fan that was operating in a food preparation area was unclean with heavy accumulation of black dust on the fan's grill and three fan blades. The unclean fan was positioned approximately six feet away from where a dietary employee was slicing meat on the kitchen's electric slicer and the fan was blowing air directly at the employee and the slicer. f. Five food preparation pans, which were ready for use, were stacked directly on top of each other and were stored wet. g. One of the kitchen's metal can storage rack was unclean with a dried brown and sticky substance on four of the metal racks where cans of food were stored in direct contact with the substance. During an interview with the DM, during the initial kitchen inspection on 07/21/25 from 9:20 AM to 10:00 AM, the DM confirmed the kitchen's reach in refrigerator, ice machine, ice scoop holder, two metal shelves, large floor fan and can storage rack were unclean and the five food preparation pans were stored stack together with moisture on them. The DM stated dietary staff were expected to follow the kitchen's cleaning schedule and keep all kitchen equipment clean, and to not stack pans together until they were dry. 2. Observation on 07/21/25 at 9:50 AM of food stored in a (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	kitchen reach in refrigerator, during the initial kitchen inspection, revealed three bags of onion rings and one bag or French fries that were not closed. During an interview on 07/21/25 at 9:50 AM the DM confirmed the stored three bags onion rings, and one bag of French fries was not closed. The DM stated staff were expected to close food bags completely when stored. 3. Observation on 07/23/25 of the facility's unit pantries and snack rooms, for resident use, revealed the following: a. Observation on 07/23/25 at 8:50 AM of the facility's 200 hallway snack room revealed the microwave in this room was unclean with accumulated dried food substances and splatters in its inner cooking compartment. The DM and Registered Dietitian (RD)1 also viewed this microwave and confirmed that it was unclean. b. Observation on 07/23/25 at 9:00 AM of the facility's 200 hallway pantry revealed the microwave in this room was unclean with accumulated dried food substances and splatters in its inner cooking compartment. The DM and RD1 also viewed this microwave and confirmed that it was unclean. c. Observation on 07/23/25 at 9:10 AM of the facility's 100 hallway snack room revealed the microwave in this room was unclean with accumulated dried food substances and splatters in its inner cooking compartment. The DM and RD1 also viewed this microwave and confirmed that it was unclean. During an interview on 07/23/25 at 9:10 AM, the DM stated the kitchen staff were responsible for cleaning the microwave ovens in the facility's snack rooms and pantries. The DM explained the kitchen staff were expected to clean these microwave ovens first thing in the morning and when needed. NJAC 8:39-17.2(g)NJAC 8:39-19.7(d)

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, record review, and facility policy review, the facility failed to ensure one of three residents (Resident (R) 102) reviewed for choices and food preferences were honored, Specifically, 27 out of 28 residents residing in the secure dementia unit were not offered choices of food, beverages, and condiments at meals. This failure could lead to dissatisfaction with meals, weight loss, or malnutrition.Findings include:Review of R102's admission Record located under the Profile tab in his electronic medical record (EMR) revealed the resident was admitted to the facility on [DATE] and had diagnoses including dementia, mood disorder, chronic kidney disease, and anemia.Review of R102's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/07/25 and located under the MDS tab of the EMR revealed a Brief Interview for Mental Status (BIMS) score of one out of 15 which indicated R102 had severely impaired cognition. The resident did not exhibit any mood or behavioral problems. The resident received a mechanically altered, therapeutic diet.During an interview on 07/21/25 at 11:54 AM, R102's Family Member (F1) stated the residents on the secure dementia unit were not offered choices of food or beverages at meals. F1 stated she provided information on the resident likes and dislikes, but added, I know they give him/her things he/she doesn't like, like today's tuna casserole. He/she doesn't like fish. I told them that. Review of R102's Care Plan dated 02/11/25 and located under the Care Plan tab of the EMR revealed, [R102] is at risk for malnutrition r/t [related to] Hx [history of] significant weight change, inadequate caloric intake with need of supplementation, need of therapeutic/mechanically altered diet, [and] PMHx: [past medical history of] Afib [atrial fibrillation], CKD [chronic kidney disease], Anemia, Dementia, HTN [hypertension], [and] HLD [high cholesterol]. The approaches included, Encourage H2O [water] intake at and between meals for hydration . [and] Honor food and fluid preferences to optimize PO [oral] intake, update PRN [as needed]. -Dislikes: fish, mushrooms.Review of R102's Dietary Assessment and Documentation dated 11/03/24 and located under the Assessments tab of the EMR revealed, Food preferences were reviewed and updated with the kitchen. Dislikes fish, mushrooms. Review of R102's meal tray card provided on paper from the kitchen revealed the dislikes of fish and mushrooms were included on the card. During observation of lunch in the secure dementia unit on 07/21/25 beginning at 11:58 AM, all residents but one (who received a grilled cheese sandwich) were served tuna casserole, tater tots, and green beans. There were no condiments, such as salt, pepper, or ketchup, available or offered to the residents. All residents received a glass of lemonade; there were no other beverages available or offered, though one resident requested and received a cup of coffee. No water was served with the meal. R102 was served tuna casserole, tater tots, green beans, and a glass of lemonade. The resident did not receive water with their meal as directed on the Care Plan. The resident was observed to only eat bites of their meal while being assisted by F1.During observation of lunch in the secure dementia unit on 07/24/25 beginning at 11:50 AM, all residents but one (who received a veggie burger) were served pasta and sauce, meatballs, and spinach. All residents were served a glass of strawberry-kiwi juice, there were no other beverages available or offered. Additionally, no condiments were available or offered. During an interview on 07/24/25 at 11:57 AM, Certified Nure Aide (CNA) 2 stated the kitchen typically sent one type of juice with each meal. She stated the residents were only given the juice that was sent, they were not offered a choice of beverage. During an interview on 07/24/25 at 12:04 PM, CNA7 stated the kitchen typically sent the main meal for all residents; their orders were not taken, and they were not offered choices at meals.During an interview on 07/24/25 at 12:05 PM, CNA1 stated all residents were served the main meal; however, they could ask for something different and it would be requested from the kitchen.During an interview on 07/24/25 at 1:26 PM, the Dietary Manager (DM) stated that since the residents in the secure dementia unit were cognitively impaired, (continued on next page)

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	the weekly menus were left out at the front desk for the family members to fill out with resident preferences. She stated there was no system in place to offer residents a choice of meals unless the family members were in the facility to fill out the menus each week. The DM stated residents' likes and dislikes were assessed upon admission, and the kitchen should serve something different if a food is listed as a dislike. The DM stated R102 did not like fish, so he/she should have received a substitute for the tuna casserole. The DM explained that in the facility's main dining room, there was a menu provided, and servers assisted the residents to choose their preferences at the beginning of each meal. The DM stated the staff should be offering a choice of beverages. She stated in the main dining room, different types of juice, different types of soda, water, coffee, tea, hot chocolate, and milk were offered.Review of the facility's policy titled, Food and Nutrition Services, dated October 2017 revealed, The multidisciplinary staff, including nursing staff, the attending physician and the dietitian will assess each resident's nutritional needs, food likes, dislikes and eating habits . Reasonable efforts will be made to accommodate resident choices and preferences. NJAC 8:39-4.1(a)

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F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to organize and participate in resident/family groups in the facility. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, record review, document review and policy review, the facility failed to ensure concerns regarding food temperatures voiced by eight of eight residents who participated in the Resident Council meeting (R19, R34, R43, R89, R92, R105, R129, and R143) in a total sample of 36 residents were acted upon in a timely manner in an attempt to resolve the group's concerns. This failure had the potential to lead to resident dissatisfaction with the facility's Resident Council and grievance resolution processes.Findings include:Review of the facility's April 2024 through June 2025 Resident Council meeting minutes provided on paper revealed ongoing grievances regarding palatable food temperatures:June 2024: Residents stated the food/waffles are cold. There was no follow up to this concern documented in the June 2024 or July 2024 meeting minutes/resolutions.September 2024: The food could be a lot warmer. The response, Temp [temperature] logs checked.November 2024: Residents expressed food is cold when it is provided to them. The resolution was, In the process of ordering new pellet plates to help keep food warm.December 2024: Expressed irregular food temperatures when the trays are delivered. Some residents' food will be cold, and others will be warm. It was also stated that sometimes the food has to be sent back because of how cold it is and that the plate is cold to touch which caused to [sic]temperatures of the food to drop. The resolution, Manager will reeducated [sic] regarding placing food on cold plates.March 2025: Resident report food temperatures have been better, some who eat in their rooms state can still be cold at times. The resolution, Will continue to monitor temperature of the food.April 2025: Coffee is not always hot when given to them. The resolution, Will continue to monitor the temperature of the food/coffee.June 2025: Grill [sic] Cheese not hot enough. French toast not hot enough. The resolution, [Dietary Manager] will make sure those items are wrapped properly so they stay hot until tray gets to residents.During a group interview with eight members (Resident (R)19, R34, R43, R89, R92, R105, R129, R143) of the Resident Council on 07/23/25 at 11:28 AM revealed all eight residents agreed the food was served cold at most meals, especially if you had to wait for a room tray. All residents agreed the food temperatures had not improved. R129 stated, If it were hot, it would be good. R89 stated he/she would like the food hotter, and this was a complaint that had come repeatedly in Resident Council minutes. All residents agreed they did not know what the facility was doing to improve the service temperatures of the food. Review of R19's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/27/25 and located under the MDS tab of the electronic medical record (EMR) revealed he/she was admitted to the facility on [DATE] and the Brief Interview for Mental Status (BIMS) score of 14 out of 15 indicating intact cognition. Review of R34's annual MDS with an ARD of 06/27/25 revealed he/she was admitted to the facility on [DATE] and the BIMS score was 14 out of 15 indicating intact cognition. Review of R43's quarterly MDS with an ARD of 05/07/25 revealed he/she was admitted to the facility on [DATE] and the BIMS score indicating intact cognition. Review of R89's quarterly MDS with an ARD of o4/29/25, revealed he/she was admitted to the facility on [DATE] and score 15 out of 15 on the BIMS score was 15 out of 15 indicating intact cognition. Review of R92's annual MDS with an ARD of 06/20/25 revealed he/she was admitted to the facility on [DATE] and the BIMS score of 12 out of 15 indicating moderately impaired cognition. Review of R105's quarterly MDS with an ARD of 07/10/25 revealed he/she was admitted to the facility on [DATE] and the BIMS score of nine out of 15 indicating moderately impaired cognition. Review of R129's quarterly MDS, with an ARD of 06/13/25 revealed he/she was admitted to the facility on [DATE] and the BIMS score of 15 out of 15 indicating intact cognition. Review of R143's annual MDS, with an ARD of 06/26/25 revealed he/she was admitted to the facility on [DATE] and the BIMS score of eight out of 15 indicating moderately impaired cognition.During the survey, the last resident breakfast tray was observed to be served on the 200 hallway on 07/23/25 at 8:24 AM. At this time, the food and beverages on the test tray were sampled in the presence of the Dietary Manager (continued on next page)

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F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	(DM) and Registered Dietitian (RD)1. The coffee, which was served from a carafe that was on the delivery cart, registered 119.8 degrees Fahrenheit and tasted barely warm. The DM and RD1 also tasted the coffee and confirmed the coffee was barely warm and needed to be hotter. (Refer to F804: Food Palatability). On 07/24/25, the facility provided an undated summary of efforts to address the residents' complaints of cold food on paper. The summary documented temperature audits were completed (on 04/15/25 - three temperatures were documented; on 05/05/25 - three temperatures were documented; on 05/19/25 - two temperatures were documented; on 06/02/25 - three temps documented; and on 06/09/25 - two temperatures were documented). Also, on 07/03/25, new coffee pots had been ordered and on 07/14/25, new insulated carts had been ordered. During an interview on 07/24/25 at 1:26 PM, the DM stated she was aware of residents' concerns regarding cold food and had been auding the temperature of the foods on the tray line prior to service. She stated audits of the temperature at the point of service on a test tray were not done frequently and had probably last been completed a few months ago. The DM stated there were no systemic changes made to address the repeated concerns until new coffee pots and insulated carts were ordered in July 2025. Review of the policy titled, Resident Council dated February 2021 revealed, The purpose of the resident council is to provide a forum form . discussion of concerns and suggestions for improvement. A Resident Council Response Form will be utilized to track issues and their resolution. Review of the policy titled, Resident and Family Grievances dated February 2021 revealed, The facility will make prompt efforts to resolve grievances. NJAC 8:39-4.1(a)NJAC 8:39-13.2(c)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, document review, and facility policy review, the facility failed to serve food that was palatable and hot to three (Resident (R) 85, R158, and R159) of four residents reviewed for food palatability and eight of eight residents who participated in the Group meeting (R19, R34, R43, R89, R92, R105, R129, and R143) in a total sample of 36 residents.Findings include: Review of the facility's policy titled Food and Nutrition Services dated 10/17 indicated, Policy Statement, each resident is provided with a nourishing. Palatable, well-balanced diet that meets his or her daily nutritional and special dietary need, food likes, dislike, eating habit, as well as physical, functional, and psychosocial factors that affect eating and nutritional intake and utilization. 1. Review of R85's electronic medical record (EMR) revealed an admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/14/25 located under the MDS tab indicated a Brief Interview for Mental Status (BIMS) score of 15 of 15, which indicated the resident was cognitively intact. During an interview on 07/21/25 at 2:02 PM, R85 stated she ate her meals in her room and the food served at meals was warm and she would like her food to be hotter. R85 specified that the breakfast meal was the most problematic. During an interview on 07/22/25 at 3:24 PM, R85 stated her eggs and oatmeal were cold when served at breakfast this morning. 2. Review of R158's EMR revealed an admission MDS with an ARD of 07/24/25 located under the MDS tab indicated a BIMS score of 15 of 15, which indicated the resident was cognitively intact. During an interview on 07/21/2025 1:48 PM, R158 stated she ate her meals in her room and at the breakfast the coffee, eggs, and oatmeal were cold when served. During an interview on 07/23/25 at 8:15 AM, R158 stated the coffee served with her breakfast meal was only warm and she would like it to be served hotter. R158 stated she was not served eggs with her breakfast on this date. 3. Review of R159's EMR revealed an admission MDS with an ARD of 07/25/25 located under the MDS tab indicated a BIMS score of 13 of 15, which indicated the resident was cognitively intact. During an interview on 07/21/2025 at 1:15 PM, R159 stated he ate meals in his room and the food he received at meals was cold and bland. 4. Review of the monthly Resident Council meeting minutes dated 06/25, 03/25, 12/24, 11/24, and 06/24, provided by the facility, revealed residents voiced a concern regarding food being served cold at meals. 5. A group meeting on 07/23/25 at 11:30 AM, revealed that eight of eight residents (R19, R34, R43, R89, R92, R105, R129, and R143) voiced concerns regarding the food they were served at meals that was not always hot. During a group meeting all eight residents agreed the food was served cold at most meals, especially if you had to wait for a room tray. All residents agreed the food temperatures had not improved. R129 stated, If it were hot, it would be good. R89 stated she would like the food hotter, and this was a complaint that had come repeatedly in Resident Council minutes. All residents agreed they did not know what the facility was doing to improve the service temperatures of the food. Review of R19's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/27/25 and located under the MDS tab of the electronic medical record (EMR) revealed she was admitted to the facility on [DATE] and the Brief Interview for Mental Status (BIMS) score of 14 out of 15 indicating intact cognition. Review of R34's annual MDS with an ARD of 06/27/25 revealed he was admitted to the facility on [DATE] and the BIMS score was 14 out of 15 indicating intact cognition. Review of R43's quarterly MDS with an ARD of 05/07/25 revealed she was admitted to the facility on [DATE] and the BIMS score indicating intact cognition. Review of R89's quarterly MDS with an ARD of o4/29/25, revealed she was admitted to the facility on [DATE] and score 15 out of 15 on the BIMS score was 15 out of 15 indicating intact cognition. Review of R92's annual MDS with an ARD of 06/20/25 revealed she was admitted to the facility on [DATE] and the BIMS score of 12 out of 15 indicating moderately impaired cognition. Review of R105's quarterly MDS with an ARD of 07/10/25 revealed she was admitted to the facility on [DATE] and the BIMS score of nine out of 15 indicating moderately impaired cognition. Review of R129's quarterly MDS with an ARD of 06/13/25 revealed (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	she was admitted to the facility on [DATE] and the BIMS score of 15 out of 15 indicating intact cognition. Review of R143's annual MDS with an ARD of 06/26/25 revealed she was admitted to the facility on [DATE] and the BIMS score of eight out of 15 indicating moderately impaired cognition. 6. In response to resident complaints about food, a test tray was requested to be sent to the facility's 200 hallway during the breakfast meal on 07/23/25. Observation revealed before the meal tray cart, which contained the test tray, left the kitchen at 8:00 AM, resident meals were observed being served in unheated bowls and food temperatures were at acceptable levels of 140 degrees Fahrenheit (F) and above on the kitchen tray line. The test tray and other resident meal trays were placed on an open and uncovered tray cart that had no heating element and were delivered to the 200 hallway at 8:02 AM. The last resident breakfast tray was observed to be served on the 200 hallway on 07/23/25 at 8:24 AM. At this time, the food and beverages on the test tray were sampled in the presence of the Dietary Manager (DM) and Registered Dietitian (RD)1. The DM utilized a calibrated facility thermometer to obtain temperatures of the food and beverages served on the test tray. The DM and RD1 also tasted the food served on the requested test tray. Temperature checks and tasting of the food served on the test tray revealed the following: a. The scrambled eggs served on the test tray registered 114.1 degrees Fahrenheit (F) and were barely warm when tasted. The DM and RD1 also tasted the scrambled eggs and confirmed the eggs tasted barely warm and needed to be hotter. b. The coffee, which was served from a carafe that was on the delivery cart, registered 119.8 degrees F and tasted barely warm. The DM and RD1 also tasted the coffee and confirmed the coffee was barely warm and needed to be hotter. NJAC 8:39-17.4(a)2,(e)

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F 0847 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, admission agreement review and interviews, the facility failed to explicitly inform residents or their representative of their right not to sign the agreement as a condition of admission to, or as a requirement to continue to receive care at, the facility; failed to explicitly state that neither the resident nor their representatives were required to sign an agreement for binding arbitration as a condition of admission to, or as a requirement to continue to receive care at, the facility; failed to ensure that the agreement was explained to the residents and their representatives in a form and manner that they understood; failed to ensure that the residents or their representatives acknowledged that they understood the agreement; failed to explicitly grant the residents or their representatives the right to rescind the agreement within 30 calendar days of signing it for three of three (R)23, R33, and R5) reviewed for binding arbitration agreements. The failure had the potential for residents not to be aware that they were giving up their legal rights to have their disputes resolved in a court of law.Findings include: Review of the facility's admission Agreement revealed: .16. The Home and Resident or Resident's Representative agree that any claim, controversy, or dispute relating directly or indirectly to this Agreement, except for the Home's action to collect for non-payment of fees, shall be resolved by a single arbitrator in an arbitration association. The Arbitrator will be appointed by the mutual Agreement of the Home and Resident. If the Home and Resident cannot agree as to the identity of the Arbitrator, the Arbitrator will be appointed by the American Arbitration Association. The arbitration will be held in the county of the location of the Home. The decision of the Arbitrator shall be conclusively binding in any court of competent jurisdiction. The Home and Resident shall each pay one-half of the fees and expenses of the Arbitrator and The American Arbitration Association. The Home and Resident will each be responsible for entire cost of their attorney and witnesses. During an interview with the Admissions Assistant on 07/23/25 at 12:59 PM, she stated she fills in the admission paperwork and then goes around to speak to each resident, to explain to them the fine points of the admission agreement as it applies to them. When asked what a binding arbitration was, the admission Assistant stated that she did not know, but it may have something to do with collecting payment of unpaid fees. The Admissions Assistant stated she could not explain the fine points to residents before they signed the arbitration agreement; when asked if she explained to residents that they did not have to sign an arbitration agreement as a basis for admission to the facility or continued treatment; that they had a right to a neutral arbitrator and the choice of a venue convenient to both parties; they had 30 days to rescind the agreement if they changed their minds; that they had to attest in the agreement that they understood the agreement and agreed with the contents, the admission Assistant stated, No, she did not know this information. During an interview on 07/23/25 at 1:23 PM, the Admissions Director (AD) stated that she and the Admissions Assistant are responsible for explaining the admission Agreement to residents and obtaining their signatures. The AD stated that Arbitration is when a resident or family agrees to mutual mediation of a point of concern. The AD stated she was not qualified to explain arbitration to residents, but that the facility lets residents know that the admission agreement contains an arbitration clause, and that it was the preference of the facility to arbitrate to resolve disputes. The AD stated if residents have a concern, the facility will review and respond accordingly. The AD stated she did not have the arbitration clause memorized nor did she read it verbatim to residents. When asked if she explains to the residents that they are giving up a legal right to go to court and sue if they have a dispute with the facility; that residents have to choice to opt out of the arbitration clause and annotate the paragraph addressing arbitration; that residents are told that signing the arbitration clause is not a condition to admission or continued admission in the facility; that residents are told that they have thirty days to rescind the arbitration agreement if they change their minds; that the (continued on next page)

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Atlas Healthcare at Seashore Gardens	22 West Jimmie Leeds Road Galloway Township, NJ 08205

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F 0847 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	arbitration agreement was binding and that an arbitrator's decision was final and legally binding; that residents have a right to a neutral arbitrator; that residents have the right to a mutually agreed venue, convenient to both parties; that residents are told that they have to acknowledge that the agreement has been explained to them and they understand and agree with the provisions, the AD stated, No. When asked if the arbitration agreement should not contain language that precludes the resident from speaking with the Ombudsman, and the state regulatory agency, the AD stated that she did not know. During an interview on 07/24/2025 1:15 PM, the Director of Nursing (DON) stated it was her expectation that residents should get the information they need to make an informed decision on arbitration and should be able to change their minds in line with federal regulations. Review of R23's admission Agreement dated 06/24/25 located under the Miscellaneous tab of the electronic medical record (EMR) revealed it was signed by R23. During an interview on 07/24/25 at 2:20 PM, R23 stated he did not recall all the papers he signed at admission, and that no one explained binding arbitration to him. Review of R23's admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/28/25 revealed R23 was admitted to the facility on [DATE] with a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated the resident was cognitively intact. Review of R33's the admission Agreement dated 06/24/25 revealed it was signed by R33. During an interview on 07/24/25 at 2:41 PM P33 stated she did not know what arbitration was. Review of R33's admission MDS with an ARD of 07/01/25 revealed R23 was admitted to the facility on [DATE] with a BIMS score of 14 out of 15, which indicated the resident was cognitively intact. Review of R5's admission Agreement dated 05/01/25 revealed it was signed by R5. During an interview on 07/24/25 at 2:56 PM, R5 stated his son took care of all that for him. P5 stated he could not recall signing any arbitration agreement. Review of R5's quarterly MDS with an ARD of 06/11/25 revealed R5 was admitted to the facility on [DATE] and readmitted on [DATE] with a BIMS score of 10 out of 15, which indicated the resident was moderately cognitively impaired. NJAC 8:39-5.1(a)

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F 0848 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide a neutral and fair arbitration process and agree to arbitrator and venue. Based on record review, and interviews, the facility failed to provide for the selection of a neutral venue that is convenient to both parties in the binding arbitration agreement embedded in the facility's admission agreement signed by 131 of 139 residents currently residing in the facility. The failure had the potential for residents not to be aware of their legal right to have their disputes resolved in a court of law.Findings include:Review of the facility's admission Agreement revealed: .16. The Home and Resident or Resident's Representative agree that any claim, controversy, or dispute relating directly or indirectly to this Agreement, except for the Home's action to collect for non-payment of fees, shall be resolved by a single arbitrator in an arbitration association. The Arbitrator will be appointed by the mutual Agreement of the Home and Resident. If the Home and Resident cannot agree as to the identity of the Arbitrator, the Arbitrator will be appointed by the American Arbitration Association. The arbitration will be held in the county of the location of the Home. The decision of the Arbitrator shall be conclusively binding in any court of competent jurisdiction. The Home and Resident shall each pay one-half of the fees and expenses of the Arbitrator and The American Arbitration Association. The Home and Resident will each be responsible for entire cost of their attorney and witnesses.Review of the facility's document titled Seashore Gardens Living Center Detailed Census Report presented by the facility revealed 131 of the facility's 138 residents had signed the admission Agreement, including paragraph 16 of the agreement, which addressed binding arbitration.During an interview on 07/23/25 at 12:59 PM, the Admissions Assistant stated that she was unaware of the regulatory provision that residents could select a neutral venue that is convenient to both parties for arbitration.During an interview on 07/23/25 at 1:23 PM, the Admissions Coordinator (AC) stated that she and the Admissions Assistant are responsible for explaining the admission Agreement to residents and obtaining their signature. The AC stated that Arbitration is when a resident or family agrees to mutual mediation of a point of concern. The AC stated she was not qualified to explain arbitration to residents, but that the facility lets residents know that the admission agreement contains an arbitration clause, and that it was the preference of the facility to arbitrate to resolve disputes. The AC stated she was unaware of the regulatory provision that residents could select a neutral venue that is convenient to both parties for arbitration.During an interview on 07/24/2025 at 1:15 PM, the Director of Nursing (DON) stated that it was her expectation that residents should get the information they need to make an informed decision on arbitration and should be able to change their minds in line with federal regulations. NJAC 8:39-5.1(a)

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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 document review, interview and policy review, the facility failed to develop an effective infection surveillance program in order to conduct appropriate prevention or control activities and antibiotic stewardship for two (Resident (R)80 and R45) out of four residents reviewed for antibiotic stewardship. This failure had the potential to cause avoidable spread of infection or increase antibiotic resistance throughout the facility.Findings include: During an interview on 07/24/25 at 3:54 PM, the Infection Preventionist (IP) stated her monthly infection surveillance included tracking of the resident's location, diagnosis, need for isolation, whether the infection was facility or community-acquired, and the antibiotic order. Review of the June 2025 Infection Control surveillance log, provided on paper, revealed a total of 37 urinary tract infections listed, and all 37 residents had documented antibiotic treatment. Of those 37, only three had the organism listed. During the interview on 07/24/25 at 3:54PM, The IP stated if no organism was listed, it meant that there was no lab test or there was no organism detected. There were no dates of symptom onset or start and stop dates of antibiotic treatment. The IP stated antibiotics were used for several residents even though they did not have any lab results or they did not meet the criteria for a confirmed infection. The IP stated she completed separate assessments for determining if an infection met criteria, but did not keep track of this information in her surveillance to determine which of the infections listed were defined as true infections. (Refer to F881: Antibiotic Stewardship - the facility failed to ensure that antibiotics were used only in the presence of a diagnosed/confirmed infection for two residents (R80 and R45). During an interview on 07/24/25 at 5:01 PM, the IP stated having the organism listed and a determination of whether the infection met criteria would be important information to include in monthly surveillance to help identify any trends and actual infection rates. The IP stated she was aware many of the line listings on the surveillance log did not meet criteria for an infection. Review of the facility's policy titled, Antibiotic Stewardship - Review and Surveillance of Antibiotic Use and Outcomes dated December 2016 revealed, All resident antibiotic regimens will be documented on the facility-approved antibiotic surveillance tracking form. The information gathered will include:.c. date symptoms appeared;.e. start date of antibiotic. NJAC 8:39-19.4

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Implement a program that monitors antibiotic use. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview, and policy review, the facility failed to ensure that antibiotics were used only in the presence of a diagnosed/confirmed infection for two of four residents (Resident (R) 80 and R45) reviewed for antibiotic stewardship out of a total sample of 36 residents. These failures had the potential to lead to increased antibiotic resistance or adverse side effects related to unnecessary antibiotic usage. Findings include: 1. Review of R80's admission Record, located under the Profile tab of the electronic medical record (EMR), revealed she was admitted to the facility on [DATE]. Review of R80's Medication Administration Record (MAR), dated June 2025 and located under the Orders tab of the EMR, revealed a physician's order, dated 06/02/265, for Fosfomycin tromethamine (an antibiotic), 3 grams one time only on 06/02/25 for urinary tract infection (UTI). Review of R80's EMR under the Progress Notes tab revealed there was no documentation of symptoms, including increased incontinence. Review of R80's EMR under the Results and Miscellaneous tabs revealed there was no evidence that a urine analysis or culture were completed to determine the presence of any bacteria and the most effective course of treatment. Review of R80's McGeer's Criteria assessment, provided on paper, revealed she met one of two criteria with new or marked increase in incontinence. The criterion for abnormal biology was not met, and the determination of the whether the infection met criteria was not met. 2. Review of Review of R45's admission Record, located under the Profile tab of the EMR, revealed she was admitted to the facility on [DATE]. Review of R45's MAR, dated June 2025 and located under the Orders tab of the EMR, revealed a physician's order, dated 06/02/25, for Keflex (an antibiotic), twice daily for ten days for UTI. Review of R45's EMR under the Progress Notes tab revealed there was no documentation of symptoms of UTI on or around 06/02/25. Review of R45's EMR under the Results and Miscellaneous tabs revealed there was no evidence that a urine analysis or culture were completed to determine the presence of any bacteria and the most effective course of treatment. Review of R45's McGeer's Criteria assessment, dated 06/03/25 and provided on paper, revealed it had not been completed to evaluate criteria for a UTI. During an interview on 07/24/25 at 3:54 PM, the Infection Preventionist (IP) stated there were several antibiotics in use in the facility to treat infections; however, those infections did not meet the criteria for true infection and/or were not confirmed via lab tests or cultures. The IP stated if a physician prescribed an antibiotic in the absence of a confirmed infection, she would reach out to the physician, but the physician typically ordered continued use of antibiotics. She stated she had never done education with the physicians regarding antibiotic stewardship and surveillance criteria. The IP stated this is a concern, as it could lead to unnecessary antibiotic use; however, she had never addressed the concern with administration or the medical director. Review of the policy titled, Antibiotic Stewardship - Review and Surveillance of Antibiotic Use and Outcomes, dated December 2016, revealed, The IP, or designee, will review antibiotic utilization as part of the antibiotic stewardship program and identify specific situations that are not consistent with the appropriate use of antibiotics. Therapy may require further review and possible changes if:(1) the organism is not susceptible to antibiotic chosen;(2) the organism is susceptible to narrower spectrum antibiotic;(3) therapy was ordered for prolonged surgical prophylaxis; or(4) therapy was started awaiting culture, but culture results and clinical findings do not indicate continued need for antibiotics. NJAC 8:39-19.4

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and policy review, the facility failed to ensure timely reporting of an injury of unknown origin for one out of five residents reviewed for abuse (Resident (R) 97). This failure had the potential to contribute to further abuse or injury, which could result in mental anguish, physical harm, or fear. Findings include: Review of R97's admission Record, located under the Profile tab of the electronic medical record (EMR) revealed she was admitted to the facility on [DATE] with diagnoses including Alzheimer's disease, depression, and anxiety. Review of R97's annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/12/25 and located under the MDS tab of the EMR revealed the resident was unable to complete the Brief Interview for Mental Status (BIMS) and was assessed with severely impaired cognition. The resident had short and long-term memory problems and exhibited physical behaviors toward others almost daily and other behavioral symptoms and rejection of care occasionally. Review of R97's Care Plan initiated on 03/23/24 updated 06/05/24 and located under the Care Plan tab of the EMR revealed, I am at risk for misappropriation, neglect, abuse and/or exploitation r/t [related to] Dementia. The goal was, I will not experience any form of abuse, neglect, misappropriation and/or exploitation through review date. The approaches included, Assess me for s/s [signs/symptoms] of abuse and/or neglect (ex. bruises, wt [weight] loss, behavior, psychosocial status) and report to appropriate resources . Investigate all allegations of abuse & [and] neglect promptly . [and] provide support and ensure I am free from abuse.Review of R97's Nurse's Note written on 06/02/24 at 11:36 AM and located under the Progress Notes tab of the EMR revealed, Nurse was notified by CNA [Certified Nurse Aide] that resident presented with new bruises all over bilateral lower extremities, chest, abdomen, hip into coccyx area. Resident also has swelling on abdominal area. Review of R97's Reportable Event Record/Report dated 06/03/25, in the investigation packet, revealed bruising was noted to R97's sternal area, along the lateral aspects following the seams of the bra line, right posterior hip, and coccyx. R97 was unable to explain the bruising and staff was unaware of the cause of the bruising. The report documented R97's injury of unknown origin was found on 06/02/24 at 11:36 AM, and the initial report was called in to the State Survey Agency (SSA) on 06/02/24 at 5:31 PM, almost six hours after the injury was discovered.During an interview on 07/24/25 at 6:11 PM, the Director of Nursing (DON) stated she was unsure when she was alerted to R97's unexplained injuries, but the injury was discovered on 06/02/24 at 11:36 AM and should have been reported to her immediately. She stated with an injury of unknown origin, there was a two-hour reporting window, and it should have been reported to the SSA within two hours of discovery.Review of the facility's policy titled, Abuse, Neglect, Exploitation, or Misappropriation - Reporting and Investigating, dated September 2022 revealed, If resident abuse, neglect, exploitation, misappropriation of resident property or injury of unknown source is suspected, the suspicion must be reported immediately to the administrator and to other officials according to state law . The administrator or the individual making the allegation immediately reports his or her suspicion to the following persons or agencies: . The state licensing/certification agency responsible for surveying/licensing the facility . 'Immediately' is defined as: a. within two hours of an allegation involving abuse or result in serious bodily injury . NJAC 8:39-9.4(f)

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview, and policy review, the facility failed to send a written notification of transfer to the hospital and a bed hold notification with the daily rate to the resident and resident representative (RR) for two (Resident (R)97 and R130) of two residents reviewed for hospital transfer and bed hold notification. This failed practice had the potential to affect the resident and their resident representative (RR) by not having the knowledge of where and why a resident was transferred and/or how to appeal the transfer, if desired or to make an informed decision on the bed hold. Findings include:Review of the facility's undated policy titled Admission, Transfer, and Discharge does not provide guidance related to providing the written notification of transfer to the resident and RR.Review of the facility's policy titled Bed-Holds and Returns indicated, All residents/representatives are provided written information regarding the facility and state bed -hold policies, which address holding or reserving a resident's bed during periods of absence (hospitalization or therapeutic leave), Resident regardless of payer source, are provided written notice about these policies. 2: at the time of transfer (or, if the transfer was an emergency, within 24 hours). The facility per diem rate required to hold a bed (for non-Medicaid residents), or to hold a bed beyond the state bed-hold period (for Medicaid residents).Review of R130's Electronic Medical Record (EMR) revealed a discharge return anticipated Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/28/25 revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15 indicating cognitively intact.Review of R130's EMR located under the Census tab revealed that R130 was discharged to the hospital on [DATE] and returned to the facility on [DATE]. There was no evidence in the EMR of the facility providing a written notice of transfer or a bed hold that displayed the daily rate to the resident or the RR. 2. Review of R97's admission Record, located under the Profile tab of the EMR revealed she was admitted to the facility on [DATE] with diagnoses including Alzheimer's disease, depression, and anxiety. Review of R97's annual MDS with an ARD of 06/12/25 and located under the MDS tab of the EMR revealed she was unable to complete the BIMS and was assessed with severely impaired cognition. She had short-and long-term memory problems.During a telephone interview on 07/22/25 at 2:30 PM, R97's Family Member (F2) stated R97 experienced a fall in September 2024 and had to go to the hospital for evaluation. F2 stated she was not alerted by the facility of the transfer to the hospital until after R97 was already at the Emergency Room. F2 stated she received verbal notice that R97 went to the hospital over the phone and did not receive any notice in writing. F2 stated the facility's bed hold policy had not been discussed with her at the time of the transfer.Review of R97's Nurse's Note dated 09/27/24 and located under the Progress Notes tab of the EMR revealed, Pt [resident] had fall.send to ER [emergency room] for treatment. [F2] called.and I sent her information along with her.Review of R97's Bed Hold Notice dated 09/27/24, revealed it was signed by the Receptionist and documented F2 was contacted via telephone and elected not to have a bed hold. The per diem rate for a bed hold was not included in the notice. There was no evidence that the written notice was provided to F2.Review of R97's Notice of Emergency Transfer dated 09/27/24 documented R97 was transferred to the hospital for a fall. The notice listed the contact information for the Ombudsman office. The notice did not include a statement of the resident's appeal rights, including the name, address, and phone number of the appeals office, or information on how to obtain an appeal form and assistance in completing and submitting the appeal. There was no evidence that the written notice was provided to F2.During an interview on 0724//25 at11:53 AM, the Director of Nurses (DON) stated that we follow the facility protocol and call the family. The DON stated that we do not send any written statement to the residents or the family.During an interview on 07/24/25 at 11:55 AM, the Social Services Director (SSD) stated that she was not sure about the written transfer notice being sent to the family, but she (continued on next page)

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	does send a list of residents transferred to the ombudsman. The SSD also stated that we don't fill out the daily rate unless the resident or resident representative decides to accept the bed hold.During an interview on 07/24/25 at 1:28 PM, the Receptionist stated that she looks at the census every day to see if someone that has been sent out and would require a bed hold. The Receptionist stated that if a bed hold is required, she will call the family to see if they want to hold the bed.During an interview on 07/24/25 at 6:06 PM with the DON, Receptionist, and SSD, the DON stated the nursing staff was responsible for sending applicable paperwork to the receiving hospital and calling the RR to alert them of the transfer. The Receptionist stated upon a transfer to the hospital, she would contact the resident's representative and verbally explain the bed hold policy to see if they wanted to elect the bed hold option. The Receptionist stated, Thereafter, I send the document via mail to the family. The SSD stated the per diem rate of the bed hold was not included in the written notice unless the representative elected to hold a bed. The SSD stated she completed the Notice of Emergency Transfer and mailed it to the RR The SSD confirmed the notice did not contain information on filing an appeal and the appeals office's contact information. NJAC 8:39- 4.1(a)NJAC 8:39-5.1(a)NJAC 8:39-5.3

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and policy review, the facility failed to ensure the Minimum Data Set (MDS) accurately reflected the status of three residents (Resident (R)97, R45, and R154) out of a total sample of 36. These failures created potential for an incomplete or ineffective plan of care related to alarm use for R97 and behavioral symptoms for R45 and R154.Findings include: Review of the facility's policy titled, Certifying Accuracy of the Resident assessment dated [DATE] revealed, The information captured on the assessment reflects the status of the resident during the observation (look-back) period for that assessment. 1. Review of R97's admission Record located under the Profile tab of the electronic medical record (EMR) revealed she was admitted to the facility on [DATE] with diagnoses including Alzheimer's disease, depression, and anxiety. Review of R97's annual MDS with an Assessment Reference Date (ARD) of 06/12/25 and located under the MDS tab of the EMR, revealed she was unable to complete the Brief Interview for Mental Status (BIMS) and was assessed with severely impaired cognition. She was dependent on staff for assistance with transfers. She did not use any alarms. Review of R97's June 2025 Medication Administration Record, located under the Orders tab of the EMR, revealed the order, Chair alarm and check for proper placement and function was signed off as completed daily on all three shifts, including the seven-day lookback period for the annual MDS with an ARD of 06/12/25. Review of R97's Care Plan, dated 04/04/25 and located under the Care Plan tab of the EMR revealed, I am at risk for falls r/t [related to] Deconditioning, Impaired Balance and Mobility, [and] Poor Safety Awareness. The approaches included, Chair Alarm- check for proper function, proper cord length, proper mounting every shift. Review of R97's Orders tab of the EMR revealed a physician's order dated 08/23/24 for Chair alarm on and check for proper placement and function. During an interview on 07/24/25 at 2:50 PM, with MDS Coordinator (MDSC)1 and MDSC2, MDSC1 confirmed R97's MDS did not reflect alarm use. MDSC2 stated R97's tab alarm was in use at the time of completion of her MDS, and it should be coded on the assessment. MDSC2 stated this must have been an error and would be modified. 2. Review of R45's admission Record located under the Profile tab of the EMR revealed she was admitted to the facility on [DATE] with diagnoses including dementia, depression, and adjustment disorder. Review of R45's annual MDS with an ARD of 06/27/25 and located under the MDS tab of the EMR revealed she scored zero out of 15 on the BIMS indicating severely impaired cognition. She did not exhibit behavioral symptoms during the seven-day lookback period, but her behavior change was coded as worse. Review of R45's Care Plan dated 04/10/25 revealed, I can be non-compliant with medication administration, safety, daily care needs, and hygiene needs. Cognitive Impairment. The goal, I will have a reduction in my non-compliant behaviors with my current interventions by the review date. Review of R45's Nurse's Note dated 06/25/25 and located under the Progress Notes tab of the EMR revealed, Resident is agitated, combative during AM [morning] care. Unable to redirect. MD [physician] made aware and approve renewal of Lorazepam [anti-anxiety medication]. Review of R45's Nurse's Note dated 06/20/25 revealed, . technician in to perform Ultrasound of kidney and bladder and was unable due to resident agitation. Technician will return Saturday morning to attempt ultrasound when resident would have had pre-procedure medication. During an interview on 07/24/25 at 3:04 PM with MDSC1 and MDSC2, MDSC1 stated the notes indicated R45 exhibited behavioral symptoms during the seven-day lookback period, and they should have been reflected on her MDS. MDSC1 stated the Social Services Director (SSD) completed the behavior section of the MDS assessment. During an interview on 07/24/25 at 3:22 PM, the SSD stated she completed the behavioral assessment by speaking with the nursing staff and reviewing the notes. The SSD stated she would have to look further into the situation. During an interview on 07/24/25 at 6:00 PM, the SSD stated she had completed a modification of the MDS with ARD of 06/27/25 to accurately reflect R45's behavioral symptoms. 3. Review of R154's admission Record found on the Profile page of the (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315340	A. Building B. Wing	07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Atlas Healthcare at Seashore Gardens	22 West Jimmie Leeds Road Galloway Township, NJ 08205

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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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	EMR revealed R154 was admitted to the facility on [DATE] with diagnoses of bilateral primary osteoarthritis of the knee, and legal blindness. Review of R154's nurses notes found on the Progress Note tab of the EMR revealed on 04/26/24 at 12:03 AM, Resident became combative with CNA [Certified Nursing Assistant]. As resident was getting out of a chair to walk. CNA attempted to assist resident to her w/c [wheelchair] so she wouldn't fall. Resident then grabbed CNA by the hair and bit her hand breaking skin. Attempts to redirect behaviors minimally effective. Resident sitting at NS [nurse's station] in view of staff for safe monitoring. Review of R154's admission MDS with an ARD of 04/29/24 located under the MDS tab of the EMR indicated R154 had not exhibited any physical behaviors directed toward others. During an interview on 07/24/25 at 2:58 PM, MDSC2 reviewed R154's nurse's notes and admission MDS with ARD of 04/29/24and stated that R154 had exhibited physical behaviors toward others on 04/26/24 that were not reflected on the resident's MDS. The MDSC2 confirmed R154's admission assessment MDS was coded inaccurately. NJAC 8:39-33.2(d)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. Based on observation, record review, interview and review of facility policy, the facility failed to maintain a medication error rate below five percent. During medication administration on one (2 South) of four wings, two errors/omissions occurred out of 25 opportunities for error for one (Resident (R)66) of six residents. The facility's medication error rate was 8%.Findings include: Review of the facility's policy titled Administering Medications dated April 2019 revealed, .4. Medications are administered in accordance with prescriber orders, including any required time frame.7. Medications are administered within one (1) hour of their prescribed time, unless otherwise specified (for example, before and after meal orders). Review of R66's physician's orders located on the Orders tab of the Electronic Medical Record (EMR) revealed, Metoprolol Tartrate Oral Tablet 25 MG [milligram] [Metoprolol Tartrate] - Give 1 tablet by mouth two times a day for HTN [hypertension] Hold for Systolic blood pressure <110 dated 06/25/25 and Potassium Chloride ER [Extended Release] Tablet 10 MEQ [milliequivalent]-Give 2 tablets by mouth one time a day for hypokalemia. Should be given with meals followed by a large glass of water dated 07/17/25. Observation and interview of medication administration on 07/23/25 at 9:41 PM revealed Licensed Practical Nurse (LPN)3 preparing to give medications to R66. LPN3 stated Metoprolol Tartrate Oral Tablet 25 MG (Metoprolol Tartrate) and the Potassium Chloride ER Tablet Extended Release 10 MEQ were due at 8:15 AM and were out of compliance so she was not going to give them. When asked why she was not going to administer the medication, LPN3 stated, technically, you have an hour before and an hour after to give the medication. So, if it is 9:45AM right now, I am out of compliance with that. When asked if the R66 was not going to get the medication, LPN3 stated that she was going to ask her Unit Manager (UM2). LPN3 gave R66 the rest of her medications at 9:47AM but withheld the Metoprolol and Potassium. During an interview on 07/23/25 at 9:49 AM, the UM2 stated she was going to let the doctor know that she was out of compliance with those medications. When asked what the non-compliance was for the medications, UM2 stated it was past the time for the Metoprolol. The medication was supposed to be given with a meal, and that they would ensure that R66 got something to eat to take the medication. When asked about the Potassium, UM2 stated the Potassium was supposed to be followed with a glass of water or other appropriate liquid. When asked if these medications were late, would it be her expectation to just hold them and not give them, UM2 states she would always call the doctor, and the nurse should call the doctor. Interview on 07/23/25 at 9:54 AM, UM2 stated she had called the doctor, and the medications would be given once they obtained a peanut butter and jelly sandwich from the kitchen for R66. Review of R66's Medication Administration Record (MAR) dated July 2025 indicated that Metoprolol Tartrate Oral Tablet 25 MG and Potassium Chloride ER Tablet 10 MEQ were timed for 8:15AM, however, given on 07/23/25 at 10:40 AM, after she ate a peanut butter and jelly sandwich. During an interview on 07/23/25 at 10:45 AM, LPN3 stated her shift started at 8:00 AM. She was not aware that there were medications due at 8:15 AM and failed to prioritize those medications. LPN3 stated the previous shift should have given the early scheduled medications. During an interview on 07/24/2025 at 1:05 PM, the Director of Nursing (DON) stated she was aware of LPN3's predicament with the Metoprolol and Potassium. The DON stated all nurses had received enough education to know the facility's protocol and it was her expectation that LPN3 should have called the doctor when she realized the medications were being given late. LPN3 should have obtained an order from the doctor to give the medication and should have documented the events in the progress notes. The DON stated facility' shifts were 8:00AM to 4:00PM, 4:00PM to 12:00AM, and 12:00AM to 8:00AM. The DON stated the breakfast trays come at about 8:00 AM, and that is why the medications that need to be taken with meals are scheduled at 8:15 AM. The DON stated she was working on synchronizing medication times with mealtimes. NJAC 8:39-29.2(d)