STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315350	A. Building B. Wing	03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Cape Center	700 Town Bank Road North Cape May, NJ 08204

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28306 Based on record review and interview, the facility failed to ensure the interdisciplinary team had determined it was appropriate for a resident to self-care for a [NAME] tube for one of one resident (Resident (R) 27) out of 27 sample residents. This failure had the potential for R27 to develop a respiratory infection due to no assessment of R27's ability to care for his [NAME] tube. Findings include: Review of R27's undated Face Sheet located under the Profile tab in the electronic medical record (EMR) revealed R27 had been readmitted to the facility on [DATE] with the diagnoses of heart failure, aphonia, and personal history of malignant neoplasm of the larynx. Review of R27's annual Minimum Data Set (MDS) located under the MDS tab in the EMR with an Assessment Reference Date (ARD) of 01/09/25 revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated the resident was cognitively intact. Review of R27's EMR in its entirety revealed there was no documentation for an assessment that had been completed by the staff prior to R27 caring for his [NAME] tube himself. During an interview on 03/03/25 at 12:47 PM, Licensed Practical Nurse (LPN) 4 stated, He [R27] cleans this [[NAME] tube] once every two days when he feels junky. We [nurses] bring him [R27] the things he needs. We open the kits for him [R27] and he cleans it [[NAME] tube] along with putting it back in. He [R27] doesn't need a new one [[NAME] tube]. He [R27] just uses the same one [[NAME] tube] over again. During an interview on 03/03/25 at 2:00 PM, R27 was asked who cleaned the [NAME] tube for him and R27 pointed to himself and mouthed I do. Asked R27 if he needed the staff to assist him in cleaning the [NAME] tube and R27 mouthed No. During an interview on 03/04/25 at 1:30 PM, the Director of Nursing (DON) stated, We cannot find where the resident had been assessed for caring for the [NAME] tube himself. The DON confirmed that an assessment should have been completed prior to the resident being allowed to care for the [NAME] tube. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315350	A. Building B. Wing	03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Cape Center	700 Town Bank Road North Cape May, NJ 08204

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 03/06/25 at 5:30 PM, the DON stated the facility did not have a policy but did confirm that before any resident was to care for a special treatment the resident should be cognitively intact, have an assessment prior to caring for this themselves to ensure proper techniques were used by the resident, and then a meeting with the interdisciplinary team should occur to discuss this and agree if the resident was able to perform the self-care. NJAC 8:39-4.1(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315350	A. Building B. Wing	03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Cape Center	700 Town Bank Road North Cape May, NJ 08204

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28306 Based on record review, facility document review, interview, and facility policy review, the facility failed to provide a resolution to the concern for one of nine residents (Resident (R) 151) reviewed for grievances of 27 sample residents. This failure had the potential to affect the outcome of concerns and grievances. Findings include: Review of R151's undated Face Sheet located under the Profile tab in the electronic medical record (EMR) revealed R151 had been admitted to the facility on [DATE] with the diagnosis of left ankle fracture. Review of R151's Grievance/Concern Form provided by the facility was dated 06/25/24 with the following concerns noted on the form: - .States a nurse on night shift tried to give her medications within 2-5 minutes [sic] of having administered them. - .Facility is dirty. States she [R151] saw blood on privacy curtain and blood on the shower grab bar (dates unknown). States there was feces on the floor when she went to take a shower (date unknown, no staff with her). - .Food is cold. The Resolution of Grievance/Concern section on the form was left blank for the question Was the grievance/concern resolved and to know whether the patient and/or patient representative was notified by written notification, phone conversation, or face to face notification as to the resolution of the grievance/concern. The signature of the person filling out the form along with the date was also left blank. During an interview on 03/06/25 at 4:04 PM, the Administrator stated, I met with her [R151] several times, but I don't know if I documented these meetings. The Administrator confirmed there was no documentation on the Grievance/Concern Form dated 06/25/24 in the Resolution of Grievance/Concern section. The Administrator stated, We need to do a better job in getting this completed and documented on the Grievance/Concern form. Review of the facility's policy titled, .Grievance/Concern, dated 10/15/24, revealed .The Administrator will serve as the Grievance Officer who is responsible for overseeing the grievance process, .receiving and tracking grievances through to their conclusion . Written resolution of grievances will be offered per the resident's rights and will include . Date the grievance was received; 7.2 Summary statement of the grievance; 7.3 Steps taken to investigate the grievance; 7.4 Summary of the pertinent findings or conclusions regarding the grievance; 7.5 Statement as to whether the grievance was confirmed or not confirmed; 7.6 [NAME] corrective action(s) taken or to be taken by the Center as a result of the grievance/concern . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315350	A. Building B. Wing	03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Cape Center	700 Town Bank Road North Cape May, NJ 08204

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	NJAC 8:39-4.1(a)35 NJAC 8:39-13.2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315350	A. Building B. Wing	03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Cape Center	700 Town Bank Road North Cape May, NJ 08204

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28306 Based on observation, record review, interview, and facility policy review, the facility failed to develop and implement a comprehensive care plan for one of one resident (Resident (R) 27) reviewed for care plans out of 27 sample residents. This failure had the potential to not receive the necessary care. Findings include: Review of R27's undated Face Sheet located under the Profile tab in the electronic medical record (EMR) revealed R27 had been readmitted to the facility on [DATE] with diagnoses of heart failure, aphonia, and personal history of malignant neoplasm of the larynx. Review of R27's annual Minimum Data Set (MDS) located under the MDS tab in the EMR with an Assessment Reference Date (ARD) of 01/09/25 revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated the resident was cognitively intact. R25 was also coded for oxygen therapy while a resident in the facility. Review of R27's Care Plan located under the Care Plan tab in the EMR revealed the facility failed to develop a care plan for oxygen, and a [NAME] tube in which R27 was caring for himself. During an observation on 03/03/25 at 12:30 PM, R27 was being administrated oxygen by a trach collar to the resident's [NAME] tube. The oxygen concentrator was five liters per minute that was connected to another machine to obtain a higher concentration of oxygen. During an interview on 03/06/25 at 3:30 PM, Registered Nurse (RN) 2 stated after reviewing R27's EMR, I don't see where he [R27] has been care planned for the [NAME] tube and receiving oxygen. RN2 confirmed these should have been in the care plan for R27. During an interview on 03/06/25 at 5:15 PM, the Director of Nursing (DON) confirmed R27 did not have a care plan for the use of oxygen and the resident had a [NAME] tube in which he was caring for himself. The DON stated, The care plan should reflect the care that the resident [R27] was receiving. The resident [R27] was being administrated oxygen and had a [NAME] tube in which he [R27] was caring for himself. This all should have been care planned. Review of the facility's policy titled, .Person-Centered Care Plan, dated 10/24/22, revealed .A comprehensive person-centered care plan must be developed for each patient and must describe the following . Services that are to be furnished . NJAC 8:39-11.2(e) thru(i) NJAC 8:39-27.1(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315350	A. Building B. Wing	03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Cape Center	700 Town Bank Road North Cape May, NJ 08204

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25490 Based on observations, record reviews, interviews, and facility policy review, the facility failed to ensure a splint device was placed according to physician's orders for one of one resident (Resident (R) 9) reviewed for range of motion of 27 sample residents. This failure had the potential to lead to further contracture of her right hand. Findings include: Review of R9's Admission Record located in the Profile tab of the electronic medical record (EMR) revealed the most recent admitted [DATE] and had diagnoses which included but not limited to right hand contracture, major depression, dry eye syndrome, and morbid obesity. Review of the quarterly Minimum Data Set (MDS) located in the MDS tab of the EMR with an Assessment Reference Date (ARD) of 12/04/24 revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated resident was cognitively intact. Review of R9's Care Plan located in the EMR under the Care Plan tab, initiated on 06/15/18, revealed .[R9] has an ADL [activities of daily living] [R9] requires assistance for ADL care related to CVA [Cerebral Vascular Accident] with right sided weakness, Paralysis/Weakness affecting right side, Limited mobility r/t [related to] Chronic disease/condition .Apply Soft-pro WHFO [wrist hand finger orthosis] to right hand/wrist splint and right elbow extension splint in AM [morning] and remove in PM [evening] (may stay in place up to 9 hours/removed every shift to .). Review of R9 doctor's orders located In the EMR under the Orders tab, initiated of 02/07/23, revealed .apply soft-pro WHFO to right hand/wrist in AM and remove in PM .may stay in place up to nine hours . Review of R9's Medication Administration Record/Treatment Administration Record (MAR/TAR) located in the EMR under the Orders tab for the month of March 2025, revealed documentation of R9's splint being applied in the AM and removed in the PM on the following days: 03/03/25, 03/04/25, and 03/05/25. During an observation and interview on 03/03/25 at 12:11 PM, R9 was resting in her bed and R9's right hand was closed tightly in a fist. R9 was asked to open her right hand. R9 used her left hand and fingers to attempt to open her right hand with great difficulty. R9 stated that she did not have the use of the right side of her body to include her hand due to having a stroke. R9 continued to share that she was not receiving any exercises nor was her splint being applied daily. During this time, the surveyor observed a blue splint placed in a basket located on the resident's bedside table. During an observation on 03/05/25 at 12:08 PM, R9's splint was not applied, and the splint remained in the basket on her bedside table. At this time, R9 retrieved her splint from the basket and attempted to place the splint on her right hand which exerted a lot of energy and was very difficult for R9 to apply. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315350	A. Building B. Wing	03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Cape Center	700 Town Bank Road North Cape May, NJ 08204

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 03/05/25 at 1:02 PM, Licensed Practical Nurse (LPN) 7 confirmed R9 would require assistance to apply her splint. In review of the TAR, LPN7 had documented placement of the splint on 03/01/25, 03/02/25, and 03/05/25. LPN7 stated that she documented placement, however, she did not physically apply the splint, nor did she see that the splint had been applied. LPN7 continued to share that a Certified Nurse Aide (CNA) applied the splint. During an interview on 03/06/25 at 12:43 PM, LPN6 revealed she documented in the TAR of R9 splint placement on 3/04/25 from a verbal confirmation from a CNA. LPN6 continued to share that the importance of splint application was to decrease further contractures and ultimately it was the nursing staff responsibility to verify placement. During an interview on 03/06/25 at 12:54 PM, LPN3 confirmed nursing staff was responsible for verifying the placement of any durable medical equipment (DME). She continued to share that the best practice was to always confirm placement prior to documentation of completion. During an interview on 03/06/25 at 1:23 PM, the Director of Nursing (DON) revealed that her expectation of the nursing staff was to follow the doctor's order; and verification of all placements of any DME was verified before documenting in the MAR/TAR. Review of the facility's policy titled, Restorative Nursing Program, dated 08/07/23, revealed .Restorative programs are coordinated by nursing or in collaboration with rehabilitation and are patient specific based on individual patient needs. A licensed nurse must supervise the activities in a restorative nursing program . Under the heading Purpose . To help the patient attain and maintain optimal physical, mental, and psychosocial functioning . NJAC 8:39-27.1(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315350	A. Building B. Wing	03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Cape Center	700 Town Bank Road North Cape May, NJ 08204

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28306 Based on observation, record review, interview, and facility policy review, the facility failed to obtain a physician's order prior to the administration of oxygen for one of three residents (Resident (R) 27) reviewed for oxygen of 27 sample residents. This failure had the potential for R27 to have adverse reactions from the administration of oxygen. Findings include: Review of R27's undated Face Sheet located under the Profile tab in the electronic medical record (EMR) revealed R27 had been readmitted to the facility on [DATE] with diagnoses of heart failure, aphonia, and personal history of malignant neoplasm of the larynx. Review of R27's annual Minimum Data Set (MDS) located under the MDS tab in the EMR with an Assessment Reference Date (ARD) of 01/09/25 revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated the resident was cognitively intact. R25 was also coded for oxygen therapy while a resident in the facility. During an observation on 03/03/25 at 12:30 PM, R27 was being administrated oxygen by a trach collar to the resident's [NAME] tube. The oxygen concentrator was five liters per minute that was connected to another machine to obtain a higher concentration of oxygen. During an interview on 03/03/25 at 12:47 PM, Licensed Practical Nurse (LPN) 4 stated, The resident is receiving oxygen that is bled into this machine to get six liters of oxygen which he [R27] is receiving by the trach collar. LPN4 was asked if R27 had orders for oxygen and LPN4 stated she would have to review the computer. LPN4 returned and stated, I can't find that he has orders for the oxygen. During an interview on 03/03/25 at 4:00 PM, the Director of Nursing (DON) confirmed R27 did not have orders for the oxygen. The DON stated, I called the NP [Nurse Practitioner] and clarified the orders for [name of R27] and the order was given for the resident to receive five liters of oxygen instead of six liters. During an interview on 03/03/25 at 4:30 PM, the Medical Doctor (MD) 1 stated, Yes, there should be an order for the patient's oxygen if he is receiving oxygen. Review of the facility's policy titled, Oxygen: Concentrator, dated 01/01/24, revealed .Verify order . NJAC 8:39-27.1(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315350	A. Building B. Wing	03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Cape Center	700 Town Bank Road North Cape May, NJ 08204

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 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36917 Based on observation, interviews, and facility policy review, the facility failed to ensure the second-floor secure unit were provided with meals consistent with the meal schedule to include two of two second-floor dining rooms (Back dining room BDR and Front dining room FDR) and two of two residents (Resident (R) 15 and R3) of 42 residents residing on the second-floor secure unit. This failure had the potential to affect residents' routines and preferences. Findings include: Review of the Meal Schedule, dated 03/03/25 and provided by the Dietary Manager (DM), revealed lunch meals were to be delivered to seven residents seated in the second-floor secure unit Back Dining Room (BDR) at 12:00 PM, to the 11 residents seated in the Front Dining Room (FDR) at 12:30 PM, and 31 residents in their room at 12:30 PM. During an observation on 03/04/25 at 12:48 PM, meal tray carts were delivered to the second-floor secure unit. At 1:05 PM, three CNA's and two LPNs began passing the food trays to the residents. During an interview on 03/04/25 at 12:40 PM, R15, while sitting in the FDR, said you never know when you get to eat around here. During an observation on 03/04/25 at 12:45 PM, R3 was observed sitting in the FDR at 11:30 AM until his meal was served at 1:05 PM. He appeared agitated and shouted, let's get this --- game on .come on [NAME] Pan .how does a person get a drink around here .what are we doing here and how do we get out of here. During the observation, the speech therapist became aware of R3's agitation and assisted him to move to another table to wait for his meal. During an interview on 03/05/25 at 1:50 PM, with the DM and the Regional Dietary Manager (RDM), the DM stated she knew meals were always late and that she would make sure the cook had the serving line ready to go earlier in the day prior to lunch. She said she had full dietary staff and had enough staff to serve timely meals to the residents but thought the cook needed to be ready to serve at 11:15 AM instead of 11:30 AM. When asked why the second-floor meal service had been approximately 30 minutes late each day during observations, she said the administrator insisted the meals for the second floor FDR were served last because there were residents that needed staff assistance and staff were not available to feed or set-up resident meals until all the other residents were served. During an observation on 03/06/25 at 12:50 PM, meal tray carts were delivered to the second-floor secure unit. At 1:13 PM, two CNA's and two LPN's began delivering food trays to the 31 in room residents and to the 11 residents seated in the FDR. During an interview on 03/06/25 at 1:10 PM, LPN8 was asked when the meal trays would be passed out. He said, we are passing them out as fast as we can and that the residents in the FDR had to be served last because they required being fed or helped with meal set-up. He said there weren't enough staff to do it all. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315350	A. Building B. Wing	03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Cape Center	700 Town Bank Road North Cape May, NJ 08204

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 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 03/06/25 at 3:10 PM, the Administrator stated she had been aware of the late meal service at lunch and that she would try to resolve the issue with the DM and the RDM to improve meal service. She said that she had instructed the DM to serve the second floor BDR first and to serve the second floor FDR last because all staff were tied up passing trays and could not feed the second-floor residents until all other trays were served. She said she did not have enough staff to serve trays and feed residents at the same time. Review of the facility's policy titled, HCSG Policy 013 for Meal Distribution, dated 09/17, revealed meals would be transported to facility residents in a timely manner. The policy also stated the nursing staff would be responsible for the timely delivery of meals to the residents. NJAC 8:39-17.4(b)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315350	A. Building B. Wing	03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Cape Center	700 Town Bank Road North Cape May, NJ 08204

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25490 Based on observation, interviews, record reviews, and facility policy review, the facility failed to properly store nebulizer masks for two of two residents (Resident (R) 71 and R78) observed for breathing treatments. In addition, the facility failed to ensure Enhance Barrier Precautions (EBP) for one of one resident (R44) and failed to follow proper infection control protocols while dispensing medication for one of one resident (R16) of 27 sample residents. These failures in infection control practices could significantly increase the risk of infections among residents. Findings include: 1. Review of R71's Face Sheet located in the electronic medical record (EMR) under the Profile tab revealed that R71 was originally admitted to the facility on [DATE] with diagnoses including but not limited to chronic obstructive pulmonary disease, asthma, and unspecified fracture of shaft of humerus, right arm. Review of R71's Physicians Order located in the EMR under the Orders tab, dated 02/20/25, revealed Ipratropium-Albuterol Solution 0.5-2.5 (3) MG/3ML [milligrams/milliliters] inhalation inhale orally via nebulizer three times a day for sob [shortness of breath] . During an observation on 03/03/25 at 11:20 AM, R71's nebulizer machine was on the bedside table and tubing attached to the breathing masks was not stored properly in a bag. During an observation and interview on 03/04/25 at 3:11 PM, R71 was visiting with two family members. R71 stated that she had received breathing treatment earlier in the day. During this same time, R71's nebulizer machine and masks were on the bedside table. The mask was not properly stored in the bag. During an interview on 03/04/25 at 3:38 PM, Registered Nurse (RN) 1 confirmed that R71 had an order to receive her nebulizing treatments three times daily. RN1 continued to share that proper infection control protocol was to date, label, and initial all tubing along with, placing the nebulizer mask in a bag after every use. During an interview on 03/03/25 at 11:13 AM, the Director of Nursing (DON) revealed her expectation of facility staff was to follow physician's order, all tubing to include masks were labeled and dated and after each nebulizing treating the masks were stored in a bag to prevent the spread of infections. 2. Review of R78's Face Sheet located in the EMR under the Profile tab revealed that R78 was originally admitted to the facility on [DATE] with diagnoses including but not limited to chronic obstructive pulmonary disease, unspecified dementia, and history of falling. Review of R78's Physicians Order located in the EMR under the Orders tab, dated 02/26/25, revealed Ipratropium-Albuterol Solution 0.5-2.5 (3) MG/3ML inhalation inhale orally via nebulizer four times a day for sob . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315350	A. Building B. Wing	03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Cape Center	700 Town Bank Road North Cape May, NJ 08204

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an observation on 03/03/25 at 1:11 PM, R78's nebulizer machine was on the bedside table and tubing attached to the breathing masks were not stored properly in a bag. During an observation and interview on 03/04/25 at 4:16 PM R78 was sitting in his room in his wheelchair and a second observation of R78 nebulizer masks improperly stored. During an observation and interview on 03/04/25 at 4:20 PM, Licensed Practical Nurse (LPN) 1 confirmed R78 had an order to receive nebulizing treatments, she further confirmed that all tubing and masks should be dated, labeled, and stored in a bag when not in use. After observation of R78 mask not being stored, LPN1 stated, I will take care of this right now. During an interview on 03/04/25 at 4:35 PM, the DON revealed her expectation of facility staff was to follow physician's order, all tubing to include masks were labeled and dated and after each nebulizing treating the masks were stored in a bag to prevent the spread of infection. 3. Review of R44's Face Sheet located in the EMR under the Profile tab revealed that R44 was originally admitted to the facility on [DATE] with diagnoses including but not limited to type two diabetes, venous insufficiency, and major depression. Review of R44's Physicians Order located in the EMR under the Orders tab, dated 02/28/25, revealed Left distal lower leg wound care: cleanse with generic wound cleaner, apply xeroform cover with abd [Abdominal Pad], wrap with kling (type of conforming bandage used for wound care) and ace wraps X [times] 14 days then re-evaluate every evening shift every other day for wound care for 14 Days .Right distal lower leg wound care: cleanse with generic wound cleaner, apply xeroform cover with abd [Abdominal Pad], wrap with kling (type of conforming bandage used for wound care) and ace wraps X [times] 14 days then re-evaluate every evening shift every other day for wound care for 14 Days. Review of R44's Care Plan Evaluation located in the EMR under the Progress notes tab, dated 02/28/25, revealed [R44] is at risk for skin breakdown, pressure ulcer, skin tears, bruising related to decreased activity , frail fragile skin, impaired sensation, limited mobility, moisture/excessive perspiration, fungal rash, PVD [Peripheral Vascular Disease] chronic BLE [Bilateral Lower Extremities] stasis dermatitis, poor safety awareness, Plavix therapy. chronic stasis dermatitis bilateral lower extremities [Resident] self-inflicts skin injuries due to picking/scratching BLE will not always comply with wrapping lower extremities Neurodermatitis of bilateral lower legs Trauma wound (from picking) .Resident was seen and evaluated by wound care. Areas to bilateral lower extremities are showing improvement. Continuing with current treatments and interventions. Please note skin/wound evaluations were not completed r/t [related to] connectivity issues. Please refer to the wound NP [Nurse Practitioner] evaluation for full assessments. Review of R44's Medication Administration Record (MAR) and the Treatment Administration Record (TAR), dated March 2025 and located in the EMR under the Orders tab, revealed no orders for EBP. During an observation and interview on 03/03/25 at 12:00 PM, R44 was sitting in her wheelchair in her room with bilateral bandages to her lower legs. No observation was made of any EBP postings. During an observation on 03/04/25 at 4:06 PM, R44's legs were wrapped in bandaging and no EBP postings. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315350	A. Building B. Wing	03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Cape Center	700 Town Bank Road North Cape May, NJ 08204

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 03/05/24 at 12:39 PM, the DON confirmed R44 had an order for bilateral wound care and should have been on EBP. She continued to share that any residents receiving wound care should be placed on EBP precautions. During an interview on 03/05/24 at 2:37 PM, the Infection Preventionist (IP) confirmed R44 should have been on EBP precautions. The IP was asked when R44 should have been placed on EBP. The IP stated once treatment began for the bilateral wounds on 02/28/25. 4. Review of R16 undated Face Sheet located under the Profile tab in the EMR revealed R16 was readmitted to the facility on [DATE] with the diagnosis of osteoarthritis and diabetes mellitus. Review of R16's Physician Orders located under the Orders tab in the EMR revealed an order, dated 05/17/23, for Gabapentin 600 mg Give one tablet by mouth three times a day. During the Medication Administration observation on 03/06/25 at 1:05 PM, LPN9 was observed taking the Gabapentin tablet from the medicine cup with her bare hand and placed it in the plastic sleeve for the tablet to be crushed. During an interview on 03/06/25 at 1:25 PM, LPN9 stated, As soon as I took the pill out of the cup with my hand, I knew I should have had a glove on. During an interview on 03/06/25 at 1:32 PM, RN2 confirmed that a nurse should wear gloves before touching a medication they are giving to the residents. During an interview on 03/06/25 at 5:15 PM, the DON stated, The nurse should have worn gloves before touching the pill she was preparing to crush. Review of the facility's policy titled, Medication Administration General Guidelines, dated 01/25, revealed . hands are to be washed with soap and water and gloves applied prior to handling tablets . Review of the facility's policy titled, Nebulizer: Small Volume, revised date 11/23, revealed Upon completion of the treatment. check patient's heart rate, respiratory rate and pulse oximetry .breath sounds .Place in treatment bag labeled with patient name and date . Review of the facility's policy titled, Enhanced Barrier Precautions, revised date 05/24, revealed Enhanced Barrier Precautions (EBP) are an infection control intervention used to reduce transmission of multidrug-resistant organisms . EBP is an extension of standard precautions utilized for residents . all staff must wear gloves and gown during high contact activities for residents .dressing, bathing/showering . transferring . The policy further indicated, PPE (Personal Protective Equipment) used for these situations . wound care; any skin opening requiring dressing . NJAC 8:39-19.4 28306