

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315364	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/26/2025
NAME OF PROVIDER OR SUPPLIER  Jersey Shore Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3 Industrial Way East Eatontown, NJ 07724	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>Based on record review, interview, and facility policy review, the facility failed to document resident grievances regarding care and staffing and failed to provide a resolution to the concerns for two of 22 residents (Resident (R) 2 and R9) reviewed for grievances. This had the potential to cause concerns and grievances to be unresolved.</p> <p>Findings include:</p> <p>During an interview on 02/24/25 at 9:55 AM Resident (R) 9 stated the facility was severely understaffed because call lights are going off all night long making it hard to sleep with the constant beeping. R9 stated he/she would like three showers per week and that he/she would like his/her urine collection bag emptied at least once a night. R9 stated there have been nights when it had burst. R9 stated he/she had shared his/her concerns regarding cares and staffing with the Social Services Assistant (SSA) on 02/19/25 at 11:15 AM and was told he/she would receive a written response.</p> <p>During an interview on 02/24/25 at 3:25 PM, R2 stated he/she had a virus two plus weeks ago and he/she threw up all over himself/herself and it took 50 minutes for someone to answer his/her call light at night. R2 stated he/she rarely used his/her call light at night so he/she was surprised they did not respond faster because if he/she used the call light, he/she must need help. R2 stated he/she spoke with the Administrator on 02/17/25 regarding the staffing issues and was told the facility was meeting the state regulations for staffing.</p> <p>Review of the facility provided Grievance/Concern Log did not show any grievances for 2025; the log revealed one concern about missing property in January 2024; one concern regarding missing property in March 2024; one concern regarding missing property in July 2024; and three concerns (one regarding care and services, two regarding missing items) in October 2024.</p> <p>During an interview on 02/26/25 at 9:35 AM, the SSA stated she and the other Social Worker shared the duties of the department, the SSA stated she was handling the Seashore and Ocean units and inherited grievances and QA [Quality Assurance]. When asked about the meeting with R9, the SSA responded, Technically, it was a care plan meeting, but it was just me there. What was on the top of his/her list was showering - wanted days not evening shift. When asked about filling out a grievance, the SSA stated, I did not transpose onto a grievance form. I did send out an email. When asked about the reason for not using the grievance process, the SSA stated, No, to be honest with you, we've discussed recently and have a new understanding going forward. The SSA provided the email sent to the Assistant Director of Nursing (ADON) and Administrator on 02/20/25 that indicated, .</p> <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 315364	If continuation sheet Page 1 of 8

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>I met with resident yesterday &amp; he/she had the following issues:</p> <ol style="list-style-type: none"> <li>1. Inconsistent showers. Says he/she has been waiting a number of days for a shower; would prefer having his/her showers during the day (not in the evenings).</li> <li>2. His/Her foley bag is not changed every night.</li> <li>3. Bed sheets are not regularly changed.</li> <li>4. Wants a new/clean washcloth daily.</li> <li>5. Finger/toenails need to be trimmed.</li> <li>6. Wants a Dental appointment.</li> <li>7. Says he/she takes a lot of medication but is not informed what he/she is being given. Wants to speak with Nursing re: his/her medications.</li> <li>8. Complaints about the food. Per his ex-spouse the food is unrecognizable [sic] as a food product. The SSA stated there had not been any follow-up yet.</li> </ol> <p>During an interview on 02/26/25 at 10:17 AM, the Administrator stated he had received the SSA's email regarding R9, but he did not ask if the complaints had been put on a grievance form.</p> <p>During an interview on 02/26/25 at 3:08 PM, the Administrator was asked about his meeting with R2 regarding staffing and why there was no grievance form related to R2's complaints regarding staffing and call light response times. The Administrator stated, I don't have an answer. He/She had raised concerns and [educator staff member name], we went to talk with him/her, went over any concerns he/she had, and he/she seemed satisfied when we left. He's/She's been here a number of years.</p> <p>Review of the facility policy titled Grievance/Concern, revised 10/15/24, revealed, .</p> <p>The patient/resident (hereinafter patient) has the right to voice grievances to the Center or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances . Service location leadership will investigate, document, and follow up on all concerns and grievances registered by any patient or patient representative. Social Services personnel will serve as patient advocates in the grievance/concern process.</p> <p>The Administrator will serve as the Grievance Officer who is responsible for overseeing the grievance process, . receiving and tracking grievances through to their conclusion, leading any necessary investigations by the facility, maintaining the confidentiality of all information associated with grievances . Procedure .</p> <ol style="list-style-type: none"> <li>1. A description of the procedure for voicing grievances/concerns will be on each unit in a prominent location and must include:             <ol style="list-style-type: none"> <li>1.1 The right to file grievances orally (meaning spoken) or in writing, the right to file grievances anonymously.</li> </ol> </li> </ol> <p>(continued on next page)</p>

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1.2 The contact information of the grievance official with whom a grievance can be filed, that is, their name, business address (mailing and email) and business phone number .</p> <p>1.3 A reasonable expected time frame for completing the review of the grievance.</p> <p>1.4 The right to obtain a written decision regarding their grievance; and</p> <p>1.5 The contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Ombudsman program or protection and advocacy system.</p> <p>2. Concerns may be registered by telephone, mail, office visit, or direct outreach to staff, or with the National Compliance Department.</p> <p>3. Upon receipt of the grievance/concern, the Grievance/Concern Form will be initiated by the staff member receiving the concern. Patients and/or patient representatives/families may complete a Grievance/Concern Form and submit the completed form to a staff member.</p> <p>4. Upon receipt of the Grievance/Concern Form the Administrator or designee will document the grievance/concern on the Grievance Concern Log .</p> <p>On 02/26/25 at 9:47 AM during a tour to find the grievance posting referred to in the policy on 02/26/25 at 9:47 AM, the Administrator confirmed the only posting was in the lobby. Review of the posting (confirmed by the Administrator) showed the Grievance Officer (the Administrator) name and contact information, and, at the bottom of the page, a note to let the Grievance Officer know if a written decision regarding the grievance or complaint was desired. The Administrator confirmed there was no defined reasonable expected time frame for grievance completion or independent agencies that would receive grievances.</p> <p>N.J.A.C. 8:39-4.1(a)35</p> <p>N.J.A.C. 8:39-13.2(c)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Complaint #'s NJ00172207, NJ00173028 and NJ00180815</p> <p>Based on interviews, record reviews, and facility policy review, the facility failed to provide showers as scheduled for one of three residents (Resident (R) 9) reviewed for activities of daily living (ADLs) out of a total sample of 20. R9, who was dependent on staff for ADLs, was not assisted with showers twice weekly as scheduled and consistent with the resident's choices. This failure had the potential to affect the resident's psychosocial wellbeing and quality of life.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Activities of Daily Living (ADLs), with a revision date of 05/01/23, revealed, . based on the comprehensive assessment of a patient and consistent with the patients' needs and choices, the Center must provide the necessary care and services to ensure that a patient's activities of daily living (ADL) abilities are maintained . including Hygiene - bathing and grooming .</p> <p>Review of R9's Face Sheet, located under the Profile tab of the electronic medical record (EMR), indicated R9 was admitted to the facility on [DATE] with diagnoses that included mononeuropathy of left lower limb, spondylosis lumbar region, spinal cord compression, neuromuscular dysfunction of the bladder, spinal stenosis, muscle weakness, and need for assistance with personal care.</p> <p>Review of R9's quarterly Minimum Data Set (MDS), with an assessment reference date (ARD) of 11/20/24 and located in the MDS tab of the EMR, revealed R9 had a Brief Interview for Mental Status (BIMS) score of 15 of 15, which indicated R9 was cognitively intact. It was recorded R9 required partial to moderate assistance for his/her bathing/showers, including transferring in and out of the tub and shower.</p> <p>Review of R9's Care Plan, dated 02/20/24 and located under the Care Plan tab of the EMR, revealed a focus of resident daily routines and ADLs, with a goal for R9 to choose his/her preferred ADLs, including the importance to choose his/her shower care.</p> <p>Review of the facility master shower schedule, posted at the nurse's station, indicated R9 was scheduled for a shower two times each week on Tuesday and Thursday for the month January and February 2025 on the 3-11 shift.</p> <p>During an interview on 02/26/25 at 2:45 PM, Licensed Practical Nurse (LPN) 3 was asked to provide documentation that R9 had received his/her showers. LPN3 stated the only documentation she could provide was the Master Shower Schedule located on the bulletin board at the nurse's station and the Staff Assignment Sheets located in a binder named Showers on the counter at the nurses' station. LPN3 stated the CNAs were supposed to place a check mark beside the assigned shower that was completed. LPN3 stated it was not documented that R9 had received his/her showers.</p> <p>Review of R9's personal wall calendar for January 2025 and February 2025, located on the wall in his/her room, revealed documentation that R9 received four of nine showers scheduled for January 2025 and four of seven showers scheduled through 02/26/25.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with R9 on 02/24/25 at 02:30 PM, R9 stated that his/her showers were scheduled to occur on Tuesdays and Thursdays each week on the 3-11 shift. He/She said he/she agreed to take a shower on the 3-11 shift but told the nurse (name unknown) that he/she preferred to have a shower in the morning on the 7-11 shift. R9 stated he/she had reported to a charge nurse that was no longer employed at the facility that he/she did not want to take a shower after 8:00 PM and had refused to shower because the certified nursing assistants (CNAs) waited too late to assist him/her to a shower. He/She stated that many times he/she is embarrassed because his/her body has a urine odor that causes him/her stress when he/she leaves the facility for an appointment or outings with family and friends. He/She stated he/she preferred to stay in his/her room away from other people because of his/her need for personal hygiene.</p> <p>During an interview with R9 on 02/26/25 at 10:30 AM, he/she stated that he/she is given a towel and washcloth each morning to shave and wash his/her face in his/her in-room bathroom but that he/she did not receive body soap or water basin for a bath in his/her room.</p> <p>During an interview on 02/26/25 at 4:45 PM, the administrator stated he was notified by R9' s responsible party on 02/19/25 via email that R9 did not receive enough showers to maintain his/her choice for personal hygiene and required showers scheduled. He stated his expectation for meeting the needs of all residents' ADL tasks, including getting to choose the day and the time to receive a shower, was to provide the needed staff to ensure all residents, specifically R9, receive assistance with the personal hygiene and showers as he chooses.</p> <p>During an interview on 02/26/25 at 5:45 PM, CNA3 stated that she was tasked with assisting R9 with his/her shower on Tuesdays and Thursdays but that on occasion he/she refused his/her shower because it was too late in the evening. She stated that she has the task of providing showers for multiple residents and gets to [R9]' s shower when she can, even at 9:00 PM at night. She stated that she does not usually try to reschedule his/her shower because she has other showers scheduled during her shift. She stated she had not reported his/her shower refusals to the charge nurse.</p> <p>N.J.A.C. 8:39-27.2 (g)(h)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>Complaint #'s NJ00172207, NJ00173028 and NJ00180815</p> <p>Based on observation, interview, staffing assignment review, and record review, the facility failed to ensure there was adequate staffing to ensure the provision of resident care for two of 20 sampled residents (Resident (R) 9 and R2). This failure had the potential to affect resident care for all residents at the facility.</p> <p>Findings include:</p> <p>1. Review of R9's Face Sheet, located under the Profile tab of the electronic medical record (EMR), indicated R9 was admitted to the facility in February 2024 with diagnoses that included mononeuropathy of left lower limb, spondylosis lumbar region, spinal cord compression, neuromuscular dysfunction of the bladder, spinal stenosis, muscle weakness, and need for assistance with personal care.</p> <p>Review of R9's quarterly Minimum Data Set (MDS), with an assessment reference date (ARD) of 11/20/24 and located in the MDS tab of the EMR, revealed R9 had a Brief Interview for Mental Status (BIMS) score of 15 of 15, which indicated R9 was cognitively intact.</p> <p>During an interview on 02/24/25 at 9:55 AM R9 stated the facility was severely understaffed because call lights are going off all night long making it hard to sleep with the constant beeping. R9 complained that he/she would like his/her urine collection bag emptied at least once a night, there have been nights when it has burst. R9 stated he/she had shared his/her concerns regarding cares and staffing with the Social Services Assistant (SSA) on 02/19/25 at 11:15 AM.</p> <p>During an interview with R9 on 02/24/25 at 02:30 PM, he/she stated that his/her showers were scheduled to occur on Tuesdays and Thursdays each week on the 3-11 shift. He/She stated he/she had reported to a charge nurse that was no longer employed at the facility that he/she did not want to take a shower after 8:00 PM and had refused to shower because the certified nursing assistants (CNAs) waited too late to assist him/her to a shower. He/She stated that many times he/she is embarrassed because his/her body has a urine odor that causes him/her stress when he/she leaves the facility for an appointment or outings with family and friends. He/She stated he/she preferred to stay in his/her room away from other people because of his/her need for personal hygiene.</p> <p>During an interview on 02/26/25 at 4:45 PM, the administrator stated he was notified by R9's responsible party on 02/19/25 via email that R9 did not receive enough showers to maintain his/her choice for personal hygiene and required showers scheduled. He stated his expectation for meeting the needs of all residents' ADL tasks, including getting to choose the day and the time to receive a shower, was to provide the needed staff to ensure all residents, specifically R9, receive assistance with the personal hygiene and showers as he/she chooses.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 02/26/25 at 5:45 PM, CNA3 stated that she was tasked with assisting R9 with his/her shower on Tuesdays and Thursdays but that on occasion he/she refused his/her shower because it was too late in the evening. She stated that she has the task of providing showers for multiple residents and gets to [R9]'s shower when she can, even at 9:00 PM at night. She stated that she does not usually try to reschedule his/her shower because she has other showers scheduled during her shift. She stated she had not reported his/her shower refusals to the charge nurse.</p> <p>2. Review of R2's quarterly MDS, with an ARD of 01/08/25 and located in the MDS tab of the EMR, revealed R2 readmitted to the facility in April 2018 with diagnoses that included diabetes mellitus, depression, and hypertension. It was recorded that R2 had a BIMS score of 15 out of 15, which indicated the resident was cognitively intact.</p> <p>During an interview on 02/24/25 at 3:25 PM, R2 stated he/she had a virus two-and one-half weeks ago and he/she threw up all over himself/herself and it took 50 minutes for someone to answer his/her call light at night. R2 stated he/she rarely used his/her call light at night so he/she was surprised they did not respond faster because if he/she used the call light, he/she must need help. R2 stated he/she spoke with the Administrator on 02/17/25 regarding the staffing issues and was told they are meeting the state regulations for staff.</p> <p>3. Review of the staffing sheet for the night shift (11:00 PM 02/25/25 - 7:00 AM 02/26/25) showed the subacute (SAR) unit was scheduled to have two Licensed Practical Nurses (LPNs) and two CNAs; Seashore unit was scheduled to have one LPN and two CNAs; and Ocean unit was scheduled to have one LPN and two CNAs.</p> <p>Observation of the facility on 02/26/25 at 4:30 AM showed two Registered Nurses (RN) and two CNAs on the SAR unit with a census of 26 residents; one LPN and two CNAs on the Ocean unit for 50 residents; and one LPN and two CNAs on the Seashore unit for 48 residents.</p> <p>a. Seashore</p> <p>During an interview on 02/26/25 at 4:48 AM regarding the staffing, LPN1, who was working Seashore unit, stated, Sometimes it's okay, depends on the residents we have. LPN1 stated she was unable to assist the CNAs, other than helping to cover for meal breaks, as the medications and paperwork kept her busy the entire shift. LPN1 stated the facility Charge Nurse would provide coverage for my break, but 11:00 PM to 7:00 AM the aides are by themselves on the halls.</p> <p>During an interview on 02/26/25 at 7:01 AM regarding the assigned workload, CNA2 confirmed she had 23 residents to care for last night (11:00 PM 02/25/25 to 7:00 AM 02/26/25) and that while she was supposed to get an hour break, she would only take half of that so she could take care of the residents. When asked about call light response times, CNA2 stated there are times residents must wait, especially when one CNA is on break and the other may be helping a resident already and the LPN is too busy with her work to help. CNA2 related there was one resident recently that had to wait an hour for her to receive care.</p> <p>In an interview on 02/26/25 at 6:02 AM CNA3 confirmed he had 25 residents to care for on his assignment.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 02/26/25 at 11:00 AM, the Regional Nurse Consultant (RNC) provided a resident breakdown for Seashore unit that revealed the following resident characteristics:</p> <p>Occasionally or frequently incontinent of urine - 38 of 48 residents</p> <p>Occasionally or frequently incontinent of bowel - 25 of 48 residents</p> <p>Dementia diagnosis - 19 of 48 residents.</p> <p>b. SAR unit</p> <p>During staff interviews on 02/26/25 at 4:40 AM on the SAR unit RN3, RN4, CNA5 and CNA6 all stated they only work the subacute unit, and they help each side to side (on the unit) but do not go on to other floors/units.</p> <p>c. Ocean</p> <p>During an interview on 02/26/25 at 4:42 AM, LPN3 stated she was the nurse for the 11-7 AM shift with 50 residents in her care. She stated she had CNA7, with 25 residents assigned, and CNA8 with 25 residents assigned. She stated she had been employed in the facility for 23 years, and they say they are trying to get more staff, but the two CNAs were consistent with most nights, and she stated it would help to have additional staff to help with the care but they get the job done. She stated she was primarily passing medications but would answer call lights when needed.</p> <p>Interview with CNA7 on 02/26/25 at 4:59 AM, she stated that she had been employed in the facility for 19 years and could get all her assigned tasks completed, but if she was providing care to a resident and a call light was activated, she stated it sometimes took an hour to get to the other call lights. She stated she had asked for more staff to be available but most nights, she had 25 residents to take care of.</p> <p>During an interview on 02/26/25 at 11:00 AM, the Regional Nurse Consultant (RNC) provided a resident breakdown for Seashore unit that revealed the following resident characteristics:</p> <p>Occasionally or frequently incontinent of urine - 46 of 50 residents</p> <p>Occasionally or frequently incontinent of bowel - 39 of 50 residents</p> <p>Dementia diagnosis - 41 of 50 residents</p> <p>Review of the facility policy titled Staffing/Center Plan, revised 08/07/23, revealed:</p> <p>. The Center maintains appropriate staffing levels, with qualified personnel, 24 hours/day, seven days/week on each shift to assure that patients are safe, and their needs are met .</p> <p>N.J.A.C. 8:39-25.1(b)</p>		