STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315394	A. Building B. Wing	08/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
United Methodist Communities at the Shores	2201 Bay Avenue Ocean City, NJ 08226

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. Based on interview and record review, it was determined the facility failed to conduct a new Preadmission Screening and Resident Review (PASRR) level one assessment after a resident received a new mental illness diagnosis. This deficient practice was identified in 1 of 1 resident reviewed for PASRR (Resident #4) and was evidenced by the following:On 08/26/2025 at 7:06 PM, during the initial tour of the facility Resident #4 was in the room in bed.On 8/27/25 at 11:26 AM, the surveyor reviewed the medical Record for Resident #4.A review of the admission Record face sheet (an admission summary) reflected the resident was initially admitted to the facility with diagnoses which included but not limited to failure to pneumonia, bipolar disorder, muscle weakness, and chronic pain.A review of Resident #4's PASRR level one in the Electronic Medical Record (EMR) dated 11/2022 showed that section one of the PASRR asked if the resident had a mental illness was marked as no. A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated 7/29/25, reflected the resident had a Brief Interview of Mental Status (BIMS) score of 15 out of 15, meaning the resident was cognitively intact. A review of section I of the MDS titled active diagnoses revealed the resident had a diagnosis of bipolar disorder and schizophrenia.On 8/28/25 at 10:15 AM, the surveyor interviewed the Director of Nursing (DON) regarding the PASRR level one being marked as no for mental illness and the DON stated it should be reviewed on admission to the facility. On 8/29/25 at 10:00 AM, the surveyor requested a copy of the PASRR policy from the DON and the DON told the surveyor the facility did not have a PASRR policy.NJAC 8:39-27.1(a)

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

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

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F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted Based on Interview, record review, and review of other facility documentation, it was determined that the facility failed to develop and implement a baseline care plan within 48 hours of admission that included the minimum healthcare information necessary to properly care for the immediate needs of the resident. The deficient practice was identified for 1 of 1 resident (Resident #45) investigated for Unnecessary Medications and was evidenced by the following: A review of Resident #45's admission Record reveale diagnoses of but not limited to; Cerebral Ischemia (blood flow reduced or blocked to the brain), Atherosclerosis Heart Disease (plaques build up in the arteries), Nonrheumatic Aortic Valve Stenosis, and Myocardial Infarction (heart attack). A review of Resident #45's Physician Orders (PO) dated 8/8/25 included: Eliquis Tablet 2.5 MG (milligrams), give 1 tablet by mouth two times a day for anticoagulated (blood thinner) that prevents blood from clotting, reducing the risk of blood clots forming in the arteries, veins, or heart. A review of Resident #45's Individual Comprehensive Care Plan (ICCP) revealed that there was only one care plan focus since the resident was admitted to the facility. The ICCP focus was dated 8/12/25 and revealed that Resident #45 was at risk for malnutrition. A review of Resident #45's admission 5 Day Minimum Data Set (MDS), an assessment tool used to facilitate the management of care dated 8/14/25, included under section N Medications, that Resident #45 was on an Anticoagulant (blood thinner). On 8/28/25 at 10:35 AM, during an interview with the Surveyor, Register Nurse/Unit Manager (RN/UM #1) of the Bay House Unit, replied, that the baseline care plan time frame is within 24 hours and should include interventions related to the diagnosis such as pain, skin issues, and most important things going on. RN/UM #1 agreed that Antibiotics and Anticoagulants should be included in the baseline care plan within the first 24 hours. At that time the RN/UM #1 reviewed the resident's ICCP in the presence of the surveyor and RN/UM #1 stated that she did not see that Resident #45's ICCP included Anticoagulant or blood thinners. RN/UM #1 stated, yes, an anticoagulant should be in the ICCP, I'm going to fix it right now. On 8/28/25 at 12:10 PM, during an interview with Administration in the presence of the survey team, the Regional Registered Nurse stated that the time frame for a baseline care plan is 16 hours with a window of 48 hours and that an anticoagulant should be included. On 8/28/25 at 12:00 PM, the surveyor reviewed the facility's policy titled, Care Plan (RS-1) with a revised date of 8/8/25 that included; The Baseline Care Plan is to be completed upon admission and should include minimal instructions and information needed to provide effective and person-centered care of the resident.After completing the admission nursing evaluation, nursing will use the information available to develop the Baseline Care Plan within 16 hours of admission and will be reviewed with the resident/representative within 48 hours of admission with the Interdisciplinary Team (IDT) Care Conference. 8:39-11.2(d)

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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** Based on interview and record review, it was determined that the facility failed to develop and implement a care plan that meets the medical needs identified on the comprehensive assessment care for 1 on 15 residents reviewed for comprehensive care plans related to an indwelling urinary catheter (tube inserted in the bladder to drain urine). (Resident #34.)This deficient practice was evidenced by the following: A review of Resident # 34's admissions record revealed that, Resident # 34 was admitted with but not limited to Retention of Urine (a condition where your bladder doesn't empty all the way or at all when you urinate), and heart failure. A review of the Resident #34's admission Minimum Data Set (MDS) dated [DATE] revealed under section H that the resident had an indwelling catheter. A review of the current Care Plan (CP) for Resident #34 did not include documentation of a CP focus area or interventions for the care of indwelling catheters. During an interview on 08/28/2025 at 09:13 AM with the surveyor the Registered Nurse (RN) said that care plans are reviewed monthly and updated as need if the residents need change. The RN also said that residents with indwelling urinary catheters should have focus and interventions in place on a care plan. When asked if Resident #34 was care planned for the indwelling catheter, the RN stated No he is not, but he will be.During an interview on 08/25/2025 at 12:12 PM with the surveyor the Director of Nursing said that residents with indwelling urinary catheters should have focus and interventions in place on a care plan. A review of a facility provided policy revised on 08/08/2025 titles, Care Plan revealed under, Procedure that, 13. The interdisciplinary Care Plan Team will develop the care plan in coordination with the attending physicians plan of medical care. The Care plan is individualized and addresses the resident's medical, nutritional, psychological, physical, functional, social, educational and spiritual needs and the severity of the resident's condition . NJAC 8:39-27.1(a)

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and review of other facility documentation, it was determined that the facility failed to ensure that an indwelling urinary catheter (tube inserted in the bladder to drain urine) drainage bag was secured in a manner to prevent contamination for 1 of 2 resident reviewed for a urinary catheter, (Resident #34). The deficient practice was evidenced by the following: During the initial tour of the unit on 08/26/2025 at 06:54 PM, Resident #34 was in bed with a Foley catheter drainage bag in contact with the floor, with privacy bag intact. It was not secured to the bed frame. A review of Resident # 34's admissions record revealed that, Resident # 34 was admitted with but not limited to Retention of Urine (a condition where your bladder doesn't empty all the way or at all when you urinate), and heart failure. A review of the Resident #34's admission Minimum Data Set (MDS) dated [DATE] revealed under section H that the resident had an indwelling catheter.During an interview on 08/28/2025 at 09:13 AM with the surveyor, the Registered Nurse Mentor (RNM) said, indwelling urinary catheters should be hanging on the side of the bed frame, not touching the floor and in a privacy bag to prevent contamination. During an interview on 08/28/2025 at 01:12 PM with the surveyor, the Director of Nursing (DON) said, indwelling urinary catheters bag should never be on the floor. A review of a facility provided policy revised on 8/8/2025 titled, Foley Catheter Care and Catheter Maintenance Guidelines revealed under, Urinary Catheter Maintenance to, Ensure that the collecting bag is secured below the level of the bladder at all times and not resting on the floor . N.J.A.C. 8:39-19.4(a)