

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315454	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/22/2024
NAME OF PROVIDER OR SUPPLIER Shore Gardens Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 231 Warner Street Toms River, NJ 08755	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49509</p> <p>C#: NJ00179177, NJ 00179069</p> <p>Based on interviews, record review, and review of other pertinent facility documents on 11/11/2024, 11/12/2024, and 11/22/2024, it was determined that the facility failed to implement its policy titled Grievance Policy and Procedure and the Social Worker Job description after a resident family member made an allegation of sexual abuse. This deficient practice was identified for 1 of 7 residents, Resident #1, and was evidenced by the following:</p> <p>1. According to the Admission Record (AR), Resident #1 was admitted on [DATE] with diagnoses that included but were not limited to Altered Mental Status, Unspecified Dementia, Psychotic Disturbance, Mood Disturbance, and Anxiety.</p> <p>According to the Minimum Data Set (MDS), an assessment tool, dated 9/27/2024, Resident #1 had a Brief Interview for Mental Status (BIMS) score of 0/15, which indicated that the Resident's cognition was severely impaired. The MDS also showed Resident #1 needed partial to moderate assistance and one-person physical assistance with most Activities of Daily Living (ADLs) and assistance with locomotion on and off the unit.</p> <p>A review of the Resident's Care Plan (CP) initiated on 01/26/2023 revealed under Indicator: Resident #1 Wander on unit occasionally into other's rooms. Under Goal, indicated Provide a safe environment for wandering through the next review date; Under Interventions, included: Involve in programs of interest, Frequent room checks during overnight shift, Room change discussed with family who refused, Redirect, and engage in conversation when trying to enter another resident's room, Behavior Monitoring Activity Aide will redirect and involve in activities and Place stop banner on most frequented rooms.</p> <p>2. According to the AR, Resident #4 was admitted on [DATE] with diagnoses that included but were not limited to Altered Mental Status, Schizoaffective disorder, Unspecified Dementia, and Schizophrenia.</p> <p>According to the MDS, dated [DATE], Resident #4 had a BIMS score of 9 out of 15, which indicated that the Resident's cognition was moderately impaired. The MDS also showed that Resident #4 is independent in ADLs.</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
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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>A review of the CP initiated on 07/31/2023 revealed under Indicator: Resident #1 Wander on unit occasionally into other's rooms. Under Goal, indicated Provide a safe environment for wandering through the next review date; Under Interventions, included: Find out what the Resident is looking for, involve in the program of interest, Use STOP sign at the doorway and Wander guard placed on left wrist.</p> <p>Review of an Email Grievance dated 9/24/2024 at 8:35 p.m., presented to the Surveyor from the License Nursing Home Administrator (LNHA), revealed documentation from Resident #1's family member, which included a complaint of an incident she observed between Resident #1 and Resident #4. According to the email, the family member went to the Resident's room (date unknown) and observed the door closed with Resident #1 and Resident #4 in the room. The family member wrote that when she walked into the room, Resident #4 popped up quickly and ran out of the room. She continued, I then found my [Resident #1] half-naked and frazzled, [chest area] exposed with [his/her] shirt twisted and half off [his/her] body, and [the] waistband to [his/ her] pants was half down The family member further wrote that a staff member told me [Resident #4] always goes in there [Resident #1's room] and that [Resident #1] doesn't know what is going on because he/she doesn't understand, she [staff member] finds them (Resident 1 and Resident #4) . doing sex stuff and leaves them be until they're done</p> <p>Further review of the email showed that on 9/25/2024 at 10:06 a.m., the LNHA forwarded the email from Resident #1's family member to the Social Worker (SW). The LNHA wrote: Please write a grievance for Resident #1.</p> <p>Review of a Grievance Timeline, undated from the SW, on 9/25/2024, she received an email from the LNHA about a grievance; she then reached out to the family member by telephone and in person and suggested the best way to address all of the issues on the grievance is to have an Interdisciplinary Care Team (IDCT) meeting. The family member, in return, informed the SW she was coming in person to the facility to take care of other matters. On 09/26/2024, the SW initiated a Record of Concern Form, which describes, Investigation will begin after IDCT has taken place for more clarity of the issues and concerns. According to the SW's statement, the family member was provided with the date of the IDCT meeting via email; she further informed the SW she could not attend the meeting.</p> <p>During an interview on 11/12/2024 at 11:00 a.m., the Unit Manager / Licensed Practical Nurse (LPN) stated Resident #1 ambulates and wanders into other Resident's rooms and tends to take [his/her] clothes off. UM further stated Resident #1 has been in Resident #4 room before, unaware of any Resident-to-Resident sexual abuse.</p> <p>During an interview on 11/13/2024 at 10:37 a.m., Resident #4 stated he/she did not recall any resident in his/her room.</p> <p>During an interview on 11/22/2024 at 11:50 a.m., the Behavioral Monitoring Aide (BMA) stated he redirected the residents wandering in the hallway, assisted other residents in the dayroom, and watched the doors; BMA stated that he had not heard of any resident-to-resident sexual abuse.</p> <p>During an interview on 11/22/2024 at 12:02 p.m., Resident #1, assigned CNA, stated that the Resident ambulates and sometimes wanders into other residents' rooms. She explained that a BMA in the hallway always monitors the residents and assists them. The CNA further stated that she had never seen Resident #1 and Resident #4 together.</p> <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>During an interview on 11/22/2024 at 1:43 p.m., the LNHA stated on 09/24/24, at 8:35 p.m., he received a complaint via email from Resident #1 family member but did not read the complaint. On 09/25/2024 at 10:06 a.m., he forwarded the email to the SW. The Administrator further stated, his expectation was for the SW to do a full investigation and write a grievance.</p> <p>During an interview on 11/22/2024 at 1:53 p.m., the Director of Nursing (DON) stated he was not aware of the grievance presented by a family member of Resident #1. According to the DON, the SW should have completed the grievance process, and the IDCT should have met and reviewed the complaint at the next meeting.</p> <p>During an interview on 11/22/2024 at 2:11 p.m., the SW stated on 09/25/2024 at 10:06 a.m., she received an email from the LNHA which included an allegation of Resident-to-Resident sexual abuse between Resident #1 (the alleged victim) and Resident #4 (the alleged perpetrator). The SW further stated she spoke with the CNAs in the unit, as she actively tries to reach out to Resident #1's family. She further stated that she did not speak to the nurses, DON, Unit manager, or Administrator.</p> <p>Review of the facility's policy titled Grievance Policy and Procedure included the following: Under Policy: All Residents, responsible parties, interested family have the right to voice grievances that are free from interference, coercion, discrimination, or reprisal concerning: 1. The care, treatment, and services that are, or fail to be, furnished. 3. The behavior of other residents, responsible parties, interested family members and staff. Facility will promptly address, investigate, and then respond to every grievance that it receives from all such parties. All grievances will be handled as promptly, prudently, and courteously as possible. Under: Procedure revealed the following: 1. All Residents, responsible parties, interested family members, and staff should file grievances by verbalizing or by written notice and employee of the facility. If a grievance is verbalized to an employee, it is the responsibility of the employee to submit the verbalization to the department head. 2. All grievances will be initially addressed with a prompt effort to resolve said complaint/grievance. All grievances will be reviewed by social services. The supervisory designee will try to acknowledge the grievance as promptly as possible. 3. Besides making sure that all grievances are promptly considered, investigated, resolved, and answered, and later reviewed, this file will provide documentation of our continued commitment to optimum quality.</p> <p>Review of the facility's Director of Social Service Job Description. Under: the Job Summary revealed: The primary focus of the Director of Social Services is to assist in the Resident's adjustment to the facility and maintain the highest possible level of psycho-social functioning within the facility environment. Under: Job Requirements included: 1. An understanding of the psycho-social dynamic of the geriatric population and ability to empathize and provide guidance to them. 4. Maintain grievance book, perform other related duties as directed by the Administrator . Under: Main Duties revealed: 3. Keep Resident's rights current and up-to date with state and federal regulation. 6. Perform other related duties as directed by the Administrator.</p> <p>NJAC 8:39-13.2(c)</p>		

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<p>F 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49509</p> <p>C#: NJ00179177, NJ00179069</p> <p>Based on interviews, medical records reviews, and review of other pertinent facility documentation on 11/11/2024, 11/12/2024, and 11/22/2024, it was determined that the facility failed to investigate an allegation of Resident-to-Resident sexual abuse between two residents, a cognitively impaired resident (Resident #1), who wanders and requires frequent monitoring and Resident #4, who has moderate cognitive impairment. On 9/24/2024 at 8:35 p.m., the License Nursing Home Administrator (LNHA) received a grievance by email written by Resident #1's family member, which included an alleged allegation of sexual interaction between Resident #1 and Resident #4. The LNHA forwarded the email to the Social Worker (SW) with instructions to write a Grievance. However, the grievance was not addressed, and an investigation was never initiated into the allegation.</p> <p>The facility's failure to address the grievance and investigate the sexual abuse allegation and follow its policies titled Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigation, and Abuse Prevention Program, and the LNHA and SW job description placed Resident #1 and all other residents in an immediate jeopardy (IJ) situation. This IJ was identified and reported to the facility's Director of Nursing (DON) on 11/22/24 at 6:15 p.m. The DON was presented with the IJ template, which included information about the issue. The IJ began on 9/24/2024 when Resident #1's family member emailed LNHA about the allegation and continued through 11/27/2024 when the facility submitted an acceptable Removal Plan to the New Jersey Department of Health. This deficient practice was identified for 1 of 7 residents (Resident #1)</p> <p>On 11/29/2024, the Surveyor verified the Removal Plan was implemented. The facility implemented the Removal Plan, which included the following:</p> <p>Initiating an investigation related to the grievance/ allegation of the resident to resident sexual abuse on 9/25/2024.</p> <p>Based on the outcome of the investigation, the facility was unable to substantiate the allegation of abuse and neglect.</p> <p>Completing an assessment related to any signs and symptoms of psycho-social concerns.</p> <p>Initiating in-services for the SW and all staff on the facility's policy on Abuse and Neglect, Investigating and Reporting, the Abuse Prevention Program Policy, and the Grievance Policy and Procedure.</p> <p>Auditing of the last thirty days of incidents and accident reports and grievances to ensure there were not any additional unresolved investigative allegations of abuse, abuse, and neglect identified.</p> <p>1. According to the Admission Record (AR), Resident #1 was admitted on [DATE] with diagnoses which included but were not limited to: Altered Mental Status, Unspecified Dementia, Psychotic Disturbance, Mood Disturbance, and Anxiety.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>According to the Minimum Data Set (MDS), an assessment tool, dated 9/27/2024, Resident #1 had a Brief Interview for Mental Status (BIMS) score of 0/15, which indicated that the Resident's cognition was severely impaired. The MDS also showed Resident #1 needed partial to moderate assistance and one-person physical assistance with most Activities of Daily Living (ADLs) and assistance with locomotion on and off the unit.</p> <p>A review of the Resident's Care Plan (CP) initiated on 01/26/2023 revealed under Indicator: Resident #1 Wander on unit occasionally into other's rooms. Under Goal, indicated: Provide a safe environment for wandering through the next review date; Under Interventions, included: Involve in programs of interest, Frequent room checks during overnight shift, Room change discussed with family who refused, Redirect, and engage in conversation when trying to enter another resident's room, Behavior Monitoring Activity Aide will redirect and involve in activities and place stop banner on most frequented rooms.</p> <p>2. According to the AR, Resident #4 was admitted on [DATE] with diagnoses that included but were not limited to Altered Mental Status, Schizoaffective disorder, Unspecified Dementia, and Schizophrenia.</p> <p>According to the MDS dated [DATE], Resident #4 had a Brief Interview for Mental Status (BIMS) score of 9 out of 15, which indicated that the Resident's cognition was moderately impaired. The MDS also showed Resident #4 is independent with ADLs.</p> <p>A review of the Resident's CP initiated on 07/31/2023 revealed under Indicator: Resident #4 Wander on unit occasionally into other's rooms. Under Goal, indicated Provide a safe environment for wandering through the next review date; Under Interventions, included: Find out what the Resident is looking for, involve in the program of interest, Use STOP sign at the doorway and Wander guard placed on left wrist.</p> <p>Review of an Email Grievance dated 9/24/2024 at 8:35 p.m., presented to the Surveyor from the License Nursing Home Administrator (LNHA), revealed documentation from Resident #1's family member, which included a complaint of an incident she observed between Resident #1 and Resident #4. According to the email, the family member went to the Resident's room (date unknown) and observed the door closed with Resident #1 and Resident #4 in the room. The family member wrote that when she walked into the room, Resident #4 popped up quickly and ran out of the room. She continued, I then found my [Resident #1] half-naked and frazzled, [chest area] exposed with [his/her] shirt twisted and half off [his/her] body, and [the] waistband to [his/ her] pants was half down The family member further wrote that a staff member told me [Resident #4] always goes in there [Resident #1's room] and that [Resident #1] doesn't know what is going on because he/she doesn't understand, she [staff member] finds them (Resident 1 and Resident #4) . doing sex stuff and leaves them be until they're done</p> <p>Further review of the email showed that on 9/25/2024 at 10:06 a.m., the LNHA forwarded the email from Resident #1's family member to the Social Worker (SW). The LNHA wrote: Please write a grievance for Resident #1.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of a Grievance Timeline, undated from the SW, on 9/25/2024, she received an email from the LNHA about a grievance; she then reached out to the family member by telephone and in person and suggested the best way to address all of the issues on the grievance is to have an Interdisciplinary Care Team (IDCT) meeting. The family member, in return, informed the SW she was coming in person to the facility to take care of other matters. On 09/26/2024, the SW initiated a Record of Concern Form, which describes, Investigation will begin after IDCT has taken place for more clarity of the issues and concerns. According to the SW's statement, the family member was provided with the date of the IDCT meeting via email; she further informed the SW she could not attend the meeting.</p> <p>During an interview on 11/12/2024 at 11:00 a.m., the Unit Manager / Licensed Practical Nurse (LPN) stated Resident #1 ambulates and wanders into other Resident's rooms and tends to take [his/her] clothes off. UM further stated Resident #1 has been in Resident #4 room before, unaware of any Resident-to-Resident sexual abuse.</p> <p>During an interview on 11/13/2024 at 10:37 a.m., Resident #4 stated he/she did not recall any resident in his/her room.</p> <p>During an interview on 11/22/2024 at 11:50 a.m., the Behavioral Monitoring Aide (BMA) stated he redirected the residents wandering in the hallway, assisted other residents in the dayroom, and watched the doors; BMA stated that he had not heard of any resident-to-resident sexual abuse.</p> <p>During an interview on 11/22/2024 at 12:02 p.m., Resident #1, assigned CNA, stated that the Resident ambulates and sometimes wanders into other residents' rooms. She explained that a BMA in the hallway always monitors the residents and assists them. The CNA further stated that she had never seen Resident #1 and Resident #4 together.</p> <p>During an interview on 11/22/2024 at 1:43 p.m., the LNHA stated on 09/24/24, at 8:35 p.m., he received a complaint via email from Resident #1 family member but did not read the complaint. On 09/25/2024 at 10:06 a.m., he forwarded the email to the SW. The Administrator further stated, his expectation was for the SW to do a full investigation and write a grievance.</p> <p>During an interview on 11/22/2024 at 1:53 p.m., the Director of Nursing (DON) stated he was not aware of the grievance presented by a family member of Resident #1. According to the DON, the SW should have completed the grievance process, and the IDCT should have met and reviewed the complaint at the next meeting.</p> <p>During an interview on 11/22/2024 at 2:11 p.m., the SW stated on 09/25/2024 at 10:06 a.m., she received an email from the LNHA which included an allegation of Resident-to-Resident sexual abuse between Resident #1 (the alleged victim) and Resident #4 (the alleged perpetrator). The SW further stated she spoke with the CNAs in the unit, as she actively tries to reach out to Resident #1's family. She further stated that she did not speak to the nurses, DON, Unit manager, or Administrator.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of an undated facility policy titled; Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigation, included the following: Under: Policy Statement: All reports of Resident abuse (including injuries of unknown origin), neglect, exploitation, or theft/misappropriation of resident property are reported to local state and federal agencies (as required by current regulations) and thoroughly investigated by facility management. Findings of all investigations and documentation are reported. Under Policy Interpretation and Implementation Investigating Allegations: 1. All allegations are thoroughly investigated. The Administrator initiates investigations. 2. Investigations may be assigned to an individual trained in reviewing, investigating, and reporting such allegations. 4. The Administrator is responsible for keeping the Resident and his/her representative (sponsor) informed of the progress of the investigation. 5. The Administrator ensures that the Resident and the person(s) reporting the suspected violation are protected from retaliation or reprisal by the alleged perpetrator, or by anyone associated with the facility.</p> <p>Review of the facility's policy titled Abuse Prevention Program revealed the following: Under the Policy Statement section the policy revealed, Our Residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual, or physical abuse, and physical or chemical restraint not required to treat the Resident's symptoms. Under Policy Interpretation and Implementation included As part of the Resident abuse prevention, the administration will: 1. Protect our residents from abuse by anyone including, but not necessarily limited to: facility staff, other residents, consultants, volunteers, staff from other agencies, family members, legal representatives, friends, visitors, or any other individual. 2. Develop and implement policies and procedures to aid our facility in preventing abuse, neglect, or mistreatment of our residents. 3. Identify and investigate all possible incidents of abuse. 4. Protect residents during abuse investigations.</p> <p>Review of the facility's Director of Social Service Job Description. Under: the Job Summary revealed: The primary focus of the Director of Social Services is to assist in the Resident's adjustment to the facility and maintain the highest possible level of psycho-social functioning within the facility environment. Under: Job Requirements included: 1. An understanding of the psycho-social dynamic of the geriatric population and ability to empathize and provide guidance to them. 4. Maintain grievance book, perform other related duties as directed by the Administrator . Under: Main Duties revealed: 3. Keep Resident's rights current and up-to date with state and federal regulation. 6. Perform other related duties as directed by the Administrator.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review the facility's Administrator Job Description. The Purpose of Your Job Position revealed: 1. The primary purpose of your position is to direct the day-to-day functions of the facility in accordance with current federal, state, and local standards, guidelines, and regulations that govern nursing facilities to assure that the highest degree of quality care can be provided to our residents at all times. Under Delegation of Authority included: 1. As Administrator you are delegated the administrative authority, responsibility, and accountability necessary for carrying out your assigned duties. Under: Job Function showed: 1. Every effort has been made to identify the essential functions of this position. However, it in no way states or implies that these are the only duties you will be required to perform. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or is an essential function of the position. Under the Duties and Responsibilities. Administrative Function included: 1. Develop and maintain written policies and procedures and professional standards of practice that govern the operation of the facility. 2. Assist department directors in the development, use and implementation of departmental policies and procedures and professional standards of practices. 4. Interpret the Facility's policies and procedures to employees, residents, family members, visitors, government agencies, etc., as necessary. 5. Ensure that all employees, residents, visitors, and the general public follow the facility's established policies and procedures. 8. Conduct daily meeting with appropriate staff during Facility inspections to discuss survey finding and formulation of plans of action and correction. Under the Personnel Function revealed: 1. Delegate Administrative authority, responsibility, and accountability to other staff personnel as deemed necessary to perform their assigned duties. 1. Review accident and incident reports (e.g., falls, injuries of an unknown source, abuse, etc.). Monitor to determine the effectiveness of the facility's risk management program. Under Resident Rights included 1. Review resident complaints and grievances and make written reports of action taken. Discuss actions with the Resident and family as appropriate.</p> <p>NJAC 8:39-9.4(f)</p>		

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49509</p> <p>C#:NJ 00179177, NJ 00179069</p> <p>Based on interviews, Medical Record (MR) review, and review of pertinent facility documentation on 11/11/2024, 11/12/2024 and 11/11/2024, it was determined that the facility's Administration failed to ensure a thorough and complete investigation was completed for an allegation of Resident-to-Resident sexual abuse and follow its Abuse and Neglect, Investigating and Reporting, the Abuse Prevention Program Policy, the Grievance Policy and Procedure, and the Administrator's Job Description.</p> <p>This deficient practice was identified for 2 of 7 residents (Resident #1 and Resident #4) and was evidenced by the following:</p> <p>According to the Admission Record (AR), Resident #1 was admitted on [DATE] with diagnoses which included but were not limited to: Altered Mental Status, Unspecified Dementia, Psychotic Disturbance, Mood Disturbance, and Anxiety.</p> <p>According to the Minimum Data Set (MDS), an assessment tool, dated 9/27/2024, Resident #1 had a Brief Interview for Mental Status (BIMS) score of 0/15, which indicated that the Resident's cognition was severely impaired. The MDS also showed Resident #1 needed partial to moderate assistance and one-person physical assistance with most Activities of Daily Living (ADLs) and assistance with locomotion on and off the unit.</p> <p>A review of the Care Plan (CP) initiated on 01/26/2023 revealed under Indicator: Resident #1 Wander on unit occasionally into other's rooms. Under Goal, indicated Provide a safe environment for wandering through the next review date; Under Interventions, included: Involve in programs of interest, Frequent room checks during overnight shift, Room change discussed with family who refused, Redirect, and engage in conversation when trying to enter another resident's room, Behavior Monitoring Activity Aide will redirect and involve in activities and Place stop banner on most frequented rooms.</p> <p>According to the AR, Resident #4 was admitted on [DATE] with diagnoses which included, but were not limited to, Altered Mental Status, Schizoaffective disorder, Unspecified Dementia, and Schizophrenia.</p> <p>According to the MDS dated [DATE], Resident #4 had a BIMS score of 9 out of 15, which indicated that the Resident's cognition was moderately impaired. The MDS also showed Resident #4 is independent with ADLs.</p> <p>A review of the CP initiated on 07/31/2023 revealed under Indicator: Resident #1 Wander on unit occasionally into other's rooms. Under Goal indicated, Provide a safe environment for wandering through the next review date; Under Interventions, included: Find out what the Resident is looking for, involve in program of interest, Use STOP sign at doorway and Wander guard placed on left wrist.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315454	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/22/2024
NAME OF PROVIDER OR SUPPLIER Shore Gardens Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 231 Warner Street Toms River, NJ 08755	
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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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of an Email Grievance dated 9/24/2024 at 8:35 p.m., presented to the Surveyor from the License Nursing Home Administrator (LNHA), revealed documentation from Resident #1's family member, which included a complaint of an incident she observed between Resident #1 and Resident #4. According to the email, the family member went to the Resident's room (date unknown) and observed the door closed with Resident #1 and Resident #4 in the room. The family member wrote that when she walked into the room, Resident #4 popped up quickly and ran out of the room. She continued, I then found my [Resident #1] half-naked and frazzled, [chest area] exposed with [his/her] shirt twisted and half off [his/her] body, and [the] waistband to [his/ her] pants was half down The family member further wrote that a staff member told me [Resident #4] always goes in there [Resident #1's room] and that [Resident #1] doesn't know what is going on because he/she doesn't understand, she [staff member] finds them [Resident 1 and Resident #4] . doing sex stuff and leaves them be until they're done</p> <p>Further review of the email showed that on 9/25/2024 at 10:06 a.m., the LNHA forwarded the email from Resident #1's family member to the Social Worker (SW). The LNHA wrote: Please write a grievance for Resident #1.</p> <p>During an interview on 11/22/2024 at 1:43 p.m., the LNHA stated on 09/24/24, at 8:35 p.m., he received a complaint via email from Resident #1 family member but did not read the complaint. He further stated on 09/25/2024 at 10:06 a.m., he forwarded the email to the SW. In addition, the Administrator said his expectation was for the SW to do a full investigation and write a grievance.</p> <p>During an interview on 11/22/2024 at 2:11 p.m., the SW stated on 09/25/2024 at 10:06 a.m., she received an email from the LNHA which included an allegation of Resident-to-Resident sexual abuse between Resident #1 (the alleged victim) and Resident #4 (the alleged perpetrator). The SW further stated she spoke with the CNAs in the unit, as she actively tries to reach out to Resident #1's family. She further stated that she did not speak to the nurses, DON, Unit manager, or Administrator.</p> <p>Review of an undated facility policy titled; Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigation, included the following: Under: Policy Statement: All reports of Resident abuse (including injuries of unknown origin), neglect, exploitation, or theft/misappropriation of resident property are reported to local state and federal agencies (as required by current regulations) and thoroughly investigated by facility management. Findings of all investigations and documentation are reported. Under Policy Interpretation and Implementation Investigating Allegations: 1. All allegations are thoroughly investigated. The Administrator initiates investigations. 2. Investigations may be assigned to an individual trained in reviewing, investigating, and reporting such allegations. 4. The Administrator is responsible for keeping the Resident and his/her representative (sponsor) informed of the progress of the investigation. 5. The Administrator ensures that the Resident and the person(s) reporting the suspected violation are protected from retaliation or reprisal by the alleged perpetrator, or by anyone associated with the facility.</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility's policy titled Grievance Policy and Procedure included the following: Under Policy: All Residents, responsible parties, interested family have the right to voice grievances that are free from interference, coercion, discrimination, or reprisal concerning: 1. The care, treatment, and services that are, or fail to be, furnished. 3. The behavior of other residents, responsible parties, interested family members and staff. Facility will promptly address, investigate, and then respond to every grievance that it receives from all such parties. All grievances will be handled as promptly, prudently, and courteously as possible. Under: Procedure revealed the following: 1. All Residents, responsible parties, interested family members, and staff should file grievances by verbalizing or by written notice and employee of the facility. If a grievance is verbalized to an employee, it is the responsibility of the employee to submit the verbalization to the department head. 2. All grievances will be initially addressed with a prompt effort to resolve said complaint/grievance. All grievances will be reviewed by social services. The supervisory designee will try to acknowledge the grievance as promptly as possible. 3. Besides making sure that all grievances are promptly considered, investigated, resolved, and answered, and later reviewed, this file will provide documentation of our continued commitment to optimum quality.</p> <p>Review of the facility's policy titled Abuse Prevention Program revealed the following: Under the Policy Statement section the policy revealed, Our Residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual, or physical abuse, and physical or chemical restraint not required to treat the Resident's symptoms. Under Policy Interpretation and Implementation included As part of the Resident abuse prevention, the administration will: 1. Protect our residents from abuse by anyone including, but not necessarily limited to: facility staff, other residents, consultants, volunteers, staff from other agencies, family members, legal representatives, friends, visitors, or any other individual. 2. Develop and implement policies and procedures to aid our facility in preventing abuse, neglect, or mistreatment of our residents. 3. Identify and investigate all possible incidents of abuse. 4. Protect residents during abuse investigations.</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review the facility's Administrator Job Description. The Purpose of Your Job Position revealed: 1. The primary purpose of your position is to direct the day-to-day functions of the facility in accordance with current federal, state, and local standards, guidelines, and regulations that govern nursing facilities to assure that the highest degree of quality care can be provided to our residents at all times. Under Delegation of Authority included: 1. As Administrator you are delegated the administrative authority, responsibility, and accountability necessary for carrying out your assigned duties. Under: Job Function showed: 1. Every effort has been made to identify the essential functions of this position. However, it in no way states or implies that these are the only duties you will be required to perform. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or is an essential function of the position. Under the Duties and Responsibilities. Administrative Function included: 1. Develop and maintain written policies and procedures and professional standards of practice that govern the operation of the facility. 2. Assist department directors in the development, use and implementation of departmental policies and procedures and professional standards of practices. 4. Interpret the Facility's policies and procedures to employees, residents, family members, visitors, government agencies, etc., as necessary. 5. Ensure that all employees, residents, visitors, and the general public follow the facility's established policies and procedures. 8. Conduct daily meeting with appropriate staff during Facility inspections to discuss survey finding and formulation of plans of action and correction. Under the Personnel Function revealed: 1. Delegate Administrative authority, responsibility, and accountability to other staff personnel as deemed necessary to perform their assigned duties. 1. Review accident and incident reports (e.g., falls, injuries of an unknown source, abuse, etc.). Monitor to determine the effectiveness of the facility's risk management program. Under Resident Rights included 1. Review resident complaints and grievances and make written reports of action taken. Discuss actions with the Resident and family as appropriate.</p> <p>N.J.A.C. 8:39-13.1 (a)</p>		