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No. 0938-0391

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 02/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shore Gardens Rehabilitation and Nursing Center	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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. 51337 Based on observation and interview, it was determined that the facility failed to ensure that the residents' dining experience was provided in a manner to promote dignity and respect of the residents. This deficient practice was observed in 1 of 3 dining rooms on 2/13/25, and was evidenced by the following: On 2/13/25 at 12:16 PM, the surveyor observed the lunch meal on the Third-floor nursing unit in the dayroom/dining room. On each of the 14 residents, the staff served the cold beverages composed of milk and cranberry juice in disposable plastic cups. During an interview with the survey team on 2/14/25 at 11:00 AM, the Licensed Nursing Home Administrator (LNHA) and Director of Nursing (DON) did not refute the identified concerns for dignity in using disposable plastic cups for the memory care residents. A review of the facility provided Assistance with Meals policy dated revised March 2022, included meal assistance to residents with attention to safety, comfort and dignity . The policy did not include the use of non-disposable dinnerware. NJAC 8:39-4.1(a)12

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 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. 50913 Complaint #: NJ 182687 Based on observation, interviews, and review of pertinent facility documents, it was determined that the facility failed to ensure that a resident was provided a lock to prevent loss/theft of items. This deficient practice was identified for 1 of 28 residents reviewed for resident rights (Resident #132), and was evidenced by the following: A review of the Admission Face Sheet revealed that Resident #132 was admitted to the facility with diagnoses that included but were not limited to: anxiety disorder, emphysema, and tracheostomy (a tube placed in a surgical hole through the neck to the windpipe). A review of the Minimum Data Sheet (MDS), an assessment tool, revealed the resident was cognitively intact and was independent for activities of daily living (ADL). During an interview with Resident #132 on 2/12/25 at 10:00 AM, the resident stated that when they were moved to a new room, they requested a lock to be placed on the closet door to prevent other residents from going into their closet and drawers. The resident further stated that at times, they woke up in the morning and the closet was opened. The resident was unable to remember date they were relocated. At that time, the surveyor observed the resident's closet, and observed there was no latch or lock in place. During an interview with the Licensed Practical Nurse/Unit Manager (LPN/UM) on 2/13/25 at 9:38 AM, the LPN/UM stated that she was verbally notified of lock requests. The LPN/UM further stated that maintenance was notified of work orders through computer system called TELS, and that the facility no longer kept physical logbooks for maintenance. The LPN/UM stated that when residents requested locks, the facility installed the latch, but the family or resident needed to provide the padlock. The LPN/Unit Manager provided a document titled Direct Supply TELS, Work Order # 943. The document revealed that Resident #132 requested a lock to be placed on their closet door on 12/20/24, but the lock nor the hardware was placed on the closet door. During an interview with the Maintenance Director on 2/13/25 at 12:44 PM, the Maintenance Director stated that the facility provided the hardware for the locks and the family or resident provided the lock. The Maintenance Director stated that he was notified of the requests through a work order that was placed in the TELS system. During an interview with the Licensed Nursing Home Administrator (LNHA) on 2/13/25 at 1:00 PM, the LNHA indicated that the facility did not provide locks for residents. NJAC 8:39-4.1(a)15

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33106 Based on observation, interview and review of pertinent facility documentation it was determined that the facility failed to provide a safe, clean and comfortable homelike setting. This deficient practice was identified for 3 of 3 units, and was evidenced by the following: 1. On 2/5/25 at 9:00 AM, the surveyor entered the facility and observed the lobby floor to be dirty with scuff marks and discolored tiles. The elevator floors were also observed to be dirty and discolored and the walls of elevators were observed to be soiled. On 2/5/25 at 9:15 AM, during initial tour of the Third-floor nursing unit, the surveyor observed the following environmental issues: In Resident room [ROOM NUMBER]-A, the floor was observed to be soiled and sticky with liquid spills on the floor. The unsampled resident's trash was overflowing and there was trash on the floor under the bed. In Resident room [ROOM NUMBER] A and B, the surveyor observed that the resident's clothes drawers were broken; peeling Formica on the dresser; no drawer front on the bedside table; drawers were broken and hanging awkwardly and could not be closed. The floor was stained dirty with brown substance behind A bed; molding and baseboard off the wall were lying on the side of the resident's bed in bed B. The surveyor lifted the board and underneath the boards on the floor was very dirty and dusty with used straws and silver money on the floor. The ceiling bed curtain track was broken and hanging from ceiling with no middle privacy partition curtain and two ceiling tiles hanging and buckling. The surveyor observed in Resident room [ROOM NUMBER], the bedside table was broken. On 2/5/25 at 9:15 AM, the surveyor interviewed the Registered Nurse (RN), who stated that maintenance and housekeeping concerns were verbally told to the perspective departments when issues were noted in residents' rooms. The RN stated that she was aware about the concerns related to housekeeping and maintenance issues in Resident room [ROOM NUMBER], #306, and #311, however she did not fill out the concerns in the computer system to notify the housekeeping or maintenance regarding these issues. On 2/5/25 at 9:30 AM, the surveyor attempted to interview the housekeeping staff on the Third-floor nursing unit, and they indicated that they could not speak English. On 2/5/25 at 9:45 AM, the surveyor interviewed the Maintenance Assistant (MA), who stated that no one reported the maintenance concerns or the condition of the resident's furniture in rooms 306 or 311. The MA stated that maintenance issues were reported into the computer system. The MA accompanied the surveyor to Resident room [ROOM NUMBER], and he stated that he had not received any work orders or reports regarding the condition of that room. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 2/5/25 at 9: 50 AM, the surveyor interviewed the Housekeeping Director (HD), who accompanied the surveyor to Resident room [ROOM NUMBER] and Resident room [ROOM NUMBER] to observe the uncleanliness of the unsampled resident's rooms. The HD stated that he did the best he could with the staff he had to work with. The HD stated that the floors were cleaned daily and maybe the housekeeper did not get to those rooms yet. The HD then directed the housekeepers to clean the floors in the residents' rooms. The HD stated that all rooms were carbolized once a month, however staff kept taking the signs down. The HD did not have an explanation why the floors were not clean. On 2/13/25 at 10:02 AM, the surveyor interviewed the Licensed Practical Nurse/Unit Manager (LPN/UM), who stated that if the staff saw that the floors were dirty or needed cleaning, the staff should be notifying the housekeeping department to clean those rooms first. The LPN/UM stated that if there was broken furniture or broken items in a resident's room, that the staff should be reporting it to maintenance through the computer system that produced maintenance work orders. The LPN/UM explained that if the maintenance or housekeeping department did not respond timely to concerns, then she would verbally remind them. The LPN/UM stated that she had told the administration about the poor condition of the dining room chair and the administration did buy new chairs. The LPN/UM stated that the condition of Resident room [ROOM NUMBER] was embarrassing and the room should not have been in that condition. On 2/13/25 at 10:18 AM, the surveyor interviewed the Certified Nursing Assistant (CNA), who stated that she was aware that the furniture in the resident's rooms were not in good condition. The CNA bought the surveyor to Resident room [ROOM NUMBER] and showed the surveyor the molding on the resident's wall behind bed B, which was broken, missing pieces and in disrepair. The CNA also went room to room and showed the surveyor the dirt that was underneath the multiple resident's dressers and stated that she did not know why the housekeepers did not pull the furniture out to clean under the dressers. The CNA stated that the HD was aware of the issues and that he was notified of the concerns regarding the cleanliness of the floors. She also stated that when there was a maintenance issue, the staff filled out the work form on the computer system, but the concerns did not always get fixed. On 2/13/25 at 12:28 PM, the surveyor interviewed the Maintenance Director (MD), who stated that the facility's work order computer system instructed him to perform 20 weekly tasks. The MD stated that maintenance rounds were driven by the computer system and environmental rounds were conducted in August 2024, with Licensed Nursing Home Administrator (LNHA). The MD stated that during those rounds, the LNHA and himself generated a list of maintenance issues which were completed a week later for each floor. The MD stated that the LNHA and himself were aware that the furniture in the resident's room needed to be replaced and he had brought it up in Quality Assurance and Performance Improvement (QAPI) meeting. The MD stated that after maintenance received a work order, he would have expected it to be completed within 24 hours. The surveyor showed the MD pictures of the condition of Resident room [ROOM NUMBER] and he confirmed that it was unacceptable. On 2/14/25 at 10:58 AM, the surveyor interviewed the Director of Nursing (DON), who stated that the environment was awful and the LNHA stated that he had conversations with corporate regarding getting new furniture, however, could not provide additional information regarding the purchasing of new furniture to the surveyor. 49094 (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	2. On 2/5/25 at 11:06 AM, the surveyor observed the Second-floor nursing unit and identified the following concerns: In Resident room [ROOM NUMBER] bed B, the base board detached from the wall behind the bed frame. The nightstand located near the resident's bed had the bottom door hanging awkwardly which could not be properly closed and the Formica (laminated plastic used to make cabinets) was peeling off the bottom of the nightstand. On 2/13/25 at 9:54 AM, the surveyor interviewed the Licensed Practical Nurse (LPN), who stated that when there was an environmental problem or broken items in a resident's room, we reported it to the maintenance department. The LPN further stated that they used a computer system to report things to maintenance. The LPN acknowledged that the baseboards should not be detached from the wall and that the nightstands should not have the doors hanging off. On 2/13/25 at 12:27 PM, the surveyor interviewed the MD in the presence of the survey team, who stated that the facility used a computer program where staff entered a concern for the maintenance department. The MD stated that the computer system instructed him to perform 20 weekly tasks. The MD stated that maintenance rounds were driven by the computer system and environmental rounds were conducted in August 2024, with the LNHA. He stated that during those rounds, the LNHA and himself generated a list of maintenance issues which were completed a week later for each floor. The MD further stated the resident's rooms should be kept clean, well kept, and have a homelike environment. The MD stated that the LNHA and himself were aware that the furniture in the resident's rooms needed to be replaced and he had brought it up in the QAPI meeting. The MD stated that after the maintenance received a work order, he would have expected it to be completed within 24 hours. The surveyor showed the MD pictures regarding the condition of Resident room [ROOM NUMBER], and he stated that it was unacceptable. On 2/14/25 at 10:59 AM, the DON, in the presence of the LNHA and the survey team, stated that the environment was awful and the LNHA stated that he had conversations with corporate regarding getting new furniture. The DON and LNHA acknowledged the surveyor's environmental concerns. 44833 3. On 2/5/25 at 11:05 AM, during initial tour of the facility, the surveyor observed Resident #128 in their room resting in bed. Next to the bed was a nightstand which appeared to be in disrepair. The nightstand was missing the drawer with the resident's personal belongings that were set on the shelf where there would have been a drawer. The resident was unable to verbalize to the surveyor how they felt about the condition of their furniture. On 2/13/25 at 11:44 AM, during dining observation, the surveyor observed the main dining room on the Third-floor nursing unit to have damaged walls with the wallpaper peeling up and away from the wall starting from the baseboard trim. There were also holes in the wall with drywall showing and areas patched with mismatched materials. On 2/13/25 at 11:47 AM, the surveyor interviewed the Activities Aide (AA), who stated that she was not sure how long the wall had been in that condition; that it had been that way since she was hired at the facility six months ago. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 2/13/25 at 12:28 PM, the surveyor interviewed the MD, who stated that the facility work order computer system instructed him to perform 20 tasks weekly. The MD stated that maintenance rounds were driven by the computer system and environmental rounds were conducted in August 2024, with the LNHA. The MD stated that during those rounds, the LNHA and himself generated a list of maintenance issues which were completed a week later for each floor. The MD stated that the LNHA and himself were aware that the furniture in the resident's room needed to be replaced new and he had brought it up in the QAPI meeting. The MD stated that after the maintenance received a work order, he would have expected it to be completed within 24 hours. On 2/14/25 at 10:58 AM, the surveyor interviewed the DON, who stated that the environment was awful and the LNHA stated that he had conversations with corporate regarding getting new furniture, however, could not provide additional information regarding the purchasing of new furniture to the surveyor. 45208 4. On 2/5/25 at 12:04 PM, the surveyor observed a coded door lock that had push buttons falling out to get into the First-floor shower room. The surveyor entered the shower room and observed: dirty tile floors; a rusted metal rack holding a used blue/green bar of soap; blue flower grip stickers that were discolored black on the floor of the shower; a broken shower hook to hold the handheld shower nozzle that had sharp jagged edges; a broken patched soap holder in the shower wall that was rough to the touch and a shower curtain that had brown and orange discoloration throughout on the interior shower side, it also revealed brown discoloration stripes in the middle of the curtain. On 2/12/25 at 12:13 PM, the surveyor interviewed with HD, who stated that he had a monthly schedule in place to change the communal resident's shower curtain. The HD could not provide an accountability log and could not determine when the last time the shower curtain was changed. He further stated that the shower rooms were cleaned daily by staff. On 2/12/25 at 10:47 AM, the surveyor interviewed the MD, who stated that he made rounds throughout the facility regularly and inspected the residents' rooms and shower rooms. If there was a maintenance issue or something was broken, all staff had access to the electronic maintenance system. The MD stated that the system provided the maintenance department with a work order if something needed to be fixed. The shower room was not on the electronic maintenance system. On 2/12/25 at 12:41 PM, the surveyor interviewed the First-floor nursing unit's LPN/UM, who stated that staff used the electronic maintenance system sometimes, sometimes they told the maintenance staff verbally in the hallway or they wrote the concern in a maintenance log. The surveyor observed the maintenance log and Shower Room C1-17 was not listed. On 2/12/25 at 12:47 PM, the surveyor accompanied by the LPN/UM toured Shower Room C1-17. LPN/UM stated that the shower room was not clean, and did not have a homelike feel. I would not shower in here. On 2/13/25 at 12:27 PM, the surveyor conducted a follow-up interview with the MD, who stated that the maintenance log system should not be used; that the electronic maintenance system was used for notification. The MD stated if staff approached him in the hallway to fix something, he directed them to add a work order in the electronic system. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 2/14/25 at 10:58 AM, the survey team met with the LNHA and the DON, who both acknowledged the surveyor's concerns. They were unable to provide additional information. A review of the facility's undated Director of Maintenance job description indicated that the purpose of the position was to maintain the orderly functioning of all equipment in the facility to include the kitchen; laundry; heating; air conditioning and elevators as well as purchasing necessary supplies for repairs, maintenance, and emergencies within budgetary. A review of the facility's undated Director of Housekeeping job description reflected that the HD was responsible for planning, directing, coordinating, reporting, budgeting, and physical management of the housekeeping departments employees and equipment in a way that maximum cleanliness and order throughout the building and laundry services for both resident clothing and facility linen. A review of the facility's undated Cleaning and Disinfection of Environmental Surfaces policy included that environmental surfaces would be cleaned and disinfected according to the current Center for Disease Control (CDC) recommendations for disinfection of healthcare facilities and Occupational Health and safety Administration (OSHA) bloodborne pathogens standard . A review of the facility's undated Quality of life-Homelike Environment policy included residents would be provided with a safe, clean and comfortable homelike environment .facility staff and management shall maximize to the extent possible, the characteristics of the facility to reflect a personalized homelike setting. These characteristics include: Clean and sanitary and orderly environment and inviting color and decor . NJAC 8:39-31.4(a)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. 51337 Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to ensure the medication cart was secured during medication administration in accordance with professional standards of clinical practice. This deficient practice was identified for 1 of 4 residents observed during medication administration (Resident #89), and was evidenced by the following: Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist. On 2/10/25 at 8:17 AM, the surveyor observed the Licensed Practical Nurse (LPN) parked the Second-floor low-side medication cart outside the door of Resident #89's room. The LPN sanitized their hands with an alcohol-based hand rub, and she prepared the medications to be administered to Resident #89. After gathering a cup containing oral medications and injectable insulin pens, the LPN left the medication cart unlocked and walked to Resident #89's bedside. The LPN proceeded to administer the resident their medication who was in bed. The medication cart was out of the line of sight of the LPN and no residents were observed present in the hallway and by the medication cart. The surveyor asked the LPN what they would do with the cart, and the LPN confirmed that they should have locked it. On 2/12/25 at 12:15 PM, the surveyor interviewed the Licensed Practical Nurse/Unit Manager (LPN/UM), who stated that during medication administration, the nurses should always lock the cart and minimize the computer when walking away from the medication cart. During an interview with the survey team on 2/13/25 at 1:25 PM, the surveyor brought the identified concern to the attention of the Licensed Nursing Home Administrator (LNHA) and Director of Nursing (DON). They did not dispute the findings. A review of the facility provided undated Administering Medications policy included Policy Interpretation and Implementation 18. During administration of medications, the medication cart is kept closed and locked when out of sight of the medication nurse or aide . NJAC 8:39-29.4(h)

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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. 40744 Based on observation, interview, and review of pertinent facility documentation it was determined that the facility failed to a) obtain physician's orders for care of oxygen tubing and b) develop a comprehensive care plan for a resident receiving oxygen therapy. This deficient practice was identified in 1 of 4 residents reviewed for oxygen (Resident #95), and was evidenced by the following: On 2/5/25 at 12:07 PM, during the initial tour of the facility, the surveyor observed an oxygen concentrator (a device that enriches air with oxygen by removing nitrogen) in Resident #95's room with nasal oxygen tubing (small flexible tube with two prongs that delivers oxygen into the nose) connected. The tubing went from the oxygen concentrator onto the resident's bed, under the pillow, and hung off the opposite side of the bed. At that time, the resident informed the surveyor that they removed the oxygen. A review of the Admission Record face sheet (an admission summary) reflected the resident was admitted to the facility with medical diagnoses that included but were not limited to; chronic obstructive pulmonary disease (a lung condition characterized by persistent inflammation and narrowing of the airways leading to ongoing breathing difficulties), depression, heart failure, and kidney failure. A review of the comprehensive Minimum Data Set (MDS), an assessment tool dated 11/25/24, revealed Resident #95 had a Brief Interview of Mental Status score of 12 out of 15, meaning the resident had moderate cognitive impairment. A review of Section O titled Special Procedures and Treatments indicated that the resident used oxygen prior to admission and at the facility. A review of the Physician Order Summary revealed that Resident #95 was prescribed oxygen to be administered at two liters per minute (2 lpm) via a nasal cannula as needed. The order was dated 1/7/25, and was an active order. The Physician Order Summary did not include a physician's order to change the nasal cannula tubing. On 2/13/25 at 11:10 AM, the surveyor went to see Resident #95 and observed the room was empty. The surveyor went to the First-floor Licensed Practical Nurse/Unit Manager (LPN/UM), who stated that the resident went to the hospital in the morning for chest pain. The surveyor then asked the LPN/UM to show them the physician's orders for oxygen and oxygen tubing changes in the Electronic Medical Record (EMR). The LPN/UM showed the surveyor an order for oxygen to be administered at 2 lpm via a nasal cannula as needed. The surveyor then asked about the nasal cannula tubing changes, and the UM/LPN said, Usually there would be order here. The surveyor asked where the tubing changes would be signed out and she said, In the EMR but it looks like it's not being signed out. On 2/13/25 at 11:53 AM, the surveyor reviewed the policy titled Oxygen Administration with a revision date of 2010. The policy purpose was to provide guidelines for safe oxygen administration. The policy did not include the care of oxygen tubing. On 2/13/25 at 11:59 AM, the surveyor reviewed the resident's comprehensive care plan. The care plan did not have a focus area for respiratory care or oxygen. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 2/14/25 at 10:58 AM, the surveyor asked the Director of Nursing (DON) if a resident with oxygen should have an oxygen or respiratory care plan, and the DON acknowledged by stating, Yes, any resident should have a care plan if they have oxygen. NJAC 8:39-25.2 (b)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 44833 Based on observation, interview, and pertinent record review, it was determined that the facility failed to ensure the accountability of the narcotic shift count logs were completed in accordance with professional standards of practice. This deficient practice was identified on 2 of 3 medication carts, and was evidenced by the following: On 2/10/25 at 11:11 AM, the surveyor, in the presence of the Licensed Practical Nurse (LPN #1), observed the Third-floor high side nursing unit's medication cart. A review of the medication cart's narcotic logbook revealed a pre-signed outgoing nurse signature for the shift-to-shift narcotic count Narcotic Bingo Card Count Sheet for the 2/10/25 3:00 PM- 11:00 PM shift. At that time, LPN #1 confirmed that she had pre-signed the log and that the log should have been signed in the presence of the incoming nurse by both herself and the incoming nurse at the same time after a narcotic count was completed. On 2/10/25 at 11:41 AM, the surveyor, in the presence of LPN #2, observed the Second-floor low side nursing unit's medication cart. A review of the medication cart's January 2025's shift-to-shift log revealed missing nurses' signatures for the narcotic counts for the following shifts: On 1/1/25, the outgoing nurse for the 7:00 AM - 3:00 PM (day shift). On 1/4/25, the incoming nurse for the 3:00 PM - 11:00 PM (evening shift). On 1/4/25, the incoming and outgoing nurses for the 11:00 PM - 7:00 AM (night shift). On 1/5/25, the incoming and outgoing nurses for the day shift. On 1/5/25, the outgoing nurse for the evening shift. On 1/8/25, the incoming nurse for the day shift. On 1/8/25, the outgoing nurse for the evening shift. On 1/9/25, the incoming and outgoing nurses for the evening shift. On 1/9/25, the outgoing nurse for the evening shift and night shifts. On 1/10/25, the incoming nurse for the day and night shifts. On 1/10/25, the outgoing nurse for the evening shift. On 1/11/25, the outgoing nurse for the day shift. On 1/11/25, the incoming nurse for the night shift. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER: Shore Gardens Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 231 Warner Street, Toms River, NJ 08755	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 1/12/25, the outgoing nurse for the day shift. On 1/13/25, the incoming nurse for the day shift. On 1/13/25, the outgoing nurse for the evening shift. On 1/27/25, the incoming nurse for the day shift. On 1/27/25, the outgoing nurse for the evening shift. On 1/31/25, outgoing nurse for the evening shift. At that time, LPN #2 confirmed that there should not have been any missing signatures or documentation on the narcotic count log sheet. LPN #2 confirmed that the incoming and outgoing nurses were supposed to count the narcotics together and sign the log together at the time of shift change to confirm the count was completed and accurate. On 2/13/25 at 12:39 PM, the surveyor interviewed the Director of Nursing (DON) and the Infection Preventionist (IP). Both the DON and IP stated that medication cart narcotics were to be counted and immediately signed by the incoming and outgoing nurses at the time of shift change to indicate the count was completed. The DON and IP stated that there should not have been any pre-signed spaces or blanks for previous shifts. The DON acknowledged that missing documentation indicated it was not done. A review of the facility's Controlled Substance policy with a revised date of November 2022, included the system of reconciling the receipt, dispensing and disposition of controlled substances includes the following: . nursing staff count controlled medication inventory at the end of each shift, using these records to reconcile the inventory. The nurse coming on duty and the nurse going off duty make the count together and document and report any discrepancies to the director of nursing services . NJAC 8:39-29.7(c)

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F 0761

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Some

Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.

44833

Based on observation, interview, and review of pertinent facility documentation, it was determined that the facility failed to a) label opened multidose medication; b) properly dispose of expired medications; and c) properly store medical supplies. This deficient practice was observed on 2 of 3 medication carts and 1 of 2 medication storage rooms reviewed for medication storage and labeling, and was evidenced by the following:

On 2/10/25 at 11:11 AM, the surveyor, in the presence of the Licensed Practical Nurse (LPN #1), observed the following on the Third-floor high side nursing unit's medication cart:

Fourteen individual, single use vials of ipratropium bromide/albuterol sulfate inhalation solution (a medication used to treat lung disease) 0.5 milligrams (mg) /3 mg per 3 milliliter (ml) in an opened foil pouch with a hand-written opened date of 1/2/24. The medication's foil pouch had manufacturer's instructions printed on it which indicated that the medication was to be used within two weeks of the pouch being opened. At that time, LPN #1 acknowledged the opened date and confirmed that the medication was considered expired and needed to be discarded.

On 2/10/25 at 11:41 AM, the surveyor, in the presence of LPN #2, observed the following on the Second-floor low side nursing unit's medication cart:

Two boxes of ipratropium bromide/albuterol sulfate 0.5 mg /3 mg per 3 ml inhalation solution. One box contained an opened foil pouch dated 12/7 containing 15 individual single use vials, and the second box contained an opened and undated foil pouch containing 25 individual, single use vials. Both were labeled with the manufacturer's instructions to use within two weeks of opening. At that time, LPN #2 confirmed that multidose medications should be dated with the date it was opened to keep track of the shortened expiration date once opened and confirmed that those medications should have been considered expired.

On 2/10/25 at 12:06 PM, the surveyor in the presence of the LPN/Unit Manager (LPN/UM), observed the following in the Second-floor medication storage room:

In the cabinet under the storage room's sink was stored the following:

Sixty abdominal pad sterile dressings in a plastic bag.

Four feeding tube irrigation sets in a plastic bag.

Thirteen sterile rolled gauze bandages in a plastic bag.

Three nebulizer machines (medical equipment used for respiratory treatments) which were not in plastic bags.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Upon moving those items, the surveyor observed a reddish-brown substance covering the base of the cabinet that those items were stored on top. At that time, the LPN/UM confirmed that the cabinet under the sink would not be considered a clean and acceptable storage area for medical supplies and would be considered an infection control risk. Further observation in the medication storage room revealed: One 1000 ml bag of intravenous (IV) 0.9% normal saline solution (NSS) expired December 2024. One 1000 ml bag of IV 5% dextrose/0.9% NSS expired May 2024. On 2/13/25 at 12:39 PM, the surveyor interviewed the Director of Nursing (DON) and the Infection Preventionist (IP), who both acknowledged that the multidose medications should have been labeled and dated with the date it was opened to properly keep track of the expiration dates. They both acknowledged that medications should have been discarded from storage when they reached their expiration date. The DON and IP also confirmed that medical supplies and medications should never be stored in a cabinet under the sink because it was considered an infection control issue. The DON acknowledged that storing nebulizer machines under the sink could allow for growth of unwanted organisms and could potentially cause serious respiratory problems. A review of the facility's Medication Labeling and Storage policy with a revised date of February 2023, included .the facility stores all medications and biologicals in locked compartments under proper temperature, humidity and light controls .the nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner. If the facility has discontinued, outdated or deteriorated medications or biologicals, the dispensing pharmacy is contacted for instructions regarding returning or destroying these items .multi-dose vials that have been opened or accessed (e.g., needle punctured) are dated and discarded within 28 days unless the manufacturer specifies a shorter or longer date for the open vial . A review of the facility's undated Departmental (Respiratory Therapy) prevention of infection policy did not include proper storage of oxygen therapy equipment when not in use. NJAC 8:39-29.4(a)(h)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 45208 Based on observation, interview, and record review, it was determined that the facility failed to a.) store potentially hazardous foods in a manner to prevent food borne illness and b.) maintain kitchen equipment in a clean and sanitary manner as evidenced by the following: On 2/5/25 at 9:26 AM, in the presence of the Food Service Director (FSD), the surveyor observed the following: 1. In the walk-in freezer, one opened box of raviolis and one opened box of chicken breasts in the manufacturer's box. Both products were in bags that were not sealed closed exposing the contents to air with ice crystals. Neither products were labeled with an opened or use by dates. The FSD was unable to say when the packages were opened. 2. The steam table with one main water well and six pan capacity had white murky water with sediment of food particles on the bottom and green food particles floating on the top of the water. The FSD stated the steam table water was drained and changed daily at the end of the day, and she acknowledged that it had not been done yet. The FSD could not provide work accountability logs and was unaware of the last time it was changed. 3. Four plastic colored cutting boards were deeply pitted and discolored white from use. On 2/5/25 at 10:28 AM, the surveyor interviewed the FSD who acknowledged that the freezer items should have been labeled with an opened date and if only part of the bag was used, it should be resealed and labeled. The FSD acknowledged that the cooking equipment should have been cleaned and maintained in a sanitized way to prevent food borne illness and contamination. On 2/14/25 at 10:58 AM, the survey team met with the Licensed Nursing Home Administrator (LNHA) and the Director of Nursing (DON), who both acknowledged the surveyor's concerns. No additional information was provided. A review of the facility's undated Sanitation Policy included food service areas shall be maintained in a clean and sanitary manner .for fixed equipment that does not fit in the dishwasher machine, equipment should be disassembled to allow detergent solution of all parts . A review of the facilities Refrigeration and Freezers policy dated revised November 2022, included all food is appropriately dated to ensure proper rotation . Expiration dates on all unopened food and use by dates are indicated when food is opened . A review of the facility's undated Sanitation Policy included food service employees shall prepare and serve in a manner that complies with safe food handling practices . food preparation staff will adhere to proper hygiene and sanitary practices to prevent food borne illness . NJAC 8:39-17.2(g)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Dispose of garbage and refuse properly. 45208 Based on observation, interview, and review of pertinent facility documentation, it was determined that the facility failed to dispose of garbage and refuse properly to prevent rodents and pests. This deficient practice was evidenced by the following: On 2/5/25 at 9:32 AM, the surveyor toured the facility grounds and loading dock area with the Food Service Director (FSD). The surveyor observed the following. 1. The grassy side yard, which the First-floor residents looked at from their windows, was filled with construction debris, pallets that were broken and thrown around, plastic wrap in the trees, Styrofoam panels, and paper litter in the tree line that ran along neighborhood fences. 2. Along the black top driveway and grassy area, there were cigarette butts (too numerous to count) thrown on the ground. There was a cigarette receptacle lying on its side in the grass. 3. Behind a short brick wall, there were construction debris, metal benches, milk cartons, and tarps thrown haphazardly. 4. Behind a large blue storage trailer shed, there were orange milk crates thrown, construction trash, soda cans, and gloves on the ground. 5. The facility had three green trash dumpsters, around the dumpsters on the ground were gloves, soda cans, and cigarette butts. On 2/11/25 at 9:42 AM, the surveyor and the Licensed Nursing Home Administrator (LNHA) went to observe the surveyor's findings. The LNHA acknowledged the concern and stated, it should not be like this. The LNHA stated it was not fair the residents to had to look at it and the trash could lead to a rodent and pest problem. On 2/13/25 at 12:27 PM, the surveyor interviewed the Maintenance Director (MD), who stated that he was unaware that he was responsible for the grounds maintenance, and he was just given the policy yesterday. On 2/13/25 at 1:07 PM, the surveyor interviewed the Housekeeping Director (HD), who stated that he was unaware he was responsible for the grounds maintenance. The HD stated he was just given the policy yesterday and was asked to clean it up. The HD stated he started cleaning up the area from trash and debris. The HD further stated that he was actually a little afraid of what might pop out of the ground when he was cleaning behind the wall. On 2/14/25 at 10:58 AM, the survey team met with the LNHA and the Director of Nursing (DON), who both acknowledged the surveyor's concerns. (continued on next page)

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the facility's undated Grounds policy included .facility grounds shall be maintained in a safe and attractive manner .maintenance shall be responsible for keeping the grounds free of liter . A review of the facility's undated Food-related Garbage and Refuse disposal, policy included storage areas will be kept clear at all times and shall not constitute a nuisance .outside dumpsters will be kept free from surrounding liter . A review of the facility's undated Smoking Policy, included the facility will ensure compliance with [New Jersey Department of Health] smoking guidelines. NJAC 8:39-31.4(a)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 51337 Based on observation, interview, and review of facility policies, it was determined that the facility failed to use appropriate infection control practices during medication administration to prevent the potential spread of infection in accordance with the Center for Disease Control and Prevention (CDC) guidelines and standards of clinical practice. This deficient practice was identified for 1 of 4 residents observed during medication administration (Resident #96), and was evidenced by the following: Reference: Hand hygiene should be performed immediately before touching a patient; before performing an aseptic task such as placing an indwelling device or handling invasive medical devices; before moving from work on a soiled body site to a clean body site on the same patient; after touching a patient or patient's surroundings; after contact with blood, body fluids, or contaminated surfaces; immediately after glove removal. CDC recommendations for Hand Hygiene: Updated February 27, 2024: https://www.cdc.gov/clean-hands/hcp/clinical-safety/index.html#cdc_clinical_safety_best_practices_recomm-recommendations On 2/10/25 at 8:17 AM, the surveyor observed the Licensed Practical Nurse (LPN #1) prepare medications to administer to Resident #96. LPN #1 sanitized her hands with alcohol-based hand rub and proceeded to remove medication tablets from three blister packs and one medication bottle. LPN #1 then prepared the inhaler device for the resident to use. Without performing hand hygiene and donning (wearing) clean gloves, LPN #1 was observed using their bare left forefinger and thumb to push one tablet of vitamin B1 100 milligram (mg; a vitamin supplement) into the medicine cup. The surveyor asked LPN #1 if the observed process for obtaining a medication from a bottle was correct and what would they do with a tablet they touched with their bare fingers? LPN #1 acknowledged that they should not have touched the tablets and that they had to discard the contaminated tablet. On 2/12/25 at 12:13 PM, the surveyor asked LPN #2 what the process was to obtain medications from a bottle, and LPN #2 stated that they had to tap the bottle to move the tablets to the cap or wear gloves to get the medication from the bottle if tapping was not successful. LPN #2 also stated that they needed to sanitize or wash hands after removing gloves. On 2/12/25 at 12:15 PM, the surveyor asked the LPN/Unit Manager (LPN/UM) what the process was to obtain medications from a bottle, and the LPN/UM stated that they needed to wear gloves and sanitize their hands before and after discarding the gloves. During an interview with the survey team on 2/13/25 at 1:25 PM, the Licensed Nursing Home Administrator (LNHA) and Director of Nursing (DON) were notified of the above findings and concerns. A review of the facility provided undated Handwashing/Hand Hygiene policy included under Policy Interpretation and Implementation .6. In most situations, the preferred method of hand hygiene is with an alcohol-based hand rub .Statement: d. Before and after handling medications . (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	NJAC 8:39-19.4(a)1