STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315320	A. Building B. Wing	03/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Holiday City	4 Plaza Drive Toms River, NJ 08757

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 0684 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38080 NJ Complaint # 154756 Based on observations, interviews, and review of pertinent facility documents, it was determined that the facility failed to ensure a resident who sustained a fracture of the distal humerus (elbow) from a fall was readmitted to the facility from the hospital with a soft cast received appropriate care and services which included physician visits and assessments associated with a cast every shift that developed into a mechanical device pressure injury with the beginning stages of necrosis (death to all or most of cells in a tissue) which required wound care and antibiotic treatments. This deficient practice was identified for 1 of 27 residents (Resident #20) reviewed for quality of care, and was evidenced by the following: On 3/22/23 at 1:40 PM, the surveyor interviewed Certified Nursing Aide (CNA #1) who stated Resident #20 was a hospice resident who had recently passed. CNA #1 continued that last year, the resident had a fall in the facility and was sent to the hospital for treatment, and returned to the facility with a wrist fracture and wrap on their arm. CNA #1 continued that one day went she went to assist CNA #2 in providing activities of daily living (ADL) care, she noticed a foul smell coming from the arm as well as observed black discoloration in the skin under the wrap. CNA #1 continued it was the worst smell she ever smelled. CNA #1 stated she was informed by the previous Unit Manager that the hospital discharge instructions did not include the wrap, so the facility had no idea how to care for the wrap, so it probably remained on the resident for six weeks untouched. CNA #1 stated she was not a nurse, but heard there should have been some sort of treatment. On 3/22/23 at 2:04 PM, the surveyor interviewed CNA #2 who confirmed she cared for Resident #20 and was with CNA #1 the day they discovered the foul smell from Resident #20. CNA #2 continued that the resident had a fall in the facility that he/she was in the hospital for maybe two weeks and returned with a wrap on their wrist. CNA #2 stated when she went to perform ADL care with CNA #1; they observed a rotten smell that smelled like a dead rat, but she could not recall who the nurse was who cared for the resident that she informed. CNA #2 stated that the resident had a dressing on their arm that should have been taken care of, but it was not. CNA #2 stated she was not a nurse, so it was not her responsibility to change the dressing, but she cleaned the resident around it. CNA #2 stated if she saw something different or smelled something different, she had to inform the nurse, which she did. The surveyor reviewed the closed medical record for Resident #20. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315320	A. Building B. Wing	03/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Holiday City	4 Plaza Drive Toms River, NJ 08757

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 0684 Level of Harm - Actual harm Residents Affected - Few	A review of the Admission Record face sheet (an admission summary) reflected the resident was admitted to the facility in January of 2020 with diagnoses which included repeated falls, age-related osteoporosis, moderate protein-calorie malnutrition, and essential hypertension (high blood pressure). A review of the electronic Progress Notes reflected the following notes: An Admission Summary dated 2/9/22 at 7:52 PM, included the resident was received via stretcher with two attendants; [he/she] was alert and oriented, some forgetfulness, maximum assistance of two-person with all ADLs and mechanical lift for all transfers. Resident had a soft [elastic bandage] wrap splint to left upper arm, finger warm to touch; good capillary refills (a test performed on the nail beds to assess the blood flow through peripheral tissues). Opening noted to scrum (lower back) two centimeters by two centimeters (2 cm x 2 cm), house cream applied for weekly wound consultant .All medications verified and read back to Physician #1. An Admission Summary dated 2/13/22 at 6:29 AM, included admission day four; resident was alert and oriented with periods of forgetfulness; total care of two-person assistance required. [Elastic bandage] wrap splint to left upper arm intact, no signs or symptoms of infection. An Admission Summary dated 2/13/22 at 10:13 PM, included admission day five; resident had an [elastic bandage] wrap splint to left upper arm intact, no signs or symptoms of infection. An Admission Summary dated 2/14/22 at 6:42 AM, included admission day five; resident had an [elastic bandage] wrap splint to left upper arm intact, no signs or symptoms of infection. A General Note dated 3/1/22 at 11:01 AM, included change of primary physician to Physician #2; Physician #1 no longer coming to the facility. A Health Status Note dated 3/17/22 at 2:33 PM, written by the Unit Manager/Licensed Practical Nurse (UM/LPN) included during morning care being rendered, CNA noted to have a foul smell coming from left forearm. Resident previously had a fracture with a soft cast applied. Registered Nurse (RN #1) assessed, noted [stretch conforming gauze] wrap unraveled, able to visualize end of the soft cast, right above right wrist; skin appears darkened in color, with foul smell coming from the [elastic bandage] wrap and at the end of the soft cast. Resident noted no pain during RN #1's assessment. Made the Nurse Practitioner (NP #1) aware of area of concern who ordered a wound consultation. New orders received by the NP #1 to remove soft cast and [elastic bandage] wrap; obtained and completed. Wound Care NP conducted a televisit (visit conducted via video conference rather than in person) immediately with new recommendations to cleanse left forearm with normal saline solution; apply medihoney; apply gauze dressing and abdominal gauze pad (used to absorb heavily draining wounds) and wrap with stretch conforming gauze wrap daily. Follow-up with a televisit with the Orthopedic Physician on 3/25/22. A review of the March 2022 Medication Administration Record (MAR) included the following physician's orders (PO) for Augmentin (an antibiotic): A PO dated 3/17/22 and discontinued 3/21/22, for Augmentin tablet 500-125 mg; give one tablet by mouth every twelve hours for twenty-eight administration prophylactic. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315320	A. Building B. Wing	03/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Holiday City	4 Plaza Drive Toms River, NJ 08757

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 0684 Level of Harm - Actual harm Residents Affected - Few	A PO dated 3/21/22 and discontinued 3/24/22, for Augmentin tablet 500-125 mg; give one tablet every twelve hours for mechanical device pressure injury for twenty-eight administrations until finished. A PO dated 3/24/22 and discontinued 3/25/22, for Augmentin tablet 500-125 mg; give one tablet by mouth every twelve hours for pemphigus (a disease that causes blistering of the skin) for twenty-eight administrations until finished. A PO dated 3/25/22, for Augmentin tablet 500-125 mg; give one tablet by mouth every twelve hours for pemphigus until 3/27/22 at 11:59 PM. A further review of the March 2022 MAR revealed a PO dated 2/18/22, for oxycodone hydrochloride 5 mg capsule (a narcotic pain medication); give one tablet three times a day for pain related to unspecified fracture of the lower end of left humerus (elbow), subsequent encounter for fracture with routine healing. During the time period of 3/17/22 to 3/27/22 when the resident received their antibiotic, it was documented on seventeen shifts that the resident had a pain level of seven, eight, or nine, which indicated severe pain. A review of the hospital Discharge Instructions dated 2/9/22, included follow-up with Orthopedic Physician as needed and with Physician #1 (name crossed-out in pen with handwritten Physician #2) in two days. (Physician #2 was not the resident's primary physician until 3/1/22 as documented in the Progress Notes.) The Discharge Instructions also included the resident had a humerus fracture (a break in the lower end of the upper arm bone) treated with immobilization. Instructions included if you have a cast check skin around the cast everyday .If you have a splint or sling: wear the splint or sling as told by your doctor. Remove it only as told by your doctor. Loosen the splint or sling if your fingers: tingle; become numb; turn cold and blue. Keep the splint or sling clean and dry. A review of the Accident/Incident Report Checklist dated 3/17/22, included on 3/17/22 at 1:24 PM, the resident had a skin incident. The nursing description included I was called to the resident's room by the CNA that noted during care a foul smell coming from the resident's left arm (under soft cast); soft cast removed. Skin was observed redness, slough (nonviable tissue that occurs as a byproduct of the inflammatory process), and darkness noted to wound bed with small serosanguinous drainage (wound drainage that is yellowish with small amounts of blood) coming from the wound. Resident area noted to be an open pemphigus blister that opened up and was now showing signs and symptoms of infection. Immediate actions included x-ray taken of left arm; soft cast removed; wound care consultation completed and found pemphigus bolus blister that opened up leading to the beginning signs of necrosis (death of most or all cells in a tissue due to disease, injury, or failure of blood supply). On 3/23/23 at 1:50 PM, the surveyor requested from the Director of Nursing (DON) for all Physician Notes and Nurse Practitioner Notes for Resident #20 from last standard survey dated 5/11/21. On 3/27/23 at 9:25 AM, the surveyor reviewed all Physician and Nurse Practitioner Progress Notes provided by the DON as requested. There were no notes provided by the DON from either a physician or nurse practitioner from 10/6/21 until 5/26/22 with a progress note dated 5/26/22 from Physician #2. On 3/27/23 at 9:58 AM, the surveyor reviewed the documentation provided with the DON and requested any physician or nurse practitioner notes from 10/21 through 5/22, as well as the facility's physician visit policy. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315320	A. Building B. Wing	03/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Holiday City	4 Plaza Drive Toms River, NJ 08757

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 0684 Level of Harm - Actual harm Residents Affected - Few	On 3/27/23 at 11:42 AM, the DON informed the surveyor that the Licensed Nursing Home Administrator (LNHA) found additional physician documentation in the closed medical record that was provided. On 3/27/23 at 12:04 PM, the surveyor reviewed the additional two Physician Progress Notes written by Physician #2 from 3/18/22 and 4/7/22. The note dated 3/18/22 included the resident was transferred to our service; resident was undergoing wound care treatment and was on Augmentin for left forearm wound following-up with Orthopedic Physician. On 3/28/23 at 8:52 AM, the DON informed the surveyor that she had thought Resident #20 had refused to follow-up with the Orthopedic Physician when he/she returned from the hospital in February of 2022, but stated she was unable to locate any documentation to confirm. The DON stated that she reached out to NP #1 to see if he had any additional documentation. On 3/28/23 at 10:30 AM, the DON informed the surveyor that Physician #1 was the resident's primary physician who stopped seeing residents at the facility, but she could not speak to when Physician #1 stopped seeing residents. The DON continued that NP #1 was seeing Physician #1's residents and then Physician #2 took over. The DON stated NP #1 was still at the facility, and the facility had reached out to him. At this time, the surveyor requested NP #1's phone number. The DON continued that Physician #1 did not document in the electronic medical record; she documented all her notes on paper. The surveyor asked how long the facility was required to maintain a resident's medical record after discharge or death, and the DON stated she thought ten years. The surveyor then stated so then the facility should have all of Resident #20's medical record maintained, and the DON confirmed yes. The DON stated she had reached out to Physician #1's medical practice to request any documentation from this resident, and she was still waiting to hear back. The surveyor requested the phone number for RN #1 and the DON informed the surveyor the nurse had passed. The surveyor requested the phone number for the UM/LPN, and the DON stated she no longer worked at the facility but would provide the nurse's phone number. On 3/28/23 at 10:48 AM, the LNHA provided the surveyor with all of Physician #1's progress notes for Resident #20. The LNHA confirmed the last documented visit by Physician #1 was from 10/15/21. This meant the resident was not seen by a primary physician from 10/15/21 until 3/18/22, when the resident was found to have a foul smelling wound with the beginning signs of necrosis. On 3/28/23 at 11:17 AM, the surveyor requested from the DON the wound consultation note from 3/17/22 and the orthopedic visit from 3/25/22. At this time, the DON provided the surveyor with NP #1 and the UM/LPN's telephone numbers. On 3/28/23 at 11:19 AM, the surveyor interviewed the UM/LPN via telephone who confirmed she no longer worked at the facility since July of 2022. The UM/LPN stated she recalled Resident #20, and the resident returning from the hospital. The UM/LPN stated she thought the resident had a soft white cast, but was unsure if the nurse could remove the cast. The UM/LPN stated she did not recall Physician #1 seeing the resident upon return from the hospital, and she recalled the resident developed a wound with the cast, but she could not speak to or recall specifics. The UM/LPN stated she could not speak to any treatments the resident received or how the wound developed. On 3/28/23 at 11:25 AM, the surveyor attempted to interview NP #1 via telephone with no response. The surveyor requested NP #1 to call back. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315320	A. Building B. Wing	03/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Holiday City	4 Plaza Drive Toms River, NJ 08757

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 0684 Level of Harm - Actual harm Residents Affected - Few	On 3/28/23 at 11:34 AM, the surveyor interviewed the Director of Rehabilitation (Rehab) who stated a soft [elastic bandage] splint was an elastic bandage wrapped around the wrist. The Director of Rehab continued that depending on the physician's orders would determine if the wrap was removed, and there would be a follow-up visit with the physician. The Director of Rehab stated nursing would generally do skin checks by removing the splint with a physician's order. The Director of Rehab stated that a soft cast would not be worded as an [elastic bandage] wrap; and generally speaking, an elastic bandage wrap would be removed with physician's orders. If the resident was admitted to the facility with no orders regarding the wrap, nursing would be expected to follow-up with the physician. The Director of Rehab stated the resident did receive treatment from rehab when he/she returned from the hospital, but it was for a leg fracture. According to the notes, the resident had a distal humerus fracture; which would be at the elbow portion of the arm. The Director of Rehab stated she would find additional information for the surveyor regarding what type of cast Resident #20 had. On 3/28/23 at 12:00 PM, the surveyor received the Orthopedic Physician's consultation report from 3/25/22. The Orthopedic Physician indicated that the visit was a televisit and the resident was observed immobilized with pillows and a sling; the resident had no complaints; and the facility obtained x-rays. Services performed was a follow-up visit. Instructions included resident's x-ray was unavailable for review and to send a copy when available; maintain sling; and follow-up in one month. On 3/28/23 at 1:21 PM, the Director of Rehab informed the surveyor that the resident had a humerus fracture at the distal end (elbow) that had a soft cast. The soft cast cradled the elbow and surrounding area, and then conforming gauze wrap was wrapped around that and the surrounding area; and then an [elastic bandage] was wrapped on top of that. The Director of Rehab stated nursing staff needed to unwrap the bandage to check the skin underneath, but she was unsure how often the nurse was required, but stated there would need to be a physician's order. The surveyor reviewed the Orthopedic Physician's consultation from 3/25/22 with the Director of Rehab who stated the resident could not have been in a sling during this appointment because his/her elbow was positioned straight in the hard portion of the cast. The Director of Rehab continued that a fracture at the other end of the humerus bone would result in a sling. On 3/29/23 at 8:33 AM, the surveyor attempted again to interview NP #1 via telephone with no response. The surveyor left a message to call back. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315320	A. Building B. Wing	03/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Holiday City	4 Plaza Drive Toms River, NJ 08757

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 0684 Level of Harm - Actual harm Residents Affected - Few	On 3/29/23 at 9:15 AM, the surveyor interviewed the Medical Director (MD) via telephone who stated physicians were expected to complete an in-person visit and complete a health and physical with forty-eight hours of resident being admitted or readmitted from the hospital to the facility. The MD stated residents also needed to be seen monthly by their physician, but after the initial visits, a nurse practitioner could alternate monthly visits. The MD stated that the nurse practitioner could not see the resident monthly in place of the physician or complete the health and physical; the physician was expected to oversee the resident's care with the assistance of a nurse practitioner. The MD stated the physician and nurse practitioner were both expected to document in the resident's medical record during each visit. The surveyor asked the MD in terms of professional standards of practice, what was the expected process when a resident was admitted to the facility with a soft cast. The MD stated first the physician had to review the medical record and the x-ray, ensure there was an Orthopedic Physician involved and make a follow-up appointment. The MD stated you would look at the resident's pain levels and determine if pain management needed to be done. The physician ordered the nurse to check capillary refills, ensure skin was intact, and complete assessments; it would be the Orthopedic Physician's decision if the cast was removed. The MD stated that was why it was important for the health and physical to be completed within forty-eight hours of admission to ensure the proper treatment. The MD stated Physician #1 had retired from practicing, and stated Resident #20 should have been seen by the physician when they returned from the hospital; it was not good medical practice. The MD stated he should have been made aware by the facility if the resident was not seen, and he would have seen the resident himself. The MD stated NP #1 is a nurse practitioner from the insurance company and was not one of the physician's nurse practitioners. The MD continued NP #1 saw acute issues; and the attending physician was ultimately responsible for the care of the resident. The surveyor continued to review the closed medical record for Resident #20. A review of the Order Summary Report dated as of 2/10/22, did not include skin checks every shift, or any additional assessments under the soft cast. A review of the corresponding February 2022 and March 2022 MARs and Treatment Administration Records (TAR) did not include skin checks every shift, or any additional assessments for the soft cast. On 3/29/23 at 10:58 AM, the DON informed the surveyor that the facility did not have a health and physical policy and they would provide the surveyor with a skin assessment policy. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315320	A. Building B. Wing	03/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Holiday City	4 Plaza Drive Toms River, NJ 08757

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 0684 Level of Harm - Actual harm Residents Affected - Few	On 3/29/23 at 11:19 AM, the surveyor interviewed the DON who confirmed NP #1 worked as a nurse practitioner for the insurance company and saw residents with acute issues; he was not part of any of the attending physicians' practices. The DON continued upon admission or re-admission to the facility, the physician was notified of the resident's admission and a call was placed to review medications and order any laboratory tests. The physician was expected to examine the resident within twenty-four to forty-eight hours of admission or re-admission and complete and health and physical in the progress notes. The DON stated it was not the nurse's responsibility if the physician did not come in to see the resident; it would be the responsibility of the LNHA. The DON continued the nurse as a courtesy could contact the physician, but it was ultimately the LNHA's responsibility. The surveyor asked the DON what the expectation was if a resident was admitted with a cast, and the DON stated usually the nurse would not touch the cast until there was a follow-up with an Orthopedic Physician. The surveyor asked if there should be any type of assessments completed or skin assessments, and the DON stated should be a skin assessment around the cast but cannot look underneath the cast. The DON stated usually on the discharge instructions, there would be a follow-up with the Orthopedic Physician, and it was the responsibility of the Unit Clerk to make a follow-up appointment. The DON acknowledged there was no documentation that the resident refused to see the Orthopedic Physician upon return from the hospital, and he/she was not seen until 3/25/22. The DON stated Resident #20 had a soft cast with an [elastic bandage] wrapped over it. The DON continued the resident developed a blister underneath the cast that could not be seen, until the CNA noticed the foul smell and it was removed. The surveyor informed the DON they were told it smelled like a dead rat and the DON confirmed she was told that too. The DON stated she would follow-up with NP #1 to determine what happened. On 3/29/23 at 11:47 AM, the surveyor interviewed LPN #1 who stated she had been at the facility for almost a year and was not familiar with Resident #20. The surveyor asked LPN #1 in terms of standards of practice, what was a nurse expected to do for a resident with a cast. LPN #1 stated the nurse had to ensure the cast was not too tight, no swelling or cutting off of circulation by placing three fingers under the cast. They needed to perform capillary refills which was a three second restriction time on the capillary refills to the nail bed. LPN #1 continued for a soft cast would look around the cast for discoloration. LPN #1 stated if the cast was too tight, it could cause swelling which could result in nerve damage. LPN #1 stated this would have to be done every shift, and it required a physician's order, and sometimes the physician ordered the wrap to be changed. LPN #1 stated if there was no order for the resident, the nurse was expected to call the physician to obtain an order because there was care that was expected with any cast. On 3/29/23 at 2:41 PM, the survey team met with the LNHA and DON. The surveyor requested a timeline which included supporting documentation for Resident #20 from the time they were readmitted to the facility on [DATE] with the soft cast until they developed a wound with the beginning of necrosis on 3/17/22 including what measure were taken to prevent the wound. The surveyor also informed administration they made multiple attempts to contact NP #1, and they had not received a call back. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315320	A. Building B. Wing	03/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Holiday City	4 Plaza Drive Toms River, NJ 08757

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 0684 Level of Harm - Actual harm Residents Affected - Few	On 3/30/23 at 10:02 AM, the DON in the presence of the LNHA stated she was still typing the timeline and would be completed in ten minutes. The DON continued NP #1 emailed additional notes that she had to review first. The surveyor asked the DON in accordance with professional standards of practice, what assessments were completed for a resident with a cast. The DON responded capillary refills to check circulation; checking warmth of extremities because if there is a cast, you need to know if something was wrong to inform the physician immediately; and put two fingers underneath the cast to ensure there was no edema. The surveyor asked how often these assessments should be completed by nursing, and the DON responded every shift. The surveyor asked if the nurse needed a physician's order for these assessments, and the DON responded yes, and she confirmed the resident had no order and could not speak to why. The DON continued the nurse should have called the physician to obtain an order. The DON confirmed no physician including Physician #1 or #2 saw the resident when he/she returned from the hospital. The DON stated a physician should complete the health and physical within twenty-four to forty-eight hours of admission. The DON acknowledged that a physician should have been seeing the resident because the physician was ultimately responsible for the care of the resident and not NP #1. The surveyor asked when a resident typically followed-up with an orthopedic physician, and the DON stated within one to weeks of admission with a cast. The DON confirmed there was no documentation that an appointment was scheduled, or the resident refused. The DON acknowledged there were missing steps with this cast that should have been done. On 3/30/23 at 11:11 AM, the DON informed the surveyor the notes provided by NP #1 were not during this time period. The DON provided the surveyor with the timeline, and confirmed there was nothing done for the cast. The DON confirmed the facility did not have a policy regarding cast care. The surveyor did not receive a return phone call from NP #1. A review of the facility's Physician Services Policy and Procedure dated 2020, included each resident must remain under the care of a physician. A physician, physician assistant, nurse practitioner, or clinical nurse specialist must provide orders for the resident's immediate care and needs .the facility shall ensure that the medical care of each resident is supervised by a physician; and another physician supervises the medical care of residents when their attending physician is unavailable .each resident shall be seen by a physician at least every 30 days for the first 90 days after admission and at least once every 60 days after. A review of the facility's Physician's Services policy dated updated 1/2023, included the resident's attending physician participates in the resident's assessments and care planning, monitoring changes in resident's medical status, providing consultation or treatment when called by the facility, and overseeing a relevant plan of care for the resident .the physician will perform pertinent, timely medical assessments; prescribe an appropriate medical regimen; provide adequate, timely information about the resident's condition and medical needs; visit the resident at appropriate intervals; and ensure adequate alternative coverage . A review of the facility's Pressure Ulcers/Skin Breakdown - Clinical Protocol policy dated updated 1/2023, included the physician will help identify factors contributing or predisposing residents to skin breakdown . NJAC 8:39-27.1(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315320	A. Building B. Wing	03/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Holiday City	4 Plaza Drive Toms River, NJ 08757

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38080 Based on observations, interviews, and review of pertinent facility documents, it was determined that the facility failed to ensure residents who received dialysis treatments and were on fluid restriction diets received the appropriate amount of fluids daily in accordance with their physician's orders. This deficient practice was identified for 2 of 2 residents (Resident #35 and #80) reviewed for dialysis, and the evidence was a follows: 1. On 3/20/23 at 11:34 AM, the surveyor observed Resident #80's room, and the resident was not in his/her room. Certified Nursing Aide (CNA #1) informed the surveyor that Resident #80 was currently out of the facility at their dialysis appointment. The surveyor observed on the resident's tray table two four-ounce cups of cranberry juice, one sixteen-ounce disposable cup of water with a lid and straw, and one empty eight-ounce hot beverage mug. On 3/21/23 at 11:39 AM, the surveyor observed Resident #80 sitting in their room being administered oxygen via a nasal cannula. The resident informed the surveyor that they were at their dialysis appointment yesterday, and that their dialysis chair time was changed from leaving the facility at 3:00 PM to now leaving at 11:00 AM. The resident stated he/she went to dialysis three times a week on Monday, Wednesday, and Friday for four hours. The surveyor observed on the resident's tray table a sixteen-ounce disposable cup of water with a lid and straw, an eight-ounce cup of cranberry juice labeled Monday 3/21/23, and an eight-ounce plastic mug with a lid labeled cranberry juice. The surveyor asked the resident if they were on a fluid restriction diet because of their dialysis treatments, and the resident stated he/she was unaware. The resident continued some days yes and somedays no; some days told cannot have soup and then the doctor the next day says can have soup. The resident informed the surveyor he/she would not drink the cranberry juice labeled Monday 3/21/23, since it was sitting out too long. The resident also confirmed he/she always received the sixteen-ounce water cup with a straw and lid every day, and he/she drank out of that. The surveyor reviewed the medical record for Resident #80. A review of the Admission Record face sheet (an admission summary) reflected the resident was admitted to the facility in February of 2023 with diagnoses which included muscle wasting and atrophy, essential hypertension (high blood pressure), unspecified protein-calorie malnutrition, heart failure, unspecified kidney failure, and dependence on renal dialysis. A review of the admission Minimum Data Set (MDS), an assessment tool dated 2/16/22, reflected the resident had a brief interview for mental status (BIMS) score of a 15 out of 15, which indicated a fully intact cognition. A further review included the resident received dialysis treatments while a resident at the facility. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315320	A. Building B. Wing	03/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Holiday City	4 Plaza Drive Toms River, NJ 08757

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the March 2023 Medication Administration Record (MAR) included a physician's order (PO) dated 3/9/23 and discontinued 3/20/23, for a 1500 milliliter (mL) fluid restriction (1140 mL dietary and 360 mL nursing) with breakfast four-ounces (4 oz) milk, 4 oz sugar free cranberry juice, 6 oz tea; lunch 6 oz tea, 4 oz sugar free cranberry juice; 2:00 PM 4 oz sugar free cranberry juice; and dinner 6 oz super soup (soup fortified with extra calories) and 4 oz sugar free cranberry juice. A review of the 3/21/23 day shift signed by nursing reflected the resident received 120 mL of fluids by nursing during that shift. This did not correspond with the sixteen-ounces of water observed on the resident's tray table. A review of the Order Summary Report included a PO dated 2/10/23 for fluid restriction diet. An additional PO dated 3/21/23, included 1500 mL fluid restriction (1140 mL dietary and 360 mL nursing) with breakfast 4 oz milk, 4 oz sugar free cranberry juice, 6 oz of tea; 10:00 AM 4 oz sugar free cranberry juice; lunch 6 oz tea, 4 oz sugar free cranberry juice; dinner 6 oz super soup and 4 oz sugar free cranberry juice. Nursing could provide 120 mL of fluids every shift. A review of the corresponding March 2023 MAR reflected the nurse had signed every shift from 3/21/23 until review of 3/26/23, that the resident received 120 mL of fluid during their shift except for the following shifts: 3/21/23 night shift 100 mL 3/22/23 day shift 100 mL 3/22/23 night shift 100 mL 3/26/23 night shift 60 mL This did not correspond with the sixteen-ounce disposable cup of water observed by the surveyor on the day shift for 3/21/23. A review of the individualized person-centered care plan included a focus area dated initiated 2/10/23 and revised 3/9/23, for I have a potential nutritional problem with regards to end stage renal disease on hemodialysis, congestive heart failure (chronic condition in which the heart does not pump blood as well as it should), diabetes mellitus, chronic obstructive pulmonary disease (restriction of the airways and difficulty breathing), and depression. Interventions included to provide a 15000 mL fluid restriction with 1140 ML dietary and 360 mL nursing; hemodialysis on Mondays, Wednesdays, and Fridays; and provide, serve diet as ordered. On 3/27/23 at 10:58 AM, the surveyor observed the resident at the nurse's station. The resident was informing the Registered Nurse (RN) that he/she was leaving for their dialysis treatment, and they had not received their turkey on rye bread sandwich to take with them. The RN informed the resident he would obtain from the kitchen. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315320	A. Building B. Wing	03/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Holiday City	4 Plaza Drive Toms River, NJ 08757

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 3/27/23 at 11:02 AM, the surveyor interviewed CNA #1 who stated that residents received sixteen-ounce disposable water cups with straws and lids every shift, and she changed the water on her shift. CNA #1 continued she refilled water cups throughout her shift as needed. The surveyor asked how she would know if the resident was on a fluid restriction, and CNA #1 responded by their meal ticket. The surveyor asked if any of the residents on her assignments had fluid restrictions, and CNA #1 stated no. CNA #1 confirmed she was Resident #80's assigned aide as she proceeded into the resident's room to clean. The surveyor observed on the resident's tray table a sixteen-ounce disposable water cup with a lid and straw and an additional four-ounces of water in a plastic cup. On 3/27/23 at 11:08 AM, the surveyor interviewed the RN who stated Resident #80 went to dialysis on Mondays, Wednesdays, and Fridays at 11:00 AM. The RN continued that the resident usually received a turkey sandwich at 10:00 AM prior to leaving, and they received their sandwich. The RN stated the resident was on a fluid restriction diet and could only drink the fluids provided on their meal trays from dietary as well as 120 mL per shift from nursing. The RN stated that the resident did not ask for additional fluids; he/she drank only the fluids provided. The RN stated residents on fluid restrictions should not have a disposable water cups in their rooms. At this time, the RN accompanied the surveyor to the resident's room and confirmed the resident had a sixteen-ounce disposable cup of water and four-ounces of additional water in a plastic cup. The RN confirmed the resident should not have these fluids, and he removed the lid from the water cup and confirmed there was sixteen-ounces of water in the cup. On 3/27/23 at 11:34 AM, the surveyor interviewed the Unit Manager/Licensed Practical Nurse (UM/LPN) who stated residents' water cups were changed daily during the 11:00 PM to 7:00 AM shift. The cups were filled each shift by the aide and if a resident asked for additional water, staff provided. The surveyor asked how staff would know if a resident was on a fluid restriction, and the UM/LPN stated that nurses were aware through the physician's orders and CNAs were aware through the Kardex which included resident care. The UM/LPN stated she was aware Resident #80 received a sixteen-ounce disposable cup of water today and should not have because the resident was on a fluid restriction. The surveyor informed the UM/LPN that they observed a water cup on 3/20/23 and 3/21/23 as well. At this time, the surveyor requested a copy of Resident #80's Kardex. On 3/27/23 at 11:42 AM, the surveyor interviewed the Director of Nursing (DON) who stated CNAs knew a resident was on fluid restrictions by the Kardex and nurses were aware by the physician's order. The DON confirmed residents on fluid restrictions did not receive sixteen-ounce disposable cups of water by the CNAs, unless the nurse put the appropriate amount ordered for that shift in the cup. At this time, the surveyor informed the DON about the observations of the sixteen-ounce disposable water cup on 3/20/23, 3/21/23, and today made by the surveyor; as well as the RN confirmed the cup contained sixteen-ounces of water today. A review of the resident's Kardex dated as of 3/27/23, included for eating/nutrition the resident was on a fluid restriction. On 3/29/23 at 10:50 AM, the surveyor interviewed the Registered Dietitian (RD) who stated the resident started dialysis in hospital prior to being admitted to the facility. The resident went for dialysis treatments three days a week, and she was in communication with the dialysis facility's dietitian. The RD stated that the resident was on a fluid restriction diet. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315320	A. Building B. Wing	03/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Holiday City	4 Plaza Drive Toms River, NJ 08757

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 3/30/23 at 10:02 AM, the DON in the presence of the Licensed Nursing Home Administrator (LNHA) and survey team acknowledged the resident was on a fluid restriction and all staff should have been aware not to give additional fluids. 2. On 3/21/23 at 12:18 PM, the surveyor observed Resident #35 eating lunch in their room with a visitor present. The resident stated he/she received dialysis treatments on Tuesdays, Thursdays, and Saturdays, and they had received dialysis at 5:30 AM this morning. The surveyor observed on the resident's tray 4 oz cranberry juice, an 8 oz mug of tea, a sixteen-ounce disposable cup of water with a lid and straw, and the resident was drinking from a sixteen-ounce paper coffee cup with a lid and straw. The surveyor asked the resident what they were drinking, and they stated tea from home. The surveyor asked if they had to limit fluids because of the dialysis treatments, and the resident stated no. The surveyor reviewed the medical record for Resident #35. A review of the Admission Record face sheet reflected the resident was admitted to the facility in February of 2023 with diagnoses which included chronic obstructive pulmonary disease, chronic respiratory failure, essential hypertension, end stage renal disease, and dependence on renal dialysis. A review of the admission MDS dated [DATE], reflected the resident had a BIMS score of a 14 out 15, which indicated a fully intact cognition. A further review reflected the resident received dialysis treatments while a resident at the facility. A review of the Order Summary Report reflected a PO dated 2/13/23 for fluid restriction diet. An additional PO dated 2/13/23, reflected a 1200 mL fluid restriction (900 mL dietary and 300 mL nursing) with breakfast 6 oz tea and 4 oz milk; lunch 4 oz sugar free juice; dinner 6 oz tea and 4 oz sugar free juice; and nursing 100 mL each shift. A review of the corresponding March 2023 MAR, reflected on the day shift for 3/21/23, the resident received 100 mL of fluids, which did not reflect the sixteen-ounce disposable water cup the surveyor observed. A review of the resident's individualized person-centered care plan included a focus area initiated 2/11/23, that I have nutritional problem or potential nutritional problem with regards to obesity with a body mass index greater than 40; end stage renal disease on dialysis, diabetes mellitus, and congestive heart failure. Interventions included to provide 1200 mL fluid restriction (900 ml dietary and 300 mL nursing); and I have dialysis three times a week; Tuesdays, Thursdays, and Saturdays. I will have a snack prior to leaving and lunch when I return. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315320	A. Building B. Wing	03/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Holiday City	4 Plaza Drive Toms River, NJ 08757

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 3/27/23 at 11:17 AM, the surveyor interviewed the resident's LPN who stated CNAs were aware of fluid restrictions because the nurses informed them as well as the dietary meal tickets indicated it. The LPN continued the nurses were aware from the physician's orders. The LPN stated residents on a fluid restriction did not receive the sixteen-ounce disposable cups of water each shift and only the nurse and dietary staff could provide the resident with fluids. The LPN confirmed the resident was on a fluid restriction of 1200 mL per day, and the resident could be forgetful, but they were compliant with their restrictions. At this time, the LPN accompanied the surveyor into the resident's room and observed the resident with a sixteen-ounce disposable cup of water with the resident's name and today's date as well as a sixteen-ounce paper cup of tea the resident's visitor brought. The LPN informed the resident they were on a fluid restriction, and they would have to measure out the tea for them. The LPN also removed the sixteen-ounce disposable water cup and removed the lid and confirmed the cup was filled with water. On 3/27/23 at 11:29 AM, the surveyor interviewed CNA #2 who confirmed she was typically assigned to Resident #35. CNA #2 continued that the 7:00 AM to 3:00 PM shift gave residents fresh water daily in their disposable cup. CNA #2 stated she had no residents currently on any fluid restrictions, and confirmed Resident #35 was on no dietary restrictions including a fluid restriction. On 3/27/23 at 11:34 AM, the surveyor interviewed the UM/LPN who stated residents' water cups were changed daily during the 11:00 PM to 7:00 AM shift. The cups were filled each shift by the aide and if a resident asked for additional water, staff provided. The surveyor asked how staff would know if a resident was on a fluid restriction, and the UM/LPN stated that nurses were aware through the physician's orders and CNAs were aware through the Kardex which included resident care. The UM/LPN stated she was aware Resident #35 received a sixteen-ounce disposable cup of water today and should not have because the resident was on a fluid restriction. The surveyor informed the UM/LPN that they observed a water cup on 3/21/23 as well. At this time, the surveyor requested a copy of Resident #35's Kardex. On 3/27/23 at 11:42 AM, the surveyor interviewed the DON who stated CNAs knew a resident was on fluid restrictions by the Kardex and nurses were aware by the physician's order. The DON confirmed residents on fluid restrictions did not receive sixteen-ounce disposable cups of water by the CNAs, unless the nurse put the appropriate amount ordered for that shift in the cup. At this time, the surveyor informed the DON about the observations of the sixteen-ounce disposable water cup on 3/21/23 and today made by the surveyor; as well as the LPN confirmed the cup contained sixteen-ounces of water today. The surveyor requested a copy of Resident #35's Kardex. A review of the resident's Kardex dated as of 3/27/23, included for eating/nutrition the resident was on a fluid restriction. On 3/29/23 at 10:36 AM, the surveyor interviewed the RD who stated the resident received dialysis treatments prior to admission to the facility as well as currently at the facility. The RD stated when the resident was first admitted to the facility, they had edema (excess fluid trapped in the body's tissues), but the fluid had since subsided. The RD stated that she had been in contact with the Dialysis Center RD who was familiar with the resident prior to admission to the facility, and the resident had returned to their usual body weight from six months ago. The RD stated that the resident was on a fluid restriction diet. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315320	A. Building B. Wing	03/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Holiday City	4 Plaza Drive Toms River, NJ 08757

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 3/30/23 at 10:02 AM, the DON in the presence of the LNHA and survey team acknowledged the resident was on a fluid restriction and all staff should have been aware not to give additional fluids. A review of the facility's Encouraging and Restricting Fluids policy dated updated 1/2023, included the purpose of this procedure is to provide the resident with the amount of fluids necessary to maintain optimum health. This may include encouraging or restricting fluids. Verify that there is a physician's order for this procedure .follow specific instructions concerning fluid intake or restrictions. Be accurate when recording fluid intake .when a resident has been placed on fluid restrictions, remove the water pitcher and cup from the room . NJAC 8:39-27.1(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315320	A. Building B. Wing	03/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Holiday City	4 Plaza Drive Toms River, NJ 08757

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 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. 39460 Based on observation, interview, and review of pertinent facility documents, it was determined the facility failed to accurately document the administration of controlled medication for three residents (Resident #11, Resident #14, and Resident #102). This deficient practice was identified on 1 of 3 medication carts (Applewood Low) reviewed and evidenced by the following: On 3/23/23 at 1:06 PM, the surveyor in the presence of the Licensed Practical Nurse (LPN) inspected the Applewood Low medication cart. The surveyor and the LPN reviewed the narcotic medication located in the secured and locked narcotic box. When the narcotic medication inventory was compared to the corresponding declining inventory sheet, the surveyor identified the following concerns: Resident #11's pregabalin 50 milligram (mg) tablets, a medication used for neuropathic pain, did not match. The blister pack contained 89 tablets and the declining inventory sheet indicated there should be 90 tablets remaining. Resident #11's clonazepam 0.5 mg tablets (one half tablet 0.25 mg), a medication used for anxiety did not match. The blister pack contained 17 tablets and the declining inventory sheet indicated there should be 18 tablets remaining. The LPN stated she had just administered Resident #11 their pregabalin medication that was scheduled to be given at 2:00 PM and had administered the clonazepam earlier that morning when it was due. Resident #14's lorazepam 0.5 mg tablets, a medication used for anxiety, declining inventory sheet compared with the corresponding blister pack did not match. The blister pack contained 12 tablets and the declining inventory sheet indicated there should be 13 tablets remaining. Resident #102's alprazolam 0.5 mg tablets, a medication used for anxiety, did not match. The blister pack contained nine tablets and the corresponding declining inventory sheet indicated there should be 10 tablets remaining. On 3/23/23 at 1:20 PM, the surveyor interviewed the LPN who stated the declining inventory sheets should be signed before the end of my shift, so the count was correct for the next nurse. The LPN continued that the Medication Administration Record (MAR) was signed after the medication was administered. On 3/23/23 at 1:28 PM, the surveyor interviewed the Assistant Director of Nursing (ADON) who stated the nurse signed the declining inventory sheet at the time they removed the medication from the blister pack. Then the nurse administered the medication and signed the MAR indicating the medication had been administered. The ADON continued the declining inventory sheet was an accountability sheet to account that a medication was removed from inventory because you cannot return a medication back to the blister pack; it must be wasted and destroyed. At that time the surveyor and the ADON together reviewed the declining inventory sheets and the blister packages for the medications identified and the ADON confirmed the LPN should have signed the declining inventory sheets immediately after removing the medications from the blister package, not before the end of their shift as stated by the LPN. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315320	A. Building B. Wing	03/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Holiday City	4 Plaza Drive Toms River, NJ 08757

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 3/30/23 at 10:07 AM, the survey team met with the Director of Nursing (DON) and the Licensed Nursing Home Administrator (LNHA). The DON confirmed the nurse should have signed for the medications as soon as it was removed from the packaging because that was a nursing standard of practice. A review of the facility provided Administering Medications policy dated last updated 1/2023, did not include the facility's process for the use of declining inventory sheets for medication reconciliation. NJAC 8:39- 29.2(d)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315320	A. Building B. Wing	03/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Holiday City	4 Plaza Drive Toms River, NJ 08757

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 38080 Based on observation, interview, and review of facility documents, it was determined that the facility failed to a.) maintain 2 of 2 kitchen hand washing sinks with accessible paper towels; b.) maintain multi-use food-contact surface resident entree plates in a manner to prevent microbial growth; and c.) maintain potentially hazardous food temperatures above 135 degrees Fahrenheit. This deficient practice was evidenced by the following: On 3/27/23 at 7:00 AM, the surveyor conducted a follow-up survey in the kitchen. At this time, the surveyor entered the kitchen and proceeded to wash their hands in the hand washing sink. After the surveyor washed their hands, they attempted to dry their hands but observed the paper towel dispenser was empty. The surveyor asked the four kitchen staff present; the Cook, Dietary Aide (DA #1), DA #2, and DA #3, how the surveyor should dry their hands since there were no paper towels; all four staff responded they needed to retrieve paper towels from the housekeeping department. The surveyor then asked in the meantime how they should dry their hands or if there was a secondary hand washing sink, and the surveyor was directed to an additional hand washing sink in the cook area. The surveyor observed there were paper towels in the dispenser, but the dispenser was jammed, and no paper towels could be removed. At this time, the surveyor interviewed the four kitchen staff and was told the following: An interview with the [NAME] revealed she arrived at the facility around 5:30/6:00 AM, and she washed her hands in the cook area hand sink. An interview with DA #1 revealed he arrived at the facility around 6:15 AM, and noticed there were no paper towels in the kitchen, so he washed his hands in the bathroom and then returned to the kitchen. An interview with DA #2 revealed he arrived at the facility around 5:30 AM, and washed their hands in the bathroom since there were no paper towels and then returned to the kitchen. An interview with DA #3 revealed he arrived at the facility around 6:45 AM, and he washed his hands in the kitchen and used a napkin to dry his hands since there were no paper towels. Interviews with staff revealed they were all aware there were no paper towels at the hand washing sink. On 3/27/23 at 7:12 AM, the surveyor observed the [NAME] calibrate a digital thin probe thermometer in an ice bath to 32 degrees Fahrenheit (F). The [NAME] then proceeded to obtain the temperatures of the breakfast tray line food items and the following food items were held below 135 F: A half pan deep of oatmeal being held directly on the countertop and not held in the steam table was 122 F. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315320	A. Building B. Wing	03/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Holiday City	4 Plaza Drive Toms River, NJ 08757

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Twelve portioned oatmeals in insulated containers with lids being held directly on the countertop and not in contact with a heating element were 125 F. At this time, the [NAME] stated DA #1 was new to the facility and portioned the oatmeal, but he portioned too many oatmeals to start. The [NAME] did not reheat the oatmeal to a higher temperature and observed the kitchen serve the oatmeals. On 3/27/23 at 7:30 AM, the surveyor observed a stack of six resident entree plates placed on the breakfast tray line. The surveyor observed four of those plates to have large chips located on the rim of the plates which removed the ceramic coating exposing the plate's porous surface. At this time, the [NAME] acknowledged the chips in the plates and discard them. The [NAME] then instructed DA #1 to inspect all the plates from the plate warmer prior to placing the plates on the breakfast tray line for service. DA #1 removed an additional seventy-six entree plates that were all chipped on the rim which removed the ceramic coating exposing the porous surface. On 3/27/23 at 7:38 AM, the surveyor interviewed the Regional Dietary Director (RDD) who was now present in the kitchen. The RDD confirmed the facility should not be using chipped plates because shards of ceramic from the chip could go in the food; someone could cut their hand; and bacteria could harbor in the exposed porous surface. The RDD acknowledged it was a safety concern. On 3/27/23 at 7:38 AM, the surveyor reviewed the temperatures of the portioned oatmeal and the deep half pan of oatmeal being held on the tray line counter not on a heat source. The RDD stated hot foods should be held in the kitchen at 140 F or higher. On 3/27/23 at 9:00 AM, the surveyor interviewed the RDD who stated staff should wash their hands whenever they enter the kitchen area and after changing their gloves. The RDD stated staff were expected to change their gloves anytime leaving the kitchen or changing a task and wash their hands frequently. The RDD stated there were two hand washing sinks in the kitchen that were expected to have paper towels in the dispensers, and staff should have immediately restocked the dispenser when it was noticed there were no paper towels. On 3/27/23 at 10:15 AM, the RDD informed the surveyor that the facility did not have a policy for maintaining kitchen equipment like entree plates, but he stated entree plates were included on a kitchen checklist and plates with chips should not be used. On 3/29/23 at 12:09 PM, the surveyor interviewed the Dietary Director (DD) who stated he was aware of the incident on 3/27/23 with no paper towels in the kitchen, and staff should have immediately replaced the paper towels when it was first realized. On 3/30/23 at 10:02 AM, the Licensed Nursing Home Administrator (LNHA) and the Director of Nursing (DON) in the presence of the survey team acknowledged the above concerns. A review of the facility's Dining Services Food Temperatures policy dated created 2/7/22, included food will be maintained at the proper temperatures to ensure food safety. The temperatures of hot foods at the point of service (steam table) during tray assembly will be 135 degrees Fahrenheit or above. The cook is responsible to see all food is at proper temperature . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315320	A. Building B. Wing	03/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Holiday City	4 Plaza Drive Toms River, NJ 08757

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the facility's Dinning Service Inc. checklist dated created 2/7/22, included check for cracked trays and check for cracked smallware utensils . A review of facility's Handwashing/Hand Hygiene policy dated revised 1/2022, included hand hygiene products and supplies (sinks, soap, towels, alcohol-based hand rub, ect.) shall be readily accessible and convenient for staff use to encourage compliance with hand hygiene policies . NJAC 8:39-17.2(g)