

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>315193</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/12/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>OCEANA REHABILITATION AND NC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>502 ROUTE 9 NORTH CAPE MAY COURT HOUSE, NJ 08210</b>	
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 0584  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>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.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>COMPLAINT # NJ 1 Based on observations, interviews, and review of pertinent facility documents on 8/12/2020, it was determined that the facility failed to maintain the resident's environment in good repair and in a clean and sanitary condition as well as, failed to follow their policies titled Home Like Environment, and Cleaning and Disinfecting Residents' Rooms. This deficient practice was evidenced by the following: During a facility tour on 8/12/2020 at 10:23 a.m., accompanied by the Assistant Director of Nursing (ADON), the surveyor inspected residents' rooms and observed the following: room [ROOM NUMBER], a semiprivate room, a blanket was observed on the floor under the air conditioning unit and the resident reported the unit was dripping water and the staff had placed a blanket on the floor under the unit. In addition, the heater grate in the bathroom was broken and had a metal edge exposed. room [ROOM NUMBER], a semiprivate room, a nail was sticking out approximately one inch from the wall trim which was 3 feet up the wall and was directly next to the resident's bed. room [ROOM NUMBER], had a hole in the wall next to the air conditioner unit and the bed frame of B bed was covered with a buildup of dirt. The ADON was unable to say why there was a hole in the wall, but stated she would inform maintenance. The Dayroom on East Hall had 2 air conditioner units both which had a buildup of dirt and dust on the top of the cover. During an interview on 8/12/2020 at 10:30 a.m., the ADON stated, whoever put the blanket under the air conditioner in room [ROOM NUMBER] should have notified maintenance regarding the issue by either putting it in the maintenance logbook located at the nursing station or called maintenance directly to report the issue. The ADON also stated the logbook is there so that the staff can report issues to maintenance. The logbook for East Wing was reviewed, however, the above issues were not listed in the logbook between the dates 6/30/2020 to the last entry on 8/5/2020. On 8/12/2020 at 11:17 a.m., the shower rooms on the West Hall were inspected accompanied by the Director of Nursing (DON). Shower room [ROOM NUMBER] and Shower room [ROOM NUMBER] both had a buildup of brown/black debris on the tiles. Shower room [ROOM NUMBER]; the brown debris was a foot and a half up the wall from the floor and the debris also covered the decorative tile trim on the wall. Shower room [ROOM NUMBER]; had brown debris on the wall directly under the shower head approximately 3 feet by 3 feet up the wall from the floor. During the tour the DON stated it looked like mold and both shower rooms needed to be cleaned. During an interview on 8/12/2020 at 11:41 a.m., the Maintenance Director (MD) reported he makes rounds throughout the whole building every morning and he checks the logbooks for new issues. Review of the Facility policy titled Home Like Environment, with a review date of 8/2020, revealed the following under Intent: It is the policy of the facility to provide care and services in such a manner to acknowledge and respect resident rights It is also the policy of the facility to accommodate the needs and preferences of the residents that are essential to creating an individualized, home-like environment. Review of the Facility policy titled Cleaning and Disinfecting Resident's Rooms, with a revised date of August 2013, listed under Purpose, The purpose of this procedure is to provide guidelines for cleaning and disinfecting resident's rooms. Under General Guidelines, section 1. Housekeeping surfaces (e.g., floors, tabletops) will be cleaned on a regular basis, when spills occur, and when these surfaces are visibly soiled. 2. Environmental surfaces will be disinfected (or cleaned) on a regular basis (e.g., daily, three times per week) and when surfaces are visibly soiled. N.J.A.C. 8:39-4.1 a (11)</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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.