

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 315437	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/14/2020
NAME OF PROVIDER OF SUPPLIER LAUREL BAY HEALTH & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 32 LAUREL AVENUE KEANSBURG, NJ 07734	
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 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. Based on record review, observation and staff interviews, it was determined that the facility failed to adequately monitor residents for signs and symptoms of COVID-19. This affected 83 of 83 residents in the facility during the COVID-19 pandemic. This deficient practice was evidenced by the following: On 07/14/2020 at 10:15 AM, an interview was completed with the Director of Nursing (DON). The DON stated that residents were not questioned about COVID-19 symptoms, but the nursing staff would watch residents for symptoms. An interview was completed with Nurse #1 on 07/14/2020 at 11:10 AM. Nurse #1 reported that residents were not routinely asked screening questions for COVID-19 symptoms. A review of the Centers for Disease Control's (CDC) guidelines titled, Preparing for COVID-19 in Nursing Homes, last updated 06/25/2020, indicated, Actively monitor all residents upon admission and at least daily for fever (T (temperature) (greater than/equal to) 100.0 (degrees) (Fahrenheit)) and symptoms consistent with COVID-19. Ideally, include an assessment of oxygen saturation via pulse oximetry. According to the CDC, symptoms of COVID-19 include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea. NJAC: 8:39-13.1 (c)		

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.