

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/19/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315274</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/10/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>COMPLETE CARE AT LAURELTON, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>475 JACK MARTIN BLVD</b> <b>BRICK, NJ 08724</b>		
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F 000	<p>INITIAL COMMENTS</p> <p>COMPLAINT#: NJ155753, NJ163142</p> <p>CENSUS: 93</p> <p>SAMPLE SIZE: 19</p> <p>THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.</p> <p>F808 IJ</p> <p>Based on interviews, medical record review, and review of other pertinent facility documentation on 4/6/2023 and 4/10/2023, it was determined that the facility failed to ensure that a resident was provided a [REDACTED] with [REDACTED] Texture. On 3/30/2023, at approximately 8:00 a.m., Resident #2 was given a breakfast tray by the Certified Nursing Assistant (CNA) prepared by the kitchen. The tray included a whole [REDACTED] in a plastic wrapper. The [REDACTED] was not on the dietary slip and was not prepared [REDACTED] by the kitchen staff. The CNA assigned to Resident #2 set up the tray, cut the [REDACTED] into quarters and left the Resident's room to help another Resident. At approximately 8:15 a.m., the housekeeping staff /Porter found Resident #2 on the floor face down and notified the Registered Nurse (RN). The RN found Resident #2 [REDACTED] n and [REDACTED] the Resident onto [REDACTED]. The Licensed Practical Nurse (LPN) also responded to</p>	F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

06/09/2023

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.

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F 000	<p>Continued From page 1</p> <p>Resident #2's room, observed [REDACTED] in the Resident's [REDACTED], and removed it. Resident #2 had a [REDACTED] was applied, and 911 was called. The Paramedics and Police arrived at approximately 8:27 a.m. and pronounced Resident #2 deceased.</p> <p>The past noncompliance and Immediate Jeopardy began on [REDACTED]. The Immediate Jeopardy was removed, and the deficient practice was corrected by [REDACTED] after the facility implemented a systemic plan before this current complaint survey began. The plan included the following:</p> <p>On 3/30/2023: All residents on [REDACTED] Diets were identified, and their trays were immediately checked to ensure they were served the proper diet consistency.</p> <p>On 3/30/2023: Auditing of the Tray Line to ensure that the proper diet consistencies were served to the residents.</p> <p>On 3/30/2023: The Food Service Director (FSD) observed and audited the Lunch Tray Line to ensure proper diet consistencies were served to the residents. [One hundred percent] 100% compliance was noted.</p> <p>On 3/30, 3/31, 4/1, 4/3, 4/4, 4/7 &amp; 4/11: The Administrator &amp; Regional Food Service Director observed and audited the Dinner Tray Line to ensure the proper diet consistencies were served to the residents. One hundred percent compliance was noted.</p> <p>On 3/30/2023: The investigation results about what happened to Resident #2 were reviewed</p>	F 000			

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F 000	<p>Continued From page 2</p> <p>and analyzed by the QAPI [Quality Assurance and Performance Improvement] Committee. The members of the QAPI Committee reviewed the facility's Policy and Procedure related to Food and Nutrition Services and the facility's system for preparing and serving foods for residents on modified consistency diets. [Fifteen] 15 residents were identified as on a chopped Diet, including [two] chopped ground meat.</p> <p>On 3/30/2023: The FSD called the Cook who had prepared breakfast to discuss the incident earlier that day. When asked about his knowledge of preparing a [REDACTED] for a resident on a [REDACTED] consistency diet, the Cook responded that the doughnut needs to be [REDACTED]. The FSD re-educated the Cook on preparing a modified [REDACTED] Diet. On 4/1/2023, the facility had the Cook sign and dated the in-service.</p> <p>On 3/30/2023: The facility Educator initiated in-services for all Staff regarding modified diets. Emphasis was made on ensuring that residents with orders for [REDACTED] Diets received the correct consistency on their meal trays. The CNA on the unit at the time of the incident was in service on [REDACTED], prior to the next scheduled shift. In-services on Modified Diets will continue until all Staff are educated and re-educated. Education on Modified Consistency Diets will be ongoing for new hires and annually for all Staff.</p> <p>On 3/30/2023: The facility began to evaluate the Cooks and Dietary Staff on their competency skills in preparing and serving modified consistency diets to ensure no reoccurrence of the same event.</p> <p>On 3/30/2023: A PIP (Performance Improvement</p>	F 000			

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F 000	Continued From page 3 Plan) was developed on Modified Consistency Diets and incorporated into the Facility Assessment and QAPI Program to promote the safety of residents on modified consistency diets. The Administrator or Designee conducted 3 [three] tray line observations weekly to ensure that residents on Chopped Diets were consistently served the proper food.	F 000			
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3)  §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv) In consultation with the resident and the	F 656		6/23/23	

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F 656	<p>Continued From page 4</p> <p>resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by:</p> <p>C#: NJ155753</p> <p>Based on interviews, medical record review, and review of other pertinent facility documents on 5/8/2023 and 5/10/2023, it was determined that the facility failed to develop and implement an Incontinence Care Plan (CP) for a resident (Resident #18), dependent on staff for care. The facility also failed to follow its policy titled "Care Plans, Comprehensive, Person-Centered." This deficient practice was identified for 1 of 19 residents reviewed for CP and was evidenced by the following:</p> <p>Review of the Electronic Medical Record (EMR) was as follows:</p> <p>According to the Admission Record (AR), Resident #18 was admitted to the facility on</p>	F 656	<p>F 656 (D) Develop/Implement Comprehensive Care Plan</p> <p>1. The resident #18 has been discharged from the facility on [REDACTED]</p> <p>2. All residents with the need of a comprehensive care plan are affected by this practice</p> <p>3. The DON or designee have implemented the following education for nursing staff in correlation with policy Care plans, Comprehensive, Person Centered to prevent recurrence. In-servicing started on 6/8/23</p> <p>4. The DON/IP/Designee will conduct audits on 4 random charts Initiation of Comprehensive Care Plans and will be completed weekly X 4 weeks then monthly x 3 months. Results of audit will be reviewed at the Monthly Quality Assurance Meeting and Quarterly over the</p>		

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F 656	<p>Continued From page 5</p> <p>██████████ with diagnoses which included but were not limited to ██████████</p> <p>██████████</p> <p>A review of the Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated ██████████, Resident #18 had a Brief Interview of Mental Status (BIMS) score of ██████████ 5, which indicated the resident was ██████████. The MDS also showed Resident #18 was always ██████████ of ██████████ and required two-person physical assistance for all ADLs and transfers.</p> <p>A review of Resident #18's CP initiated on ██████████ did not reveal evidence of an ██████████ CP being placed.</p> <p>During an interview on 5/10/2023 at 2:33 p.m., When asked by the Surveyor if Resident #18 should have had an ██████████ CP in place, the Licensed Practical Nurse/Unit Manager (LPN/UM) stated, "Yes," there should have been a CP for Resident #18's incontinence.</p> <p>During an interview on 5/10/2023 at 2:49 p.m., the Director of Nursing (DON) stated, "The purpose of the CP is to outline the different point of care for nursing staff, different goals they [the residents] might have." She stated that the ██████████ CP should be initiated upon admission by Nursing in collaboration with Therapy. When presented with Resident #18's CP, the DON stated, "I don't see a CP for ██████████ Yes, there should be an ██████████ CP for every resident."</p> <p>A review of the facility's "Care Plans,</p>	F 656	<p>duration of the audit process to ensure compliance and reassessed for further action. Performance Improvement Committee will review audit outcomes and revise the plan if needed.</p> <p>5. Date of Completion - 6/23/23</p>		

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F 656	Continued From page 6 Comprehensive, Person-Centered" revised 10/2022 under "Policy": A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial, and functional needs is developed and implemented for each resident. Under: "Interpretation" #8. The comprehensive, person-centered care plan will: b. describes the services that are to be furnished to attain the resident's highest practicable physical, mental, and psychosocial well-being; #13. Assessments of the residents are ongoing, and care plans are revised as information about the residents and residents' condition change. #14. The interdisciplinary Team must review and update the care plan: a. when there is a significant change in the resident's condition; b. when the desired outcome is not met; c. when the resident has been readmitted to the facility from a hospital stay.	F 656			
F 657 SS=E	N.J.A.C.: 8:39-11.2(d)(2) Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii)  §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident.	F 657		6/23/23	

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F 657	<p>Continued From page 7</p> <p>(D) A member of food and nutrition services staff.</p> <p>(E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by: C#: NJ163142</p> <p>Based on interviews, medical record review, and review of other pertinent facility documents on 4/10/2023, 4/13/2023, and 4/19/2023, it was determined that the facility failed to revise the Care Plans after the Speech Therapist assessment for 5 of 19 residents (Resident #1, Resident, #2, #14, #15, and #17), with Physician's Orders for [REDACTED] diets. The facility also failed to follow its policy titled "Care Plans, Comprehensive Person-Centered," and the Speech Therapist Job Description. This deficient practice was evidenced by the following:</p> <p>Review of the Electronic Medical Records (EMRs) was as follows:</p> <p>1. According to the Admission Record (AR), Resident #1 was admitted to the facility on [REDACTED] with diagnoses which included but were not limited to [REDACTED]</p>	F 657	<p>F657 (E) Care Plan Timing and Revision</p> <p>1. Resident #2 was discharged from facility on [REDACTED] &amp; #17 was discharged from facility on [REDACTED]. Resident 1, 14 &amp; 15 have had care plans reviewed and revised based on their specific diets.</p> <p>2. All Residents, who are on a modified diets have the potential to be affected.</p> <p>3. The DON or designee have implemented the following education for nursing staff in correlation with policy Care plans, Comprehensive, Person Centered s to prevent recurrence: The DON or designee have implemented the following education for nursing staff in correlation with policy Care plans, Comprehensive, Person Centered to prevent recurrence, which started on [REDACTED]. The Director of Rehab Services will review job description with Speech Therapist on [REDACTED]</p>		



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FORM CMS-2567(02-99) Previous Versions Obsolete      Event ID: C88W11      Facility ID: NJ61532      If continuation sheet Page 9 of 74

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F 657	<p>Continued From page 9</p> <p>Provide with food/beverage preferences as available." Further review of Resident #1's CP showed no updates for the [REDACTED] Diet order and the ST recommendation [REDACTED].</p> <p>2. According to the AR, Resident #2 was admitted to the facility on [REDACTED] with diagnoses which included but were not limited to [REDACTED]</p> <p>[REDACTED]</p> <p>According to the MDS, dated [REDACTED], Resident #2 had a BIMS score of [REDACTED] which indicated the Resident was [REDACTED]. The MDS also showed Resident #2 needed supervision for transfers and was independent in eating with one person's physical assistance.</p> <p>Review of the Speech Therapy SLP Evaluation and Treatment Plan dated [REDACTED] under "Short-Term Goals" revealed: Pt (patient) will consume a [REDACTED] of [REDACTED] textures and ground meats employing compensatory [REDACTED] effectively [REDACTED] of the time with minimal cues.</p> <p>Review of Resident #2's "Medication Review Report (MRR)" with a date range of [REDACTED] revealed a PO's: "Dietary-Diet Order Summary: [REDACTED] diet [REDACTED] texture, [REDACTED] Liquids consistency, ground meats" with an order date of [REDACTED] and a start date of [REDACTED]</p> <p>Review of Resident #2's CP initiated on</p>	F 657			

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F 657	<p>Continued From page 10</p> <p>██████████ and revised on ██████████ revealed under "Focus": "Nutrition: Resident is ██████████" Under "Goal": "Resident meal intake will be &gt;50% (percent). [The] Resident will follow Diet as ordered. The Resident will not ██████████. [The] Resident will lose 1-2# wk [pounds per week]..." The CP also included under "Interventions": "Monitor intake PRN. Monitor Weights and Labs as avail [available]. Notify MD [physician] of any significant weight changes PRN. Provide Diet as ordered. Provide with food/beverage preferences as available." Further review of Resident #2's CP showed no updates for the ██████████ Diet order and the ST recommendation ██████████</p> <p>3. According to the AR, Resident #14 was admitted to the facility on ██████████ with diagnoses which included but were not limited to ██████████</p> <p>According to the MDS, dated ██████████, Resident #14 had a BIMS score of ██████████ which indicated the Resident was ██████████. The MDS also showed Resident #14 was independent with feeding and needed minimal assistance with ADLs.</p> <p>Review of the Speech Therapy SLP Evaluation and Treatment Plan dated ██████████ under "Summary of Skills" revealed: Physician's order received, chart reviewed, hx (history) noted, evaluation completed, and POT (Plan of Treatment) developed on this day and communicated with caregivers regarding recommendations. Pt to continue on a ██████████ diet texture.</p>	F 657			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315274</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>05/10/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>COMPLETE CARE AT LAURELTON, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>475 JACK MARTIN BLVD</b> <b>BRICK, NJ 08724</b>		
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F 657	<p>Continued From page 11</p> <p>Review of Resident #14's "OSR" with a date range of [REDACTED] revealed a Physician's Order: "Dietary-Diet Order Summary [REDACTED] texture; [REDACTED] liquid dated [REDACTED]"</p> <p>Review of Resident #14's CP initiated on [REDACTED] under "Focus": "Nutrition: Resident requires more [REDACTED]." Under "Goal": "Resident meal intake will be &gt;50% (percent). [The] Resident will follow Diet as ordered. The Resident will not [REDACTED]." The CP also included under "Interventions": "Monitor intake PRN. Monitor Weights and Labs as avail [available]. Notify MD [physician] of any significant weight changes PRN (as needed). Provide Diet as ordered. Provide with food/beverage preferences as available." Further review of Resident #14's CP showed no CP updates for the [REDACTED] Diet order and the ST recommendation [REDACTED]"</p> <p>4. According to the AR, Resident #15 was admitted to the facility on [REDACTED] with diagnoses which included but were not limited to [REDACTED], History of [REDACTED].</p> <p>According to the MDS, dated [REDACTED], Resident #15 had a BIMS score of [REDACTED] which indicated the Resident was [REDACTED]. The MDS also showed Resident #15 was independent with feeding and needed total assistance with Activities of Daily living (ADL).</p> <p>Review of Resident #15's CP initiated on [REDACTED] revealed under "Focus": "Nutrition: Diet texture has been [REDACTED] Resident is a [REDACTED]." Under "Goal": "Resident meal intake will be &gt;50% (percent).</p>	F 657			

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F 657	<p>Continued From page 12</p> <p>[The] Resident will follow Diet as ordered. The Resident will not [REDACTED]. [The] Resident will have weight stability..." The CP also included under "Interventions": "Monitor intake PRN. Monitor Weights and Labs as avail [available]. Notify MD [physician] of any significant weight changes PRN (as needed). Provide Diet as ordered. Provide with food/beverage preferences as available." Further review of Resident #15's CP showed no CP updates for the [REDACTED] Diet order and the ST recommendation [REDACTED]</p> <p>5. According to the AR, Resident #17 was admitted to the facility on [REDACTED] with diagnoses which included but were not limited to [REDACTED]</p> <p>According to the MDS, dated [REDACTED], Resident #17 had a BIMS score of [REDACTED] which indicated the Resident was [REDACTED]. The MDS also showed Resident #17 required setup with meals and total assistance with ADLs.</p> <p>Review of the Speech Therapy SLP Evaluation and Treatment Plan dated [REDACTED] under "Assessment Summary " revealed: Assessment /Recommendations: "Pt presents with [REDACTED] due to [REDACTED] needing a [REDACTED] diet of [REDACTED] to facilitate [REDACTED]. Recommend continuing current [REDACTED] Diet; no further Speech Therapy indicated."</p> <p>Review of Resident #17's "MRR" with a date range of 3 [REDACTED] revealed a Physician's Order: "Dietary-Diet Order Summary:</p>	F 657			

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F 657	<p>Continued From page 13</p> <p>████ diet █████ texture, █████ Liquids consistency, █████ no coffee and tea for diet " with an order date of █████. Further review of Resident #17's CP showed no CP was initiated for the █████ Diet order.</p> <p>Review of Resident #17's CP initiated on █████ revealed under "Focus": "Nutrition: Diet texture has been █████." Under "Goal": "Resident meal intake will be &gt;50% (percent). [The] Resident will follow Diet as ordered. The Resident will not █████." The CP also included under "Interventions": "Monitor intake PRN. Monitor Weights and Labs as avail [available]. Notify MD [physician] of any significant weight changes PRN (as needed). Provide Diet as ordered. Provide with food/beverage preferences as available." Further review of Resident #17's CP showed no CP updates for the █████ Diet order and the ST recommendation █████.</p> <p>During an interview on 4/10/2023 at 11:23 a.m., the Dietitian stated that she is responsible for writing the CP. She stated that Speech Therapy downgraded Resident #2's Diet and was "switched to a █████ texture and ground meat" starting █████ The Dietician further stated once a resident is screened, evaluated, and treated by the ST, the ST updates the CP with the ordered Diet for the Resident.</p> <p>During an interview on 4/19/2023 at 12:36 p.m., the Speech Therapist stated she put the diet order into point click care (PCC) after the results of her initial evaluation of the Resident. She continued to say that therapy has its own separate care plan, including the patient's focus, goal, and intervention to tolerate the least</p>	F 657			

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F 657	<p>Continued From page 14</p> <p>restrictive Diet. When asked by the Surveyor who writes the diet order on the CP, the Speech Therapist stated, "The diet order is put on the CP by the Speech Therapist." She further stated the CP should include the diet texture and liquid consistency that the Resident is on. According to the Speech Therapist, Resident #2's CP should show [REDACTED] Diet with [REDACTED] and [REDACTED] liquid. She explained, "I would put this on in the therapy section on the CP." When presented with the CP for Resident #2, the Speech Therapist stated, "I don't see my Speech CP on here, yes there should be one under the therapy section, and it should show the diet texture [REDACTED] with [REDACTED] meat) and fluid consistency [REDACTED] liquids) for [Resident #2].</p> <p>During an interview on 4/19/2023 at 1:57 p.m., the Director of Nursing (DON) the purpose of the CP is patient-centered, regarding the patient's care. The DON stated nursing initiated the CP within 24-48 hours, and MDS has their time frame. The DON continued, "If a resident comes in on a diet, the dietician updates the CP, and the dietician puts in their CP for the diet." It is usually a collaborative approach; the Dietician will include the diet texture the Resident is on. If there is an issue with the Diet on admission, the nurse will refer the Resident to speech to evaluate and treat the Resident if needed. When the Surveyor presented the CP to the DON and asked if the Diet was on the CP, the DON stated, No, there is no diet texture for Resident #2 on the CP; "I will have to check the policy if speech puts the diet texture on the CP."</p> <p>Review of the facility policy titled "Care Plan, Comprehensive Person-Centered," revised on 10/2019, under "Policy," reveals: A</p>	F 657			

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F 657	Continued From page 15  comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the Resident's physical needs, psychosocial and functional needs are developed and implemented for each Resident. Under "Policy Interpretation and Implementation" #12. The comprehensive person-care plan is developed within seven (7) days of the completion of the required comprehensive assessment (MDS).  Review of the "Speech Therapist Job Descriptions" under "Job Responsibilities" revealed: 2. Document findings on the standardized evaluation format neatly, accurately, and adhering to all guidelines. 3. Provide a comprehensive treatment plan including long and short-term goals, frequency, duration and treatment modalities, therapeutic interventions, and clinical and technical guidelines.	F 657			
F 658 SS=E	N.J.A.C.: 8:39-11.2(d)(2) Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)  §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: C#: NJ155753, NJ163142  Based on interviews, medical record review, and review of other pertinent facility documents on 5/8/2023 and 5/10/2023, it was determined that	F 658	F658 (E) Services Provided Meet Professional Standards 1. Resident # 2 was discharged from facility on [REDACTED] and Resident # 18 was discharged from facility on [REDACTED] 2. All residents who reside at the facility	6/23/23	



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F 658	<p>Continued From page 16</p> <p>the facility failed to follow professional standards of clinical practice by not administering medications and treatments as ordered by the Physician for 2 of 19 residents (Resident #2 and #18). The facility also failed to follow its policy titled "Charting and Documentation." This deficient practice was evidenced by the following:</p> <p>A review of the Electronic Medical Records (EMRs) was as follows:</p> <p>1. According to the Admission Record (AR), Resident #2 was admitted to the facility on [REDACTED] with diagnoses which included but were not limited to [REDACTED]</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated [REDACTED], Resident #2 had a Brief Interview of Mental Status (BIMS) score of [REDACTED], which indicated the Resident had [REDACTED]. The MDS also showed Resident #2 needed supervision with transfers and was independent in eating with one-person physical assistance.</p> <p>A review of Resident #2's Medication Review Reports (MRRs) dated [REDACTED] revealed the following Physician Orders (POs):</p> <p>[REDACTED] UNIT/ML ( [REDACTED] as per [REDACTED] date [REDACTED], order [REDACTED]</p>	F 658	<p>are affected.</p> <p>3. DON or designee provided education starting on 6/8/23 to nurses on notification of resident's physician when resident(s) refuses medication. Education titled Charting and Documentation.</p> <p>4. The DON/IP/Designee will conduct 5 chart audits on Charting Documentation on the Medication Administration Record and Treatment Administration Record and will be completed weekly X 4 weeks then monthly x 3 months. Results of audit will be reviewed at the Monthly Quality Assurance Meeting and Quarterly over the duration of the audit process to ensure compliance and reassessed for further action. Performance Improvement Committee will review audit outcomes and revise the plan if needed.</p> <p>5. Date Completion - 6/23/23</p>		

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F 658	<p>Continued From page 17</p> <p>Vital Signs every shift, order date [REDACTED]</p> <p>A review of Resident #2's Medication Administration Record (MAR) dated [REDACTED] through [REDACTED] revealed the above-aforementioned POs were not documented on the following dates as being completed as follows:</p> <p>[REDACTED] UNIT/ML [REDACTED] as per [REDACTED] at 6:30 a.m. on 3/2/2023, 3/3/2023, 3/4/2023, 3/5/2023, 3/6/2023, 3/8/2023, 3/11/2023, 3/13/2023, 3/20/2023, and 3/28/2023 was blank.</p> <p>Vital Signs every shift on the day shift on 3/13/2023, 3/14/2023, and 3/16/2023 was blank.</p> <p>2. According to the Admission Record (AR), Resident #18 was admitted to the facility on [REDACTED] with diagnoses which included but were not limited to [REDACTED]</p> <p>A review of the MDS, dated [REDACTED] Resident #18 had a BIMS score of [REDACTED], which indicated the Resident was [REDACTED]. The MDS also showed Resident #18 was always [REDACTED] and required two-person physical assistance for all ADLs and transfers.</p> <p>A review of Resident #18's "Order Summary Report" (OSR) dated [REDACTED] revealed the following Physician Orders (POs):</p>	F 658			

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F 658	<p>Continued From page 18</p> <p>Apply [REDACTED] to the [REDACTED] daily, dated [REDACTED].</p> <p>[REDACTED] with [REDACTED] Solution). [REDACTED] to the [REDACTED]. Cover with [REDACTED] and [REDACTED] once daily every night shift, dated [REDACTED].</p> <p>[REDACTED] with [REDACTED] Apply [REDACTED] to the [REDACTED]. Cover with [REDACTED] once daily on the night shift, dated [REDACTED].</p> <p>[REDACTED] ) with [REDACTED]. Apply [REDACTED] to the [REDACTED]. Cover with [REDACTED] once daily on the night shift, dated [REDACTED].</p> <p>[REDACTED] with [REDACTED]. Apply [REDACTED] to surrounding skin daily on the day shift, dated [REDACTED].</p> <p>Turn patient frequently and as tolerated each shift, dated [REDACTED].</p> <p>[REDACTED] ) with [REDACTED]. [REDACTED] with [REDACTED] dressing twice daily on the evening and night shifts and as needed, dated [REDACTED].</p> <p>[REDACTED] with [REDACTED]. Cover with [REDACTED] dressing twice daily on the evening and night shifts and as needed, dated [REDACTED].</p> <p>[REDACTED] with [REDACTED]</p>	F 658			

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F 658	<p>Continued From page 19</p> <p>_____ Cover with _____ dressing twice daily on the evening and night shifts and as needed, dated _____.</p> <p>_____. Cover with _____ dressing twice daily on the evening and night shifts and as needed, dated _____.</p> <p>_____ on both sides of the bed every shift for _____ precautions. Order dated _____.</p> <p>_____ to _____ every shift for _____ to prevent _____), dated _____.</p> <p>Keep the bed in a low position when in bed every shift for _____, dated _____.</p> <p>_____ ) every shift, dated _____.</p> <p>A review of Resident #18's Treatment Administration Record (TAR) dated _____ through _____ revealed the aforementioned POs were not documented on the following dates as being completed as follows:</p> <p>Apply _____ daily on 07/24/2021, was blank.</p> <p>_____ with _____. Apply _____ to the _____. Cover with _____ once daily on the night shift on 07/26/2021 was blank.</p>	F 658			

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F 658	<p>Continued From page 20</p> <p>██████████. Apply ██████████ to the ██████████. Cover with ██████████ once daily on the night shift on 07/26/2021 was blank.</p> <p>██████████. Apply ██████████ to the ██████████. Cover with ██████████ once daily on the night shift on 07/26/2021 was blank.</p> <p>██████████ with ██████████ Apply ██████████ to surrounding ██████████ daily on the day shift on 07/24/2021, and 07/31/2021 was blank.</p> <p>Turn patient frequently and as tolerated each shift; on 07/24/2021 and 07/31/2021, on the day shift was blank.</p> <p>██████████ with ██████████ ██████████). Cover with ██████████ dressing twice daily on the evening and night shifts and as needed on 07/24/2021 on the day shift was blank.</p> <p>██████████ with ██████████. Cover with ██████████ dressing twice daily on the evening and night shifts and as needed on the day shift on 07/24/2021 was blank.</p> <p>██████████ with ██████████. Cover with ██████████ dressing twice daily on the evening and night shifts and as needed on the day shift on 07/24/2021 and 07/31/2021 was blank.</p> <p>██████████ Cover with ██████████ dressing twice daily on the evening and night shifts and as needed on the day shift on</p>	F 658			

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F 658	<p>Continued From page 21 07/24/2021 and 07/31/2021 was blank.</p> <p>██████ on both sides of the bed every shift for precautions on 07/09/2021 on the night shift and 07/31/2021 on the day shift was blank.</p> <p>██████████ every shift for ██████ ██████████ on 07/09/2021 on the night shift and 07/24/2021 on the day shift. 07/31/2021 was blank.</p> <p>Keep the bed in the low position when in bed every shift for ██████ precautions on the day shift on 07/09/2021 was blank.</p> <p>██████████, every shift on the night shift, 07/09/2021 and 07/18/2021, was blank.</p> <p>A review of Resident #18's "OSR" dated ██████████ revealed the following POs:</p> <p>Apply ██████████ daily on the day shift, dated 07/21/2021.</p> <p>Apply ██████████ daily on the day shift, dated 08/08/2021.</p> <p>██████████ to the ██████ Cover with once daily on the night shift, dated 07/14/2021.</p> <p>██████████. Apply ██████████ to the ██████. Cover with once daily on the night shift, dated 07/14/2021.</p> <p>Cleanse ██████████. Apply ██████████</p>	F 658			

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F 658	<p>Continued From page 22</p> <p>to the [REDACTED]. Cover with [REDACTED] once daily on the night, dated 07/14/2021.</p> <p>Cleanse [REDACTED]. Apply [REDACTED] and cover with [REDACTED] once daily on the evening shift, dated 07/21/2021.</p> <p>[REDACTED]. Apply [REDACTED] to surrounding [REDACTED] daily on the day shift, dated 07/14/2021.</p> <p>[REDACTED]. Apply [REDACTED] to surrounding [REDACTED] daily on the day shift, dated 08/11/2021.</p> <p>Cleanse [REDACTED]. Apply [REDACTED] [REDACTED]. Cover with [REDACTED] once daily in the evening, dated 07/21/2021.</p> <p>Turn patient frequently and as tolerated each shift, dated 07/07/2021.</p> <p>[REDACTED]. Cover with [REDACTED] dressing twice daily on the evening and night shifts and as needed, dated 08/11/2021.</p> <p>[REDACTED]%. [REDACTED] Cover with [REDACTED] dressing twice daily on the evening and night shifts and as needed, dated 08/11/2021.</p> <p>[REDACTED] Cover with [REDACTED] dressing twice daily on the evening and night shifts and as needed, dated 08/11/2021.</p> <p>Apply [REDACTED] every shift, dated 08/11/2021.</p>	F 658			

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F 658	<p>Continued From page 23</p> <p>██████ on both sides of the bed every shift for precautions, dated 07/07/21021.</p> <p>██████████) of room temperature ██████ prior to administration and after every shift, dated 08/03/2021.</p> <p>██████████ to ██████ every shift to prevent ██████ dated 07/07/2021.</p> <p>Keep the bed in a low position when in bed every shift ██████ precautions, dated 07/07/2021.</p> <p>A review of Resident #18's TAR dated ██████ through ██████ revealed the above-mentioned POs were not documented on the following dates as being completed as follows:</p> <p>Apply ██████ to ██████ daily on the day shift on 08/13/2021 was blank.</p> <p>Apply ██████ daily on the day shift on 08/13/2021 was blank.</p> <p>██████████ o the ██████. Cover with once daily on the night of 08/08/2021 was blank.</p> <p>██████████. Apply to the ██████. Cover with once daily on the night of 08/08/2021 was blank.</p> <p>██████████. Apply ██████ to the ██████. Cover with ██████ once daily on the night of 08/08/2021 was blank.</p>	F 658			



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F 658	<p>Continued From page 24</p> <p>Cleanse [REDACTED]. Apply [REDACTED], cover with [REDACTED] once daily on the evening shift on 08/12/2021 was blank.</p> <p>Cleanse [REDACTED]. Apply [REDACTED] to surrounding [REDACTED] daily on the day shift on 08/11/2021 was blank.</p> <p>Cleanse [REDACTED]. Apply [REDACTED] to surrounding [REDACTED] daily on the day shift on 08/12/201 was blank.</p> <p>Cleanse [REDACTED]. Apply [REDACTED] with [REDACTED] dressing once daily in the evening of 08/12/2021 was blank.</p> <p>Turn patient frequently, and as tolerated, each shift on the day shift on 08/13/2021 was blank.</p> <p>[REDACTED] Cover with [REDACTED] dressing twice daily on the evening and night shifts and, as needed, on the evening shift on 08/12/2021 was blank.</p> <p>Cleanse [REDACTED]. Cover with [REDACTED] dressing twice daily on the evening and night shift and as needed on the evening and night shift on 08/11/2021 was blank.</p> <p>[REDACTED] Cover with [REDACTED] dressing twice daily on the evening and night shift on the evening shift on 08/12/2021 was blank.</p> <p>Apply [REDACTED] every shift on the evening shift on 08/12/201, and the day</p>	F 658			

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F 658	<p>Continued From page 25 shift on 08/13/2021 was blank.</p> <p>█ on both sides of the bed, every shift for █ precautions on the night shift on 08/08/2021 and the day shift on 08/12/2021 was blank.</p> <p>█ ) of room temperature water prior to administration and after every shift on the night shift on 08/08/2021 was blank.</p> <p>█ every shift for █ to prevent █ on the night shift on 08/08/2021, and the evening shift on 08/12/2021 was blank.</p> <p>Keep the bed in a low position when in bed every shift for █ precautions on the night shift on 08/08/2021 and the evening shift on 08/12/2021 was blank.</p> <p>A review of Resident #18's "Order Summary Report" (OSR) dated █ revealed the following Physician Orders (POs):</p> <p>█. Cover with █ dressing twice daily on the evening and night shifts and as needed, dated 08/24/2021.</p> <p>Cleanse █. Cover with █ dressing twice daily on the evening and night shifts and as needed, dated 08/24/2021.</p> <p>Apply █ every shift, dated 08/24/2021.</p> <p>Cleanse █ Cover with █</p>	F 658			

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F 658	<p>Continued From page 26</p> <p>dressing twice daily on the evening and night shifts and as needed, dated 08/24/2021.</p> <p>Cleanse [REDACTED] Pack with [REDACTED]. Cover with [REDACTED] dressing twice daily on the evening and night shifts and as needed, dated 08/24/2021.</p> <p>Cleanse [REDACTED] g with [REDACTED] with [REDACTED]. Cover with [REDACTED] dressing twice daily on the evening and night shifts and as needed, dated 08/24/2021.</p> <p>Apply [REDACTED] daily, every shift, dated 08/24/2021.</p> <p>[REDACTED] every shift. Order dated 08/24/2021.</p> <p>[REDACTED] room temperature water prior to administration and after every shift, dated 08/24/2021.</p> <p>[REDACTED] with [REDACTED]. Apply [REDACTED] to the [REDACTED]. Cover with [REDACTED] ing once daily on the night shift, dated 08/24/2021.</p> <p>A review of Resident #18's Treatment Administration Record (TAR) dated [REDACTED] through [REDACTED] revealed the above-mentioned POs were not documented on the following dates as being completed as follows:</p> <p>Cleanse the [REDACTED] with [REDACTED]. Cover [REDACTED].</p>	F 658			

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F 658	<p>Continued From page 27</p> <p>with [REDACTED] dressing twice daily every evening and night shift and as needed on the evening shift on 09/07/2021 was blank.</p> <p>Cleanse [REDACTED]%. [REDACTED] [REDACTED]. Cover with [REDACTED] dressing twice daily on the evening and night shift and as needed on the evening and night shift on 09/05/2021 and 09/07/2021 was blank.</p> <p>Apply [REDACTED] every shift on the evening shift on [REDACTED], and the evening and night shifts on [REDACTED] was blank.</p> <p>Cleanse [REDACTED]%. [REDACTED] with [REDACTED] Cover with [REDACTED] dressing twice daily on the evening and night shifts on 09/05/2021 and 09/7/2021 was blank.</p> <p>Cleanse [REDACTED]. Cover with [REDACTED] dressing twice daily on the evening and night shifts every evening on 09/05/2021, and 09/07/2021 was blank.</p> <p>Cleanse [REDACTED] along with [REDACTED] [REDACTED] Cover with [REDACTED] dressing twice daily on the evening and night shifts, on the evening shift on 09/05/2021, and on the evening and night shift on 09/07/2021 was blank.</p> <p>Apply [REDACTED] daily every shift on 09/05/2021 on the evening shift and 09/07/2021 on the evening and night shifts was blank.</p> <p>[REDACTED] of the [REDACTED]</p>	F 658			

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F 658	<p>Continued From page 28</p> <p>every evening and night shift on 09/07/2021 was blank.</p> <p>of room temperature water prior to administration and after every shift on 09/07/2021 on the evening and night shifts was blank.</p> <p>Cleanse Apply to the . Cover with on the night shift on 09/07/2021 was blank.</p> <p>During this survey, the Surveyor attempted to reach the Nurses involved with the blank spaces on the TAR, but they were not available for interviews.</p> <p>During an interview on 5/8/2023 at 2:15 p.m., when the Surveyor asked the Unit Manager/Licensed Practice Nurse (UM/LPN) in Unit what the meaning of blank spaces on the MARs meant, she replied, "The blank spaces mean the medication was not given, or the medications were not signed for [at the time given]." She continued to say the expectation is for the MARs to be documented right after the medication is given."</p> <p>During an interview on 5/8/2023 at 3:07 p.m., when the Surveyor asked the Director of Nursing (DON) what the meaning of blank spaces is, she replied, "The blank spaces mean it [the medication] wasn't signed off on if a blank, I have to interview the nurse to know more." The DON continued, "The expectation is the MAR is to be documented as soon as it's [the medication] done."</p> <p>During a telephone interview on 5/8/2023 at 4:06</p>	F 658			

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F 658	<p>Continued From page 29</p> <p>p.m., when the Surveyor asked the LPN who cared for Resident #2 on the 11:00 p.m.-7:00 a.m. shift on 3/2/2023, 3/3/2023, 3/4/2023 and 3/5/2023, about the blank spaces on the MARs, he replied the blank spaces on the MAR mean the medication wasn't given or it [the medication] wasn't signed off ..."</p> <p>During an interview on 5/10/2021 at 2:27 p.m., the Registered Nurse (RN) informed the Surveyor that the Nurse is responsible for completing the treatment orders for the Resident. She stated, "The treatment should be documented on the TAR when completed." When asked if there should be any blank spaces on the TAR, the RN said, "No, there should be no blank spaces on the TAR.</p> <p>During a second interview on 5/10/2021 at 2:49 p.m., when the Surveyor asked the Director of Nursing (DON) what the meaning of blank spaces is, she replied, "The blank spaces mean it [the treatment] wasn't done." The DON continued, "The expectation is for the LPN to document on the TAR after completion of a treatment."</p> <p>A review of the policy titled "Charting and Documentation" with an updated date of 1/2022 revealed Under "Policy Statement" included: "All services provided to the Resident, progress toward the care plan goals, or any changes in the Resident's medical, physical, functional or psychosocial condition, shall be documented in the Resident's medical record. The medical record should facilitate communication between the interdisciplinary team regarding the Resident's condition and response to care." Under "Policy Interpretation and implementation," included: "1. Documentation in the medical</p>	F 658			

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F 658	Continued From page 30 record may be electronic, manual or a combination. 2. The following information is to be documented in the resident medical record: ...b. Medications administered; c. Treatments or services performed; ...3. Documentation in the medical record will be objective (not opinionated or speculative), complete, and accurate ...7. Documentation of procedures and treatments will include care-specific details, including: a. The date and time the procedure/treatment was provided; b. The name and title of the individual(s) who provided the care; c. The assessment data and/or any unusual findings obtained during the procedure/treatment; d. How the Resident tolerated the procedure/treatment; e. Whether the Resident refused the procedure/treatment; f. Notification of family, Physician, or other staff, if indicated; and g. The signature and title of the individual documenting."	F 658			
F 677 SS=E	N.J.A.C.: 8.39-27.1 (a) ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)  §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Complaint#: NJ155753, NJ163142  Based on observations, interviews, review of the medical record, and other pertinent facility documents on 5/8/2023 and 5/10/2023, it was	F 677	F677 (E) ADL Care Provided for Dependent Residents 1. Resident #18 has been discharged from the facility on [REDACTED] On residents #6, #11, #12 & 19	6/23/23	

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F 677	<p>Continued From page 31</p> <p>determined that the facility failed to consistently document Activities of Daily Living care as being provided to residents (Resident #6, #11, #12, #18 and #19). The facility also failed to follow its "Certified Nursing Assistant's job description" and its policy titled "Activities of Daily Living (ADLs) Supporting" for 5 of 19 residents reviewed. This deficient practice was evidenced by the following:</p> <p>1. According to the Admission Record (AR), Resident #6 was admitted to the facility on [REDACTED] with diagnoses which included but were not limited to [REDACTED]</p> <p>A review of the Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated [REDACTED], Resident #6 had [REDACTED]. The MDS also indicated the resident had [REDACTED] and required 1-person physical assistance with ADLs and transfer.</p> <p>A review of Resident #6's "Documentation Survey Report Version (v2)," a form utilized for documentation of ADLs care by the Certified Nursing Assistants (CNAs) for [REDACTED], showed blank spaces indicating the tasks were not completed as follows:</p> <p>[REDACTED] Documentation on 5/3/2023 and 5/4/2023 on the 11:00 p.m. to 7:00 a.m. shift. On 5/7/2023, and the 3:00 p.m. to 11:00 p.m. shift.</p> <p>[REDACTED] Documentation on 5/3/2023, 5/4/2023, and 5/9/2023 on the 11:00 p.m. to 7:00 a.m. shift. On 5/7/2023, on the 3:00 p.m. to 11:00 p.m. shift.</p>	F 677	<p>ADL/Care Plans were reviewed and updated according to resident needs.</p> <p>2. All resident[s] dependent on staff for Activities of Daily Living (ADLs) have the potential to be affected.</p> <p>3. The Director of Nursing (DON) or designee have implemented the following education starting on 6/8/23 for nursing staff in correlation with policy Activities of Daily Living and completed ADL documentation. In-servicing started on 6/8/23 to CNAs in regarding POC documentation along with cna job description review</p> <p>4. The DON/IP/Designee will conduct 5 POC documentations audits on and will be completed weekly X 4 weeks then monthly x 3 months. Results of audit will be reviewed at the Monthly Quality Assurance Meeting and Quarterly over the duration of the audit process to ensure compliance and reassessed for further action. Performance Improvement Committee will review audit outcomes and revise the plan if needed.</p> <p>5. Date of Completion- 6/23/23</p>		



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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315274</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>05/10/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>COMPLETE CARE AT LAURELTON, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>475 JACK MARTIN BLVD</b> <b>BRICK, NJ 08724</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 677	Continued From page 32  <p>■■■■ Observation on 5/3/2023 and 5/4/2023 from 11:00 p.m. to 7:00 a.m. On 5/7/2023, on the 3:00 p.m. to 11:00 p.m. shift.</p> <p>■■■■g on 5/7/2023 on the 3:00 p.m. to 11:00 p.m. shift.</p> <p>■■■■mobility on 5/7/2023 on the 3:00 p.m. to 11:00 p.m. shift.</p> <p>■■■■ on 5/7/2023 on the 3:00 p.m. to 11:00 p.m. shift.</p> <p>■■■■ Unit on 5/7/2023 on the 3:00 p.m. to 11:00 p.m. shift.</p> <p>■■■■ Unit on 5/7/2023 on the 3:00 p.m. to 11:00 p.m. shift.</p> <p>■■■■ on 5/7/2023 on the 3:00 p.m. to 11:00 p.m. shift.</p> <p>■■■■ on 5/7/2023 on the 3:00 p.m. to 11:00 p.m. shift.</p> <p>■■■■ on 5/7/2023 on the 3:00 p.m. to 11:00 p.m. shift.</p> <p>■■■■ on 5/7/2023 on the 3:00 p.m. to 11:00 p.m. shift.</p> <p>■■■■ and interventions on 5/7/2023 on the 3:00 p.m. to 11:00 p.m. shift.</p> <p>■■■■ care on 5/7/2023 on the 3:00 p.m. to 11:00</p>	F 677			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 677	<p>Continued From page 33 p.m. shift.</p> <p>██████████ Observation on 5/7/2023 from 3:00 p.m. to 11:00 p.m.</p> <p>██████████ on 5/3/2023 and 5/4/2023 on the 11:00 to 7:00 a.m. shift. On 5/7/2023, on the 3:00 p.m. to 11:00 p.m. shift.</p> <p>██████████ on 5/7/2023 on the 3:00 p.m. to 11:00 p.m. shift.</p> <p>██████████ on 5/7/2023 on the 3:00 p.m. to 11:00 p.m. shift.</p> <p>██████████ on 5/7/2023 on the 3:00 p.m. to 11:00 p.m. shift.</p> <p>2. According to "AR," Resident #11 was admitted to the facility on ██████████ with diagnoses that included but were not limited to ██████████ ██████████</p> <p>A review of the MDS dated ██████████, Resident #11 had a BIMS score of ██████████ which indicated the resident had ██████████. The MDS also showed Resident #11 was dependent on staff for all ADLs.</p> <p>A review of Resident #11's "v2," for ██████████, showed blank spaces indicating the tasks were not completed as follows:</p> <p>██████████ on 5/6/2023 on the 11:00 p.m. to 7:00 a.m. shift.</p> <p>██████████ on 5/6/2023 on the 11:00 p.m. to 7:00 a.m. shift.</p>	F 677			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 677	<p>Continued From page 34</p> <p>Documentation on 5/6/2023 on the 11:00 p.m. to 7:00 a.m. shift.</p> <p>Documentation on 5/6/2023 and 5/9/2023 on the 11:00 p.m. to 7:00 a.m. shift.</p> <p>Observation on 5/6/2023 on the 11:00 p.m. to 7:00 a.m. shift.</p> <p>on 5/6/2023 on the 11:00 p.m. to 7:00 a.m. shift.</p> <p>3. According to the "AR," Resident #12 was admitted to the facility on with diagnoses that included but were not limited to</p> <p>A review of MDS dated , Resident #12 had a BIMS score of which indicated the resident had . The MDS also showed Resident #12 was dependent on staff for ADLs.</p> <p>A review of Resident #12's "v2," for showed blank spaces indicating the tasks were not completed as follows:</p> <p>on 5/2/2023 and 5/8/2023 on the 3:00 p.m. to 11:00 p.m. shift. On 5/6/2023, on the 7:00 a.m. to 3:00 p.m. shift.</p> <p>on 5/2/2023 and 5/8/2023 on the 3:00 p.m. to 11:00 p.m. shift. On 5/6/2023, on the 7:00 a.m. to 3:00 p.m. shift.</p>	F 677			

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NAME OF PROVIDER OR SUPPLIER  <b>COMPLETE CARE AT LAURELTON, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>475 JACK MARTIN BLVD</b> <b>BRICK, NJ 08724</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 677	<p>Continued From page 35</p> <p>██████████ on 5/2/2023 and 5/8/2023 on the 3:00 p.m. to 11:00 p.m. shift. On 5/6/2023, on the 7:00 a.m. to 3:00 p.m. shift. On 5/6/2023 and 5/9/2023 on the 11:00 p.m. to 7:00 a.m. shift.</p> <p>██████████ on 5/2/2023 and 5/8/2023 on the 3:00 p.m. to 11:00 p.m. shift. On 5/6/2023, on the 7:00 a.m. to 3:00 p.m. shift. On 5/6/2023 and 5/9/2023 on the 11:00 a.m. to 7:00 a.m. shift.</p> <p>██████████ on 5/2/2023 and 5/8/2023 on the 3:00 p.m. to 11:00 p.m. shift. On 5/6/2023, on the 7:00 a.m. to 3:00 p.m. shift.</p> <p>██████████ on 5/2/2023 and 5/8/2023 on the 3:00 p.m. to 11:00 p.m. shift. On 5/6/2023, on the 7:00 a.m. to 3:00 p.m. shift.</p> <p>██████████ on 5/2/2023 and 5/8/2023 on the 3:00 p.m. to 11:00 p.m. shift. On 5/6/2023, on the 7:00 a.m. to 3:00 p.m. shift.</p> <p>██████████ on 5/2/2023 and 5/8/2023 on the 3:00 p.m. to 11:00 p.m. shift. On 5/6/2023, on the 7:00 a.m. to 3:00 p.m. shift.</p> <p>██████████ Documentation on 5/2/2023 and 5/8/2023 on the 3:00 p.m. to 11:00 p.m. shift. On 5/6/2023, on the 7:00 a.m. to 3:00 p.m. shift. On 5/6/2023 and 5/9/2023 on the 11:00 p.m. to 7:00 a.m. shift.</p> <p>██████████ Documentation on 5/2/2023 and 5/8/2023 on the 3:00 p.m. to 11:00 p.m. shift. On 5/6/2023, on the 7:00 a.m. to 3:00 p.m. shift. On 5/6/2023 and 5/9/2023 on the 11:00 p.m. to 7:00 a.m. shift.</p> <p>██████████ on 5/2/2023 and 5/8/2023 on the 3:00 p.m. to 11:00 p.m. shift. On 5/6/2023, on the</p>	F 677			

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FORM CMS-2567(02-99) Previous Versions Obsolete      Event ID: C88W11      Facility ID: NJ61532      If continuation sheet Page 37 of 74

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F 677	<p>Continued From page 37</p> <p>#18 had a BIMS score of [REDACTED], which indicated the resident had [REDACTED]. The MDS also showed Resident #18 was totally dependent on staff with ADLs.</p> <p>A review of Resident #18's "v2," for [REDACTED] showed blank spaces indicating the tasks were not completed as follows:</p> <p>[REDACTED] on 7/17/2021, 7/18/2021, 7/21/2021, 7/28 through 7/31/2021 on the 7:00 a.m. to 3:00 p.m. shift. On 7/18/2021, 7/25/2021, and 7/27/2021 on the 3:00 p.m. to 11:00 p.m. shift. On 7/20/2021, 7/23/2021, and 7/29/2021 on the 11:00 p.m. to 7:00 a.m. shift.</p> <p>[REDACTED] on 7/17/2021, 7/18/2021, 7/21/2021, 7/28 through 7/31/2021 on the 7:00 a.m. to 3:00 p.m. shift. On 7/18/2021, 7/25/2021, and 7/27/2021, on the 3:00 p.m. to 11:00 p.m. shift, on 7/20/2021, 7/23/2021, and 7/29/2021 on the 11:00 p.m. to 7:00 a.m. shift.</p> <p>[REDACTED] on 7/17/2021, 7/18/2021, 7/21/2021, 7/28 through 7/31/2021 on the 7:00 a.m. to 3:00 p.m. shift. On 7/18/2021, 7/25/2021, and 7/27/2021, on the 3:00 p.m. to 11:00 p.m. shift.</p> <p>[REDACTED] on 7/17/2021, 7/18/2021, 7/21/2021, 7/28 through 7/31/2021 on the 7:00 a.m. to 3:00 p.m. shift, on 7/18/2021, 7/25/2021, and 7/27/2021, on the 3:00 p.m. to 11:00 p.m. shift.</p> <p>[REDACTED] on 7/17/2021, 7/18/2021, 7/21/2021, 7/28 through 7/31/2021 on the 7:00 a.m. to 3:00 p.m. shift, on 7/18/2021, 7/25/2021, and 7/27/2021, on the 3:00</p>	F 677			

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F 677	<p>Continued From page 38 p.m. to 11:00 p.m. shift.</p> <p>██████████ on 7/17/2021, 7/18/202, 7/21/2021, 7/28 through 7/31/2021 on the 7:00 a.m. to 3:00 p.m. shift, on 7/18/2021, 7/25/2021, 7/27/2021, on the 3:00 p.m. to 11:00 p.m. shift.</p> <p>██████████ on 7/17/2021, 7/18/202, 7/21/2021, 7/28 through 7/31/2021 on the 7:00 a.m. to 3:00 p.m. shift, on 7/18/2021, 7/25/2021, and 7/27/2021, on the 3:00 p.m. to 11:00 p.m. shift, on 7/20/2021, 7/23/2021, and 7/29/2021, on the 11:00 p.m. to 7:00 a.m. shift.</p> <p>██████████ on 7/17/2021, 7/18/202, 7/21/2021, 7/28/2021 through 7/31/2021 on the 7:00 a.m. to 3:00 p.m. shift, on 7/18/2021, 7/25/2021, and 7/27/2021, on the 3:00 p.m. to 11:00 p.m. shift.</p> <p>██████████ Documentation on 7/17/2021, 7/18/2021, 7/21/2021, 7/28 through 7/31/2021 on the 7:00 a.m. to 3:00 p.m. shift. On 7/18/2021, 7/25/2021, and 7/27/2021, on the 3:00 p.m. to 11:00 p.m. shift, on 7/20/202, 7/23/2021, 7/28/2021, and 7/29/2021 on the 11:00 p.m. to 7:00 a.m. shift.</p> <p>██████████ Documentation on 7/17/2021, 7/18/2021, 7/21/2021, 7/28/2021 through 7/31/2021 on the 7:00 a.m. to 3:00 p.m. shift. On 7/18/2021, 7/25/2021, and 7/27/2021 on the 3:00 p.m. to 11:00 p.m. shift. On 7/20/2021, 7/21/2021, 7/23/2021, 7/28/2021, and 7/29/2021 on the 11:00 p.m. to 7:00 a.m. shift.</p> <p>██████████ on 7/17/2021, 7/18/2021, 7/21/2021, 7/28/2021 through 7/31/2021 on the 7:00 a.m. to 3:00 p.m. shift, on 7/18/2021,</p>	F 677			

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F 677	<p>Continued From page 39</p> <p>7/25/2021, and 7/27/2021, on the 3:00 p.m. to 11:00 p.m. shift. On 7/20/2021, 7/23/2021, and 7/29/2021 on the 11:00 p.m. to 7:00 a.m. shift.</p> <p>██████ on 7/17/2021, 7/18/2021, 7/21/2021, 7/28/2021 through 7/31/2021 on the 7:00 a.m. to 3:00 p.m. shift. On 7/25/2021 and 7/27/2021 on the 3:00 p.m. to 11:00 p.m. shift.</p> <p>██████ Observation on 7/17/2021, 7/18/2021, 7/21/2021, 7/28/2021 through 7/31/2021 on the 7:00 a.m. to 3:00 p.m. shift, n 7/18/2021, 7/25/2021, and 7/27/2021 on the 3:00 p.m. to 11:00 p.m. shift, on 7/20/2021, 7/23/2021, and 7/29/2021 on the 11:00 p.m. to 7:00 a.m. shift.</p> <p>██████████████████ 7/17/2021, 7/18/2021, 7/21/2021, and 7/28/2021 through 7/31/2021 on the 7:00 a.m. to 3:00 p.m. shift, on 7/18/2021, 7/25/2021, and 7/27/2021 on the 3:00 p.m. to 11:00 p.m. shift, on 7/20/2021, 7/23/2021, and 7/29/2021 on the 11:00 p.m. to 7:00 a.m. shift.</p> <p>██████ on 7/22/2021 and 7/23/2021, and 7/29/2021 on the 11:00 p.m. to 7:00 a.m. shift, 7/25/2021, and 7/27/2021 on the 3:00 p.m. to 11:00 p.m. shift, on 7/28/2021 through 7/31/2021, on the 7:00 a.m. to 3:00 p.m. shift.</p> <p>A review of Resident #18's "v2," for ████████, showed blank spaces indicating the tasks were not completed as follows:</p> <p>██████ on 8/1/2021, 8/2/2021, 8/4/2021, 8/5/2021, 8/6/2021, 8/8/2021, 8/15/2021, 8/17/2021 and 8/31/2021 on the 7:00 a.m. to 3:00 p.m. shift, on 8/3/2021, 8/5/2021, 8/6/2021, 8/8/2021, 8/9/2021, 8/15/2021, and 8/30/2021 on</p>	F 677			



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NAME OF PROVIDER OR SUPPLIER  <b>COMPLETE CARE AT LAURELTON, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>475 JACK MARTIN BLVD</b> <b>BRICK, NJ 08724</b>		
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F 677	<p>Continued From page 40 the 3:00 p.m. to 11:00 p.m. shift.</p> <p>██████████ on 8/1/2021, 8/2/2021, 8/4/2021, 8/5/2021, 8/6/2021, 8/8/2021, 8/15/2021, 8/17/2021 and 8/31/2021 on the 7:00 a.m. to 3:00 p.m. shift. On 8/3/2021, 8/5/2021, 8/6/2021, 8/8/2021, 8/9/2021, 8/15/2021 and 8/30/2021 on the 3:00 p.m. to 11:00 p.m. shift</p> <p>██████████ on 8/1/2021, 8/2/2021, 8/4/2021, 8/5/2021, 8/6/2021, 8/8/2021, 8/13/2021, 8/15/2021, 8/17/2021 and 8/31/2021, on 8/3/2021, 8/5/2021, 8/6/2021, 8/8/2021, 8/9/2021, 8/15/2021, and 8/30/2021 on the 3:00 p.m. to 11:00 p.m. shift.</p> <p>██████████ Unit on 8/1/2021, 8/2/2021, 8/4/2021, 8/5/2021, 8/6/2021, 8/8/2021, 8/13/2021, 8/15/2021, 8/17/2021 and 8/31/2021, on 8/3/2021, 8/5/2021, 8/6/2021, 8/8/2021, 8/9/2021, 8/15/2021, and 8/30/2021 on the 3:00 p.m. to 11:00 p.m. shift.</p> <p>██████████ Unit on 8/1/2021, 8/2/2021, 8/4/2021, 8/5/2021, 8/6/2021, 8/8/2021, 8/13/2021, 8/15/2021, 8/17/2021 and 8/31/2021, on 8/3/2021, 8/5/2021, 8/6/2021, 8/8/2021, 8/9/2021, 8/15/2021, and 8/30/2021 on the 3:00 p.m. to 11:00 p.m. shift.</p> <p>██████████ on 8/1/2021, 8/2/2021, 8/4/2021, 8/5/2021, 8/6/2021, 8/8/2021, 8/13/2021, 8/15/2021, 8/17/2021 and 8/31/2021, on 8/3/2021, 8/5/2021, 8/6/2021, 8/8/2021, 8/9/2021, 8/15/2021, and 8/30/2021 on the 3:00 p.m. to 11:00 p.m. shift.</p> <p>██████████ on 8/1/2021, 8/2/2021, 8/4/2021, 8/5/2021, 8/6/2021, 8/8/2021, 8/13/2021,</p>	F 677			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/19/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315274</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>05/10/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>COMPLETE CARE AT LAURELTON, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>475 JACK MARTIN BLVD</b> <b>BRICK, NJ 08724</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 677	<p>Continued From page 41</p> <p>8/15/2021, 8/17/2021 and 8/31/2021 on the 7:00 a.m. to 3:00 p.m. shift. On 8/3/2021, 8/5/2021, 8/6/2021, 8/8/2021, 8/9/2021, 8/15/2021 and 8/30/2021, on 8/5/2021, 8/7/2021, 8/8/2021, 8/15/2021, 8/29/2021 and 8/31/2021 on the 11:00 p.m. to 7:00 a.m. shift.</p> <p>██████ on 8/1/2021, 8/2/2021, 8/4/2021, 8/5/2021, 8/6/2021, 8/8/2021, 8/13/2021, 8/15/2021, 8/17/2021 and 8/31/2021 on the 7:00 a.m. to 3:00 p.m. shift, on 8/3/2021, 8/5/2021, 8/6/2021, 8/8/2021, 8/9/2021, 8/15/2021, and 8/30/2021 on the 3:00 p.m. to 11:00 p.m. shift, on 8/5/2021, 8/7/2021, 8/14/2021, 8/29/2021, and 8/31/2021 on the 11:00 p.m. to 7:00 a.m. shift.</p> <p>██████ Documentation on 8/1/2021, 8/2/2021, 8/4/2021, 8/5/2021, 8/6/2021, 8/8/2021, 8/13/2021, 8/15/2021, 8/17/2021 and 8/31/2021 on the 7:00 a.m. to 3:00 p.m. shift, on 8/3/2021, 8/5/2021, 8/6/2021, 8/8/2021, 8/9/2021, 8/15/2021, and 8/30/2021 on the 3:00 p.m. to 11:00 p.m. shift., on 8/5/2021, 8/7/2021, 8/14/2021, 8/29/2021, and 8/31/2021 on the 11:00 p.m. to 7:00 a.m. shift.</p> <p>██████ Documentation on 8/1/2021, 8/2/2021, 8/4/2021, 8/5/2021, 8/6/2021, 8/8/2021, 8/13/2021, 8/15/2021, 8/17/2021 and 8/31/2021 on the 7:00 a.m. to 3:00 p.m. shift, on 8/3/2021, 8/5/2021, 8/6/2021, 8/8/2021, 8/9/2021, 8/15/2021, and 8/30/2021 on the 3:00 p.m. to 11:00 p.m. shift, on 8/3/2021, 8/5/2021, 8/7/2021, 8/8/2021, 8/14/2021, 8/29/2021, and 8/31/2021, on the 11:00 p.m. to 7:00 a.m. shift.</p> <p>██████ Observation on 8/1/2021, 8/2/2021, 8/4/2021, 8/5/2021, 8/6/2021, 8/8/2021, 8/13/2021, 8/15/2021, 8/17/2021 and 8/31/2021 on the 7:00</p>	F 677			

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NAME OF PROVIDER OR SUPPLIER  <b>COMPLETE CARE AT LAURELTON, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>475 JACK MARTIN BLVD</b> <b>BRICK, NJ 08724</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 677	<p>Continued From page 42</p> <p>a.m. to 3:00 p.m. shift, on 8/3/2021, 8/5/2021, 8/6/2021, 8/8/2021, 8/9/2021, 8/15/2021, and 8/30/2021 on the 3:00 p.m. to 11:00 p.m. shift, on 8/3/2021, 8/5/2021, 8/7/2021, 8/8/2021, 8/14/2021, 8/29/2021, and 8/31/2021, on the 11:00 p.m. to 7:00 a.m. shift.</p> <p>██████ on 8/1/2021, 8/2/2021, 8/4/2021, 8/5/2021, 8/6/2021, 8/8/2021, 8/13/2021, 8/15/2021, 8/17/2021 and 8/31/2021 on the 7:00 a.m. to 3:00 p.m. shift, on 8/3/2021, 8/5/2021, 8/6/2021, 8/8/2021, 8/9/2021, 8/15/2021, and 8/30/2021 on the 3:00 p.m. to 11:00 p.m. shift, on 8/5/2021, 8/7/2021, 8/8/2021, 8/14/2021, and 8/29/2021 on the 11:00 p.m. to 7:00 a.m. shift.</p> <p>██████ I Care on /1/2021, 8/2/2021, 8/4/2021, 8/5/2021, 8/6/2021, 8/8/2021, 8/13/2021, 8/15/2021, 8/17/2021 and 8/31/2021 on the 7:00 a.m. to 3:00 p.m. shift, on 8/3/2021, 8/5/2021, 8/6/2021, 8/8/2021, 8/9/2021, 8/15/2021, and 8/30/2021 on the 3:00 p.m. to 11:00 p.m. shift.</p> <p>██████ Observation on 8/1/2021, 8/2/2021, 8/4/2021, 8/5/2021, 8/6/2021, 8/8/2021, 8/13/2021, 8/15/2021, 8/17/2021 and 8/31/2021 on the 7:00 a.m. to 3:00 p.m. shift, on 8/3/2021, 8/5/2021, 8/6/2021, 8/8/2021, 8/9/2021, 8/15/2021, and 8/30/2021 on the 3:00 p.m. to 11:00 p.m. shift.</p> <p>██████████████████ on 8/1/2021, 8/2/2021, 8/4/2021, 8/5/2021, 8/6/2021, 8/8/2021, 8/13/2021, 8/15/2021, 8/17/2021 and 8/31/2021 on the 7:00 a.m. to 3:00 p.m. shift, on 8/3/2021, 8/5/2021, 8/6/2021, 8/8/2021, 8/9/2021, 8/15/2021, and 8/30/2021 on the 3:00 p.m. to 11:00 p.m. shift.</p>	F 677			

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F 677	<p>Continued From page 43</p> <p>A review of Resident #18's "v2," for [REDACTED], showed blank spaces indicating the tasks were not completed as follows:</p> <p>[REDACTED] on 9/1/2021, 9/3/2021, 9/7/2021, and 9/8/2021 on the 7:00 a.m. to 3:00 p.m. shift. On 9/4/2021, on the 3:00 p.m. to 11:00 p.m. shift.</p> <p>[REDACTED] on 9/1/2021, 9/3/2021, 9/7/2021, and 9/8/2021 on the 7:00 a.m. to 3:00 p.m. shift. On 9/4/2021, on the 3:00 p.m. to 11:00 p.m. shift.</p> <p>[REDACTED] on 9/1/2021, 9/3/2021, 9/7/2021, and 9/8/2021 on the 7:00 a.m. to 3:00 p.m. shift. On 9/4/2021, on the 3:00 p.m. to 11:00 p.m. shift.</p> <p>[REDACTED] Unit on 9/1/2021, 9/3/2021, 9/7/2021, and 9/8/2021 on the 7:00 a.m. to 3:00 p.m. shift. On 9/4/2021, on the 3:00 p.m. to 11:00 p.m. shift.</p> <p>[REDACTED] Unit on 9/1/2021, 9/3/2021, 9/7/2021, and 9/8/2021 on the 7:00 a.m. to 3:00 p.m. shift. On 9/4/2021, on the 3:00 p.m. to 11:00 p.m. shift.</p> <p>[REDACTED] on 9/1/2021, 9/3/2021, 9/7/2021, and 9/8/2021 on the 7:00 a.m. to 3:00 p.m. shift. On 9/4/2021, on the 3:00 p.m. to 11:00 p.m. shift.</p> <p>[REDACTED] on 9/1/2021, 9/3/2021, 9/7/2021, and 9/8/2021 on the 7:00 a.m. to 3:00 p.m. shift. On 9/4/2021, on the 3:00 p.m. to 11:00 p.m. shift.</p>	F 677			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 677	<p>Continued From page 44</p> <p>██████ on 9/1/2021, 9/3/2021, 9/7/2021, and 9/8/2021 on the 7:00 a.m. to 3:00 p.m. shift. On 9/4/2021, on the 3:00 p.m. to 11:00 p.m. shift. On 9/4/2021, on the 11:00 to 7:00 a.m. shift.</p> <p>██████ Documentation on 9/1/2021, 9/3/2021, 9/7/2021, and 9/8/2021 on the 7:00 a.m. to 3:00 p.m. shift. On 9/4/2021, on the 3:00 p.m. to 11:00 p.m. shift. On 9/4/2021, on the 11:00 to 7:00 a.m. shift.</p> <p>██████ Documentation on 9/1/2021, 9/3/2021, 9/7/2021, and 9/8/2021 on the 7:00 a.m. to 3:00 p.m. shift. On 9/4/2021, on the 3:00 p.m. to 11:00 p.m. shift. On 9/4/2021, on the 11:00 to 7:00 a.m. shift.</p> <p>██████ Observation on 9/1/2021, 9/3/2021, 9/7/2021, and 9/8/2021 on the 7:00 a.m. to 3:00 p.m. shift. On 9/4/2021, on the 3:00 p.m. to 11:00 p.m. shift. On 9/4/2021, on the 11:00 to 7:00 a.m. shift.</p> <p>██████ on 9/1/2021, 9/3/2021, 9/7/2021, and 9/8/2021 on the 7:00 a.m. to 3:00 p.m. shift. On 9/4/2021, on the 3:00 p.m. to 11:00 p.m. shift. On 9/4/2021, on the 11:00 to 7:00 a.m. shift.</p> <p>██████ on 9/1/2021, 9/3/2021, 9/7/2021, and 9/8/2021 on the 7:00 a.m. to 3:00 p.m. shift. On 9/4/2021, on the 3:00 p.m. to 11:00 p.m. shift.</p> <p>██████ Observation on 9/1/2021, 9/3/2021, 9/7/2021, and 9/8/2021 on the 7:00 a.m. to 3:00 p.m. shift. On 9/4/2021, on the 3:00 p.m. to 11:00 p.m. shift.</p> <p>5. According to the "AR," Resident #19 was admitted to the facility on ██████ with</p>	F 677			

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NAME OF PROVIDER OR SUPPLIER  <b>COMPLETE CARE AT LAURELTON, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>475 JACK MARTIN BLVD</b> <b>BRICK, NJ 08724</b>		
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F 677	<p>Continued From page 45</p> <p>diagnoses which included but were not limited to</p> <p>██████████.</p> <p>A review of the MDS dated ██████████, Resident #19 had a BIMS score of ██████████, which indicated the resident had ██████████. The MDS also showed Resident #19 was totally dependent on staff with ADLs.</p> <p>A review of Resident #19's "v2," for ██████████, showed blank spaces indicating the tasks were not completed as follows:</p> <p>██████████ Documentation 5/3/2023, 5/4/2023, 5/6/2023, and 5/9/2023 on the 11:00 p.m. to 7:00 a.m. shift. On 5/7/2023 and 5/8/2023 on the 7:00 a.m. to 3:00 p.m. shift. On 5/7/2023, on the 3:00 p.m. to 11:00 p.m. shift.</p> <p>██████████ Documentation on 5/3/2023, 5/4/2023, and 5/6/2023 on the 11:00 p.m. to 7:00 a.m. shift. On 5/7/2023 and 5/8/2023 on the 3:00 p.m. to 11:00 p.m. shift. On 5/7/2023, on the 3:00 p.m. to 11:00 p.m. shift.</p> <p>██████████ Observation 5/3/2023, 5/4/2023, and 5/6/2023 on the 11:00 p.m. to 7:00 a.m. shift. On 5/7/2023 and 5/8/2023 on the 7:00 a.m. to 3:00 p.m. shift. On 5/7/2023, on the 3:00 p.m. to 11:00 p.m. shift.</p> <p>██████████ on 5/3/2023, 5/4/2023, and 5/6/2023 on the 11:00 p.m. to 7:00 a.m. shift. On 5/7/2023 and 5/8/2023 on the 7:00 a.m. to 3:00 p.m. shift. On 5/7/2023, on the 3:00 p.m. to 11:00 p.m. shift.</p> <p>██████████ on 5/3/2023, 5/4/2023, and 5/6/2023</p>	F 677			

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F 677	<p>Continued From page 46</p> <p>on the 11:00 p.m. to 7:00 a.m. shift. On 5/7/2023 and 5/8/2023 on the 7:00 a.m. to 3:00 p.m. shift. On 5/7/2023, on the 3:00 p.m. to 11:00 p.m. shift.</p> <p>██████████ on 5/7/2023 and 5/8/2023 on the 7:00 a.m. to 3:00 p.m. shift. On 5/7/2023, on the 3:00 p.m. to 11:00 p.m. shift.</p> <p>██████████ on 5/7/2023 and 5/8/2023 on the 7:00 a.m. to 3:00 p.m. shift. On 5/7/2023, on the 3:00 p.m. to 11:00 p.m. shift.</p> <p>██████████ on 5/7/2023 and 5/8/2023 on the 7:00 a.m. to 3:00 p.m. shift. On 5/7/2023, on the 3:00 p.m. to 11:00 p.m. shift.</p> <p>██████████ Unit on 5/7/2023 and 5/8/2023 on the 7:00 a.m. to 3:00 p.m. shift. On 5/7/2023, on the 3:00 p.m. to 11:00 p.m. shift.</p> <p>██████████ Unit on 5/7/2023 and 5/8/2023 on the 7:00 a.m. to 3:00 p.m. shift. On 5/7/2023, on the 3:00 p.m. to 11:00 p.m. shift.</p> <p>██████████ on 5/7/2023 and 5/8/2023 on the 7:00 a.m. to 3:00 p.m. shift. On 5/7/2023, on the 3:00 p.m. to 11:00 p.m. shift.</p> <p>██████████ on 5/7/2023 and 5/8/2023 on the 7:00 a.m. to 3:00 p.m. shift. On 5/7/2023, on the 3:00 p.m. to 11:00 p.m. shift.</p> <p>██████████ on 5/7/2023 and 5/8/2023 on the 7:00 a.m. to 3:00 p.m. shift. On 5/7/2023, on the 3:00 p.m. to 11:00 p.m. shift.</p> <p>██████████ on 5/7/2023 and 5/8/2023 on the 7:00 a.m. to 3:00 p.m. shift. On 5/7/2023, on the 3:00 p.m. to 11:00 p.m. shift.</p>	F 677			

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F 677	<p>Continued From page 47</p> <p>██████████ and Interventions on 5/7/2023 and 5/8/2023 on the 7:00 a.m. to 3:00 p.m. shift. On 5/7/2023, on the 3:00 p.m. to 11:00 p.m. shift.</p> <p>██████████ care on 5/7/2023 and 5/8/2023 on the 7:00 a.m. to 3:00 p.m. shift. On 5/7/2023, on the 3:00 p.m. to 11:00 p.m. shift.</p> <p>██████████ Observation on 5/7/2023 and 5/8/2023 on the 7:00 a.m. to 3:00 p.m. shift. On 5/7/2023, on the 3:00 p.m. to 11:00 p.m. shift.</p> <p>██████████ after the tray is set up on 5/7/2023 at 8:00 a.m., 12:00 p.m., and 5:00 p.m.</p> <p>██████████ on 5/7/2023 at 8:00 a.m., 12:00 p.m., and 5:00 p.m.</p> <p>██████████ on 5/7/2023 at 8:00 p.m.</p> <p>A review of the resident's EMRs for Resident #6, #11, #12, #18, and #19 showed no further evidence that the tasks mentioned above were completed.</p> <p>During an interview on 5/10/2023 at 12:44 p.m., the Certified Nursing Assistant (CNA) stated, "If the ADLs sheet is blank [not initialed], then it [care] was not done [completed]." When presented with the printed copy of the ADLs sheets, the CNA stated, "The blanks will indicate that the task was not completed." She further stated, "There should be no blanks on the ADLs sheet; it [the task] should be documented at the end of each shift."</p> <p>During an interview on 5/10/2023 at 2:29 p.m.,</p>	F 677			



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F 677	<p>Continued From page 48</p> <p>the Director of Nursing (DON) stated, "The CNAs provide ADLs for the residents, and it is documented on the kiosk (an electronic medical device used to store patients' medical information) at the end of each shift." She further stated, "There should be no blank spaces on the kiosk." When presented with the printed ADLs sheets from the kiosk, the DON stated, "Looking at the ADL sheets with the blank spaces, that means the tasks were not completed."</p> <p>A review of the facility's policy last updated on 10/2021, titled "Activities of Daily Living (ADLs), Supporting," under "Policy Statement" Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming, and personal oral Hygiene. "Policy Interpretation and Implementation" revealed: 2. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the residents in accordance with the plan of care, including appropriate support and assistance with: a. Hygiene (bathing, dressing, grooming, and oral care); b. Mobility (transfer and ambulation, including walking); c. elimination (toileting); d. Dining (meals and snacks).</p> <p>A review of the updated facility's document titled "Certified Nursing Assistant Job Description" reveals under "Purpose of Your Job Position: To provide each of your assigned residents with routine daily nursing care services in accordance with the resident's assessment and care plan and as may be directed by your supervisor in accordance with the requirements of the policies and procedures of this facility in accordance with current federal, state, and local standards</p>	F 677			

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F 677	Continued From page 49 governing the facility. Under "Duties and Responsibilities," revealed: Perform all assigned tasks in accordance with our established policies and procedures and as instructed by your supervisors.	F 677			
F 712 SS=F	NJAC 8:39-35.2 (a)(g)1 Physician Visits-Frequency/Timeliness/Alt NPP CFR(s): 483.30(c)(1)-(4)  §483.30(c) Frequency of physician visits §483.30(c)(1) The residents must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 thereafter.  §483.30(c)(2) A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required.  §483.30(c)(3) Except as provided in paragraphs (c)(4) and (f) of this section, all required physician visits must be made by the physician personally.  §483.30(c)(4) At the option of the physician, required visits in SNFs, after the initial visit, may alternate between personal visits by the physician and visits by a physician assistant, nurse practitioner or clinical nurse specialist in accordance with paragraph (e) of this section. This REQUIREMENT is not met as evidenced by: COMPLAINT#: NJ155753, NJ163142  Based on interviews, medical record review, and review of other pertinent facility documents on	F 712	F712 (F) Physician Visits-Frequency/Timeliness/Alt NPP 1. Residents # 2, #3, #10, #17 & #18 have been discharged by the facility. Residents #7, #11 & #15 have been seen	6/23/23	

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F 712	<p>Continued From page 50</p> <p>5/8/2023 and 5/10/2023, it was determined that the facility failed to ensure that the Physician responsible for supervising the care of residents conducted face-to-face visits and write progress notes at least every 60 days for 8 of 19 residents (Resident #2, #3, #7, #10, #11, #15, #17, &amp; #18). The facility also failed to follow its policy titled "Physician Visits" and the "Medical Practice Agreement." This deficient practice was evidenced by the following:</p> <p>A review of the Electronic Medical Records (EMRs) was as follows:</p> <p>1. According to the Admission Record (AR), Resident #2 was admitted to the facility on [REDACTED] with diagnoses which included but were not limited to [REDACTED]</p> <p>A review of the Physician/NP (Nurse Practitioner)/PA (Physician's Assistant) Progress Notes (PPNs) revealed that from [REDACTED] through [REDACTED], the Nurse Practitioner (NP) documented that she had seen the Resident and completed the visit. However, there was no documentation provided by the facility to the Surveyor at the time of the survey that Resident #2's primary Physician had conducted alternating face-to-face visits with the Resident while working in collaboration with the Nurse Practitioner's visits.</p> <p>2. According to the AR, Resident #3 was admitted</p>	F 712	<p>by their Physician and progress notes have been updated.</p> <p>2. All Residents in the building have the potential to be affected. All Physicians have been notified to review their charts to ensure physician visits and progress notes have been entered in accordance with federal Regulations.</p> <p>3. Administration met with Medical Director ON 6/9/23 to review F712 deficiency in regards of why the Visits and progress notes were not entered in a timely manner. It was determined that a lack of knowledge of facility Policy and procedures regarding Physicians visits which include the appropriate times for Physician visits and the need to update the progress notes. A copy of the facility Policy and procedure has been given to all attending Physicians starting on 6/9/23 for review. Primary Care Physician we also given Policy on Physician Visits.</p> <p>4. The Administrator/Designee will conduct 5 chart audits on Physician Visits Administration X 4 weeks then monthly x 3 months. Results of audit will be reviewed at the Monthly Quality Assurance Meeting and Quarterly over the duration of the audit process to ensure compliance and reassessed for further action. Performance Improvement Committee will review audit outcomes and revise the plan if needed</p>		

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F 712	<p>Continued From page 51</p> <p>to the facility on [REDACTED] with diagnoses which included but were not limited to [REDACTED].</p> <p>A review of the PPNs revealed that from [REDACTED] through [REDACTED] the NP documented that she had seen the Resident and completed the visit. However, there was no documentation provided by the facility to the Surveyor at the time of the survey that Resident #3's primary Physician had conducted alternating face-to-face visits with the Resident while working in collaboration with the Nurse Practitioner's visits.</p> <p>3. According to the AR, Resident #7 was admitted to the facility on [REDACTED] readmitted on [REDACTED] with diagnoses which included but were not limited to [REDACTED].</p> <p>A review of the PPNS revealed that from [REDACTED] through [REDACTED] the Physician did a face-to-face visit with the Resident only on [REDACTED] the other visits were with the NP. However, there was no documentation provided by the facility to the Surveyor at the time of the survey that Resident #7's primary Physician had conducted alternating face-to-face visits with the Resident while working in collaboration with the Nurse Practitioner's visits.</p> <p>4. According to the AR, Resident #10 was admitted to the facility on [REDACTED] and readmitted on [REDACTED] with diagnoses that included but were not limited to [REDACTED].</p>	F 712	5. Date of Completion- 6/23/23		

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F 712	<p>Continued From page 52</p> <p>[REDACTED]</p> <p>A review of the PPNs revealed from [REDACTED] through [REDACTED]; the NP documented that she had seen the Resident and completed the visit. However, there was no documentation provided by the facility to the Surveyor at the time of the survey that Resident #10's primary Physician had conducted alternating face-to-face visits with the Resident while working in collaboration with the Nurse Practitioner's visits.</p> <p>5. According to the AR, Resident #11 was admitted to the facility on [REDACTED] and readmitted on [REDACTED] with diagnoses that included but were not limited to [REDACTED].</p> <p>[REDACTED]</p> <p>A review of the PPNS revealed from [REDACTED] through [REDACTED], the NP documented that she had seen the Resident and completed the visit. However, there was no documentation provided by the facility to the Surveyor at the time of the survey that Resident #11's primary Physician had conducted alternating face-to-face visits with the Resident while working in collaboration with the Nurse Practitioner's visits.</p> <p>6. According to the AR, Resident #12 was admitted to the facility on [REDACTED] and readmitted on [REDACTED] with diagnoses which included but were not limited to [REDACTED].</p> <p>[REDACTED]</p>	F 712			

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F 712	<p>Continued From page 53</p> <p>[REDACTED]</p> <p>A review of the PPNS revealed that from [REDACTED] through [REDACTED], the NP documented that she had seen the Resident and completed the visit. However, there was no documentation provided by the facility to the Surveyor at the time of the survey that Resident #12's primary Physician had conducted alternating face-to-face visits with the Resident while working in collaboration with the Nurse Practitioner's visits.</p> <p>6. According to the AR, Resident #15 was admitted on [REDACTED] and readmitted on [REDACTED] with diagnoses that included but were not limited to Hypertensive [REDACTED].</p> <p>A review of the PPNS revealed that from [REDACTED] through [REDACTED], the NP documented that she had seen the Resident and completed the visit. However, there was no documentation provided by the facility to the Surveyor at the time of the survey that Resident #15's primary Physician had conducted alternating face-to-face visits with the Resident while working in collaboration with the Nurse Practitioner's visits.</p> <p>7. According to the AR, Resident #17 was admitted on [REDACTED] with diagnoses which included but were not limited to [REDACTED],</p>	F 712			

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F 712	<p>Continued From page 54</p> <p>[REDACTED]</p> <p>A review of the PPNS revealed that from [REDACTED] through [REDACTED], the NP documented that she had seen the Resident and completed the visit. However, there was no documentation provided by the facility to the Surveyor at the time of the survey that Resident #17's primary Physician had conducted alternating face-to-face visits with the Resident while working in collaboration with the Nurse Practitioner's visits.</p> <p>8. According to the AR, Resident #18 was admitted to the facility on [REDACTED] with diagnoses which included but were not limited to [REDACTED]</p> <p>A review of the PPNS revealed that from [REDACTED] through [REDACTED], the NP documented that she had seen the Resident and completed the visit. However, there was no documentation provided by the facility to the Surveyor at the time of the survey that Resident #18's primary Physician had conducted alternating face-to-face visits with the Resident while working in collaboration with the Nurse Practitioner's visits.</p> <p>During an interview on 5/10/2023 at 10:08 a.m., when the Surveyor asked the Administrator and the Director of Nursing (DON) should the Physician be doing regular visits, the Administrator stated, "Yes, the doctors [physicians] should be making rounds to assess and [to] document on the residents according to our Policy." The Administrator continued, "I would</p>	F 712			

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F 712	<p>Continued From page 55</p> <p>say the doctor did not follow our policy to come in and assess the resident[s] and document..."</p> <p>At the time of the survey, the Surveyor attempted to contact the Physician, but they were unavailable for an interview.</p> <p>A review of the facility's policy titled "Physician Visits" with an updated date of 1/2022 revealed, "The Attending Physician must make visits in accordance with applicable state and federal regulations." Under "Policy Interpretation and Implementation" included: "1. The Attending Physician will visit residents in a timely fashion, consistent with applicable state and federal requirements, and depending on the individual's medical stability, recent and previous medical history, and the presence of medical conditions or problems cannot be handled readily by phone. 2. The Attending Physician must visit his/her patients at least once every thirty (30) days for the first ninety (90) days following the Resident's admission, and then at least every sixty (60) days thereafter."</p> <p>A review of the facility's Medical Practice Agreement" included the following: "The purpose of this agreement is to achieve a high level of quality healthcare for each facility resident. This agreement defines the relationships among the attending physicians, the medical director, and the facility. Under provisions of care, I will visit my patients in the facility as required by regulation and consistent with good medical practice."</p> <p>N.J.A.C.: 8.39-27.1 (a)</p>	F 712			



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F 801 F 801 SS=F	Continued From page 56 Qualified Dietary Staff CFR(s): 483.60(a)(1)(2)  §483.60(a) Staffing The facility must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e)  This includes: §483.60(a)(1) A qualified dietitian or other clinically qualified nutrition professional either full-time, part-time, or on a consultant basis. A qualified dietitian or other clinically qualified nutrition professional is one who- (i) Holds a bachelor's or higher degree granted by a regionally accredited college or university in the United States (or an equivalent foreign degree) with completion of the academic requirements of a program in nutrition or dietetics accredited by an appropriate national accreditation organization recognized for this purpose. (ii) Has completed at least 900 hours of supervised dietetics practice under the supervision of a registered dietitian or nutrition professional. (iii) Is licensed or certified as a dietitian or nutrition professional by the State in which the services are performed. In a State that does not provide for licensure or certification, the individual will be deemed to have met this requirement if he or she is recognized as a "registered dietitian" by the Commission on Dietetic Registration or its successor organization, or meets the	F 801 F 801			7/1/23

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F 801	<p>Continued From page 57</p> <p>requirements of paragraphs (a)(1)(i) and (ii) of this section.</p> <p>(iv) For dietitians hired or contracted with prior to November 28, 2016, meets these requirements no later than 5 years after November 28, 2016 or as required by state law.</p> <p>§483.60(a)(2) If a qualified dietitian or other clinically qualified nutrition professional is not employed full-time, the facility must designate a person to serve as the director of food and nutrition services.</p> <p>(i) The director of food and nutrition services must at a minimum meet one of the following qualifications-</p> <p>(A) A certified dietary manager; or</p> <p>(B) A certified food service manager; or</p> <p>(C) Has similar national certification for food service management and safety from a national certifying body; or</p> <p>D) Has an associate's or higher degree in food service management or in hospitality, if the course study includes food service or restaurant management, from an accredited institution of higher learning; or</p> <p>(E) Has 2 or more years of experience in the position of director of food and nutrition services in a nursing facility setting and has completed a course of study in food safety and management, by no later than October 1, 2023, that includes topics integral to managing dietary operations including, but not limited to, foodborne illness, sanitation procedures, and food purchasing/receiving; and</p> <p>(ii) In States that have established standards for food service managers or dietary managers, meets State requirements for food service managers or dietary managers, and</p>	F 801			

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NAME OF PROVIDER OR SUPPLIER  <b>COMPLETE CARE AT LAURELTON, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>475 JACK MARTIN BLVD BRICK, NJ 08724</b>		
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F 801	<p>Continued From page 58</p> <p>(iii) Receives frequently scheduled consultations from a qualified dietitian or other clinically qualified nutrition professional. This REQUIREMENT is not met as evidenced by: C#: NJ155753, NJ163142</p> <p>Based on observation, interview, and record review on 05/08/2023, it was determined that the facility failed to ensure that the Dietary Aides had specific competencies to meet the nutritional needs of the residents. This deficient practice was evidenced by the following:</p> <p>During an interview on 4/10/2023 at 4:10 p.m., the Dietary Director (DD) stated, Certified Nursing Assistants (CNAs) and Nurses continued to be in serviced if they get an incorrect tray, it should be sent back to the kitchen, and the kitchen staff would be educated on the proper diet texture, specific diets, as well as diabetic, heart healthy diets as to what they are and what not to provide to those residents. She further stated continuous education is being provided to all Dietary and nursing staff so that we are all on the same page about what the diet looks like. However she was unable to provide any evidence of staff being trained on Carbohydrates Control Diets (CCD) at the time of the survey.</p> <p>During an interview on 5/8/23 at 10:09 a.m., the Surveyor interviewed a Dietary Aide (DA #1) who worked in the kitchen on the prep line about therapeutic and CCD. The DA stated she "calls out" the tickets on the prep line, whether they are chopped, pureed, or ground, and whether any allergies or preferences are noted on the ticket.</p>	F 801	<p>F801 (F) Qualified Dietary Staff</p> <ol style="list-style-type: none"> <li>1. No residents were affected by this practice.</li> <li>2. All residents who receive a meal tray have the potential.</li> <li>3. All dietary staff will be educated on diet types. Dietary Director or Designee with audit that all staff has been educated.</li> <li>4. Audits will be completed weekly X 4 weeks then monthly x 3 months that all new dietary employees have been in service on diet types education. Audits will be completed weekly X 4 weeks then monthly x 3 months. Results of audit will be reviewed at the Monthly Quality Assurance Meeting and Quarterly over the duration of the audit process to ensure compliance and reassessed for further action.</li> <li>5. Date of Completion- 7/1/23</li> </ol>		

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F 801	<p>Continued From page 59</p> <p>When asked by the Surveyor if she was educated or trained on CCD, the DA stated she didn't know what that was or what that meant. The DA stated she had in-servicing done on textured diets and allergies but not on CCD or therapeutic diets.</p> <p>During a second interview on 5/8/23 at 10:15 a.m., the Surveyor interviewed the DD, who described the type of textured diets they had in the facility. The DD stated the speech or nursing staff gave food service the diet slip in PCC, and then she would enter the diet slip in the tray line, and a specialized computer program would print out the dietary slips for the kitchen staff. The DD had the different textured diets posted on her office window but not specialized diets such as CCD, Renal, and No Salt (NAS). If the resident had a CCD diet, the Dietician would inform the DD, and the DD would "know what to do." When the Surveyor asked the DD if the staff received in-services on CCD, she stated that in-service were done on the day of hire and, most recently, in April on allergies, textured, and specialized diets. The DD further stated that all DAs had in-service training for all specialized diets. However, she could not present the training for specialized diets at the time of the survey.</p> <p>During an interview on 5/8/23 at 10:25 a.m., the Surveyor interviewed a new DA (DA #2), who started at the facility one month prior. The DA stated she was responsible for the tray line and the food trucks. She looked at the resident's food ticket, and based on what it said, she would determine what was supposed to be put on their food tray. The Surveyor inquired about the DA's education when she started the facility. The DA stated she had no in-servicing done other than another kitchen employee showing her what to</p>	F 801			

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F 801	Continued From page 60  do. She said that when she worked on the tray line, she would know what was not supposed to be on the food tray by looking at the ticket. If it needed to be corrected, she would call the DD or the Lead Cook to be sure the resident was getting the right food. When asked by the Surveyor if she knew what a CCD diet was, the DA did not know what it was or what food should be on the tray for that type of therapeutic diet.  During an interview on 5/8/23 at 12:21 p.m., the Surveyor interviewed the Dietician. The Dietician stated the DD would be the person to provide training to the DAs on what food was appropriate for the tray. The Dietician stated that the staff would check the texture but not necessarily the specific food. The Dietician stated meals should be modified to the specific diet for the resident.  During an interview on 5/08/2023 at 3:07 p.m., the Surveyor asked the Administrator and the Director of Nursing (DON) if there were training on CCD diets. The Administrator stated, "We just have training on chop diet;" the DON added, "There is no training on CCD, only chopped."  At the time of the survey the facility was unable to provide evidence that staff were trained on CCD.	F 801			
F 808 SS=J	NJAC: 8:39-17.4 (a)(e) Therapeutic Diet Prescribed by Physician CFR(s): 483.60(e)(1)(2)  §483.60(e) Therapeutic Diets §483.60(e)(1) Therapeutic diets must be prescribed by the attending physician.	F 808			

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F 808	<p>Continued From page 61</p> <p>§483.60(e)(2) The attending physician may delegate to a registered or licensed dietitian the task of prescribing a resident's diet, including a therapeutic diet, to the extent allowed by State law.</p> <p>This REQUIREMENT is not met as evidenced by: C#: NJ163142</p> <p>Based on interviews, medical record review, and review of other pertinent facility documentation on [REDACTED] and [REDACTED], it was determined that the facility failed to ensure that a resident was provided a Carbohydrate Controlled Diet (CCD) with Chopped Texture. On [REDACTED], at approximately 8:00 a.m., Resident #2 was given a breakfast tray by the Certified Nursing Assistant (CNA) prepared by the kitchen. The tray included a whole [REDACTED] in a plastic wrapper. The [REDACTED] was not on the dietary slip and was not prepared chopped by the kitchen staff. The CNA assigned to Resident #2 set up the tray, cut the [REDACTED] into quarters and left the Resident's room to help another Resident. At approximately 8:15 a.m., the housekeeping staff /Porter found Resident #2 on the floor [REDACTED] and notified the Registered Nurse (RN). The RN found Resident #2 [REDACTED] and [REDACTED] the Resident onto [REDACTED]. The Licensed Practical Nurse (LPN) also responded to Resident #2's room, observed food in the Resident's mouth, and removed it. Resident #2 had a [REDACTED] was applied, and 911 was called. The Paramedics and Police arrived at approximately 8:27 a.m. and pronounced Resident #2 deceased.</p> <p>The past noncompliance and Immediate</p>	F 808	<p>Past noncompliance: no plan of correction required.</p>		

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F 808	<p>Continued From page 62</p> <p>Jeopardy began on [REDACTED]. The Immediate Jeopardy was removed, and the deficient practice was corrected by [REDACTED] after the facility implemented a systemic plan before this current complaint survey began. The plan included the following:</p> <p>On [REDACTED]: All residents on [REDACTED] Diets were identified, and their trays were immediately checked to ensure they were served the proper diet consistency.</p> <p>On [REDACTED]: Auditing of the Tray Line to ensure that the proper diet consistencies were served to the residents.</p> <p>On [REDACTED]: The Food Service Director (FSD) observed and audited the Lunch Tray Line to ensure proper diet consistencies were served to the residents. [One hundred percent] 100% compliance was noted.</p> <p>On [REDACTED]: The Administrator &amp; Regional Food Service Director observed and audited the Dinner Tray Line to ensure the proper diet consistencies were served to the residents. One hundred percent compliance was noted.</p> <p>On [REDACTED]: The investigation results about what happened to Resident #2 were reviewed and analyzed by the QAPI [Quality Assurance and Performance Improvement] Committee. The members of the QAPI Committee reviewed the facility's Policy and Procedure related to Food and Nutrition Services and the facility's system for preparing and serving foods for residents on modified consistency diets. [REDACTED] residents were identified as on a [REDACTED] Diet, including</p>	F 808			

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F 808	<p>Continued From page 63</p> <p>██████ meat.</p> <p>On ██████: The FSD called the Cook who had prepared breakfast to discuss the incident earlier that day. When asked about his knowledge of preparing a doughnut for a resident on a ██████ consistency diet, the Cook responded that the doughnut needs to be ██████. The FSD re-educated the Cook on preparing a modified ██████ Diet. On ██████, the facility had the Cook sign and dated the in-service.</p> <p>On ██████: The facility Educator initiated in-services for all Staff regarding modified diets. Emphasis was made on ensuring that residents with orders for ██████ Diets received the correct consistency on their meal trays. The CNA on the unit at the time of the incident was in service on ██████, prior to the next scheduled shift. In-services on Modified Diets will continue until all Staff are educated and re-educated. Education on Modified Consistency Diets will be ongoing for new hires and annually for all Staff.</p> <p>On ██████: The facility began to evaluate the Cooks and Dietary Staff on their competency skills in preparing and serving modified consistency diets to ensure no reoccurrence of the same event.</p> <p>On ██████: A PIP (Performance Improvement Plan) was developed on Modified Consistency Diets and incorporated into the Facility Assessment and QAPI Program to promote the safety of residents on modified consistency diets. The Administrator or Designee conducted 3 [three] tray line observations weekly to ensure that residents on ██████ Diets were consistently served the proper food.</p>	F 808			



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F 808	<p>Continued From page 64</p> <p>The facility also failed to follow its policies titled "Physician's Orders," "Food and Nutrition Services," "Complete Care Texture-Modified Diet Guidelines [REDACTED] Diet," and the "Cook Job Description," this deficient practice was identified for 1 of 19 residents (Resident #2) and was evidenced by the following:</p> <p>According to the Facility's Reportable Event (FRE), a New Jersey Department of Health (NJDOH) document used by healthcare facilities to report incidents dated [REDACTED] with an event date of [REDACTED] and a "time of event" of 8:15 a.m., revealed the following: On 3/30/2023, at approximately 8:15 a.m., Resident #2 was found on the floor by the Housekeeper face down in the doorway. The Resident had a [REDACTED], [REDACTED] was applied, and 911 was called. The Nurse noticed a food substance in the Resident's [REDACTED] and immediately removed all substances that were felt and seen. The Paramedics and Police arrived, and the Resident was pronounced deceased on the scene, and the body was released to the Medical Examiner. Further review of the FRE indicated the Resident's Diet was accurately followed.</p> <p>Review of Resident #2's Electronic Medical Record (EMR) was as follows:</p> <p>According to the Admission Record (AR), Resident #2 was admitted to the facility on [REDACTED] with diagnoses which included but were not limited to [REDACTED]</p>	F 808			

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F 808	<p>Continued From page 65</p> <p>[REDACTED]</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated [REDACTED], Resident #2 had a Brief Interview of Mental Status (BIMS) score of [REDACTED], which indicated the Resident was [REDACTED]. The MDS also showed Resident #2 needed supervision for transfers and was independent in eating with one person's physical assistance.</p> <p>A review of Resident #2's Care Plan (CP) initiated on [REDACTED] and revised on 3/28/2023 revealed under "Focus": [REDACTED]: Resident is overweight." The CP further revealed under "Goal": "Resident meal intake will be &gt;50% (percent). [The] Resident will follow Diet as ordered. The Resident will [REDACTED]. [The] Resident will [REDACTED] # wk. [pounds per week] ...." The CP also included under "Interventions": "Monitor intake PRN. Monitor Weights and Labs as avail [available]. Notify MD [physician] of any significant weight changes PRN (as needed). Provide Diet as ordered. Provide with food/beverage preferences as available."</p> <p>A review of Resident #2's "Medication Review Report" with a date range of [REDACTED] revealed a Physician's Order: "Dietary-Diet Order Summary: [REDACTED] diet [REDACTED] texture, [REDACTED] Liquids consistency, [REDACTED] meats" with an order date of [REDACTED] and a start date of [REDACTED]"</p> <p>A review of Resident #2's Progress Notes (PNs) revealed the following:</p> <p>On [REDACTED] at 10:07 a.m., a Health Status Note</p>	F 808			

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F 808	<p>Continued From page 66</p> <p>written by the Registered Nurse (RN #2) revealed: "Nurse [initials] on the unit stated that she was called to assess the Resident, and upon her arrival, [REDACTED] was found on the floor. Resident [#2] was [REDACTED] beside [his/her] [REDACTED]. " The Resident was [REDACTED]; however, he/she had a [REDACTED] was applied, and 911 was called...." The Residents chart was checked, and the Resident was noted to be DNR (Do Not Resuscitate) and DNI (Do Not Intubate). The Nurse stayed with the Resident until the paramedics/ police arrived. The medical examiner pronounced the Resident.</p> <p>On 3/30/2023 at 10:07 a.m., a Health Status Note written by RN #2 revealed: "IDT [Interdisciplinary Team] Note: Team met today to discuss the [REDACTED] that occurred on [REDACTED]. The Resident was found on the [REDACTED]. The Nurse [REDACTED] the Resident over onto [REDACTED] back. She felt a [REDACTED], and at that time, applied [REDACTED] and called 911. A nurse noted [REDACTED], did a [REDACTED], and removed all substance that was felt and seen. During that time resident was noted without a [REDACTED]. Paramedics arrived and pronounced on the scene."</p> <p>A review of Resident #2's Speech Therapy SLP (Speech-Language Pathologist) Evaluation &amp; Plan of Treatment revealed an Initial Assessment, Factors Supporting Medical Necessity, signed by the ST on [REDACTED] and by the Medical Doctor (MD) on [REDACTED]. "Reason for Referral: Pt [patient] referred to ST [Speech Therapy] by the Director of Nursing (DON) due to [Resident #2] experiencing an episode of significant [REDACTED], resulting in [REDACTED]. Diet</p>	F 808			

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F 808	<p>Continued From page 67</p> <p>is regular with [REDACTED] liquids. Per the staff report, the Pt [patient/Resident] is displaying [REDACTED] and no self-monitoring skills. Per RD [Registered Dietician], Pt's [REDACTED] reported that [the Resident] would take [REDACTED] at home and would [REDACTED]. This [placed] the [Resident] at increased risk for [REDACTED] [Resident] also reported present[ing] with [REDACTED], [REDACTED]. Skilled ST evaluation [is] indicated."</p> <p>A review of Resident #2's Speech Therapy SLP Evaluation &amp; Plan of Treatment revealed an Assessment Summary dated [REDACTED] as follows: "[...] Pt [Resident #2] was unable to [REDACTED] of each [REDACTED] on [his/her] own. [Resident] had [REDACTED] that [REDACTED] st and taking [REDACTED] could increase [his/her] risk of [REDACTED]. For these reasons, it was recommended to continue the current Diet of [REDACTED] solids with [REDACTED] meats. [Resident] has been consuming this diet texture w/o [without] [REDACTED]. [Resident] and Nursing were made aware. No further ST [Speech Therapy] is recommended."</p> <p>At the time of the survey, the facility could not provide documentation of Resident #2's meal ticket to include the Resident's meals for [REDACTED] with the food texture.</p> <p>During a telephone interview on 4/6/2023 at 11:47 a.m., the CNA stated that she worked with Resident #2 often and was aware the Resident was on a [REDACTED] diet. According to the CNA, on [REDACTED] at approximately 8:00 a.m., she passed the breakfast food tray to Resident #2</p>	F 808			

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F 808	<p>Continued From page 68</p> <p>and noticed that the [REDACTED] was on the tray in a plastic wrapper and was not [REDACTED]. The CNA set up the tray, cut the [REDACTED] in quarters, and then went to another room. At approximately 8:15 a.m., she heard a lot of [REDACTED] and went towards Resident #2's room and saw the Resident in the doorway [REDACTED], and the RN was with the Resident. The CNA explained to the Surveyor that the RN checked Resident #2's [REDACTED] and said it [REDACTED]. The CNA helped the RN turn Resident #2 [REDACTED], and then LPN arrived, noticed [REDACTED] the Resident's [REDACTED] and did a [REDACTED] with a [REDACTED]. The LPN left to check the code status and to call 911. 911 arrived, took over the scene, and pronounced Resident #2 deceased. The CNA stated that Resident #2 was an independent [REDACTED] who eats breakfast alone and lunch and dinner occasionally in the dining room.</p> <p>During an interview on 4/6/2023 at 12:08 p.m., the Dietitian stated that she is responsible for writing the CP for Resident #2 for nutrition, and the Resident had a CP that mentioned "resident will follow [the] diet as ordered" and in interventions "provide diet as ordered." During a second interview on 4/10/2023 at 11:23 a.m., she stated that Speech Therapy [REDACTED] Resident #2's Diet. The Diet was switched from a regular to a [REDACTED] texture and [REDACTED] meat starting [REDACTED].</p> <p>During an interview on 4/6/2023 at 12:39 p.m., the Housekeeper/ Porter stated that he was about to sweep and mop when he spotted Resident #2 in the [REDACTED] between Resident #2's room and the [REDACTED] and only the [REDACTED] as the [REDACTED] the room. He stated that he did not touch the Resident and told the Nurse</p>	F 808			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315274</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>05/10/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>COMPLETE CARE AT LAURELTON, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>475 JACK MARTIN BLVD</b> <b>BRICK, NJ 08724</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 808	<p>Continued From page 69</p> <p>at the Nurse's station that a Resident was down on the floor.</p> <p>During an interview on 4/6/2023 at 12:57 p.m., the RN stated that she was giving meds [medication] at the other end of the hallway when the Porter told her a Resident was on the floor, and she ran to Resident #2's room. The CNA helped her to turn over Resident #2, and the Resident's [REDACTED]. The RN stated she could not see [REDACTED] because of the angle. LPN arrived, did a [REDACTED], retook the [REDACTED], and could not get one. The LPN went to check the code status and call 911. At the same time, she stayed with the Resident until the Emergency Medical Services (EMS) arrived.</p> <p>During an interview on 4/6/2023 at 1:30 p.m., the Food Service Director (FSD) stated that for a modified texture, the facility follows the corporate guideline for [REDACTED] diets, and these guidelines are laminated and hung on the wall so the Cook and everyone in the kitchen can see them. The FSD stated that these are the only guidelines they follow and that the Cook is responsible for [REDACTED] the donuts, and if a resident on a [REDACTED] diet receives a whole [REDACTED], that means the Cook did not [REDACTED] it as he should.</p> <p>During an interview on 4/6/2023 at 2:40 p.m., the Administrator said the facility Corporate Managers met collaboratively and created a dietary guideline following numerous textbook manuals, including the American Dietary Association. The Administrator stated that the ticket on the tray shows that the food should be [REDACTED], and it should be [REDACTED] in the kitchen.</p>	F 808			

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NAME OF PROVIDER OR SUPPLIER  <b>COMPLETE CARE AT LAURELTON, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>475 JACK MARTIN BLVD</b> <b>BRICK, NJ 08724</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 808	<p>Continued From page 70</p> <p>During a second interview later the same day at 4:35 p.m., the Administrator stated that an investigation was conducted regarding the incident on [REDACTED]. The breakdown was in the kitchen when the [REDACTED] got through the tray line, and the food should have been cut in the kitchen. He further stated, "The Cook should have cut the [REDACTED] because the Cook is trained in how to cut it, not the CNA."</p> <p>During an interview on 4/10/2023 at 10:55 a.m., the Cook stated that a resident on a [REDACTED] Diet should receive a [REDACTED] cut into [REDACTED] pieces or cut in [REDACTED] because the [REDACTED] are [REDACTED] and are very small. The Cook stated that he does not recall if the [REDACTED] was cut that day, and it "may have slipped past us." He agreed that he was responsible for [REDACTED] up the food. During a second interview the same day at 2:00 p.m., the Cook stated that he was in-serviced "right away," on a Zoom call and in person.</p> <p>During an interview on 4/10/2023 at 11:54 a.m., the Speech Therapist stated Resident #2 was on a [REDACTED] diet, and the Resident's meats were [REDACTED]. She further stated Resident #2 did not require supervision during meals because the diet texture modification eliminated the problem of [REDACTED] taking large amounts of food, the Resident's food should be [REDACTED] and he/she was fine eating by [REDACTED].</p> <p>During a telephone interview on 4/10/2023 at 2:48 p.m., the LPN stated the CNA called her to where Resident #2 was on the [REDACTED]. She arrived and saw something in the Resident's [REDACTED] and could not specify the size of the food that was removed because it was "mushy" and "like a muffin, very soft</p>	F 808			

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NAME OF PROVIDER OR SUPPLIER  <b>COMPLETE CARE AT LAURELTON, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>475 JACK MARTIN BLVD</b> <b>BRICK, NJ 08724</b>		
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F 808	<p>Continued From page 71</p> <p>consistency, but I could not exactly identify it." She further stated that she received in-service on diet consistency and texture. When asked by the Surveyor what Staff should do when a regular meal is sent to a Resident on a therapeutic chopped diet, the LPN stated that Staff should return the meal to the kitchen if it's incorrect.</p> <p>During a second telephone interview on 4/13/2023 at 11:48 a.m., the CNA stated that she was in-serviced by the LPN on the floor that same day. The CNA stated that trays should be checked by looking at the food to see if the texture of the food on the tray matches the ticket on the tray. She further stated that if it did not match, she would tell the Nurse, call the kitchen, and send the tray back to get the correct tray. When asked by the Surveyor what she should have done when she received the whole [REDACTED] on Resident #2's tray, the CNA stated she should have returned the tray instead of cutting the [REDACTED] herself.</p> <p>A review of the facility's policy titled "Physician Orders," updated 3/2022, included under "Policy: Medication and treatment orders will be accepted only from authorized, credentialed physicians or from other authorized, credentialed practitioners in accordance with state regulations regarding prescriptive privileges."</p> <p>A review of the facility's policy dated 2001, titled "Food and Nutrition Services," included under "Policy Statement: Each resident is provided with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident." The document further reveals under "Policy Interpretation and</p>	F 808			



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F 808	<p>Continued From page 72</p> <p>Implementation: 1. The multidisciplinary Staff, including nursing staff, the attending physician, and the Dietitian, will assess each Resident's nutritional needs, food likes, dislikes, and eating habits, as well as physical, functional, and psychosocial factors that affect eating and nutritional intake utilization. 2. A resident-centered Diet and nutrition plan will be based on this assessment. [ ...] 6. Food and nutrition services staff will inspect food trays to ensure that the correct meal is provided to each Resident [ ...]."</p> <p>A review of the updated facility's document titled "Complete Care Texture-Modified Diet Guidelines Chopped Diet" reveals under "Food Group: Grains; Allowed: Chopped biscuits, muffins, pancakes, [ ...] soft breads with crust removed, cut into quarters."</p> <p>A review of the updated facility's document titled "Cook Job Description" reveals under "Purpose of Your Job Position: To prepare food in accordance with current applicable federal, state, and local standards, guidelines and regulation, with our established policies and procedures and as may be directed by the Food Services Director or Designee, to assure quality food service is provided at all times. To direct, evaluate, and monitor the Staff assigned to your department, including issuing disciplinary actions as necessary and performing probationary and annual evaluations of employee performance. Delegation of Authority: As Cook, you are delegated the authority, responsibility, and accountability necessary for carrying out your assigned duties. Job Functions: [ ...] Inspect special diet trays to assure that the correct Diet is served to residents."</p>	F 808			

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F 808	Continued From page 73  NJAC: 8:39-17.4(a)(1,2)  NJAC: 8:39-27.1(a)	F 808			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>061532</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/10/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>COMPLETE CARE AT LAURELTON, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>475 JACK MARTIN BLVD</b> <b>BRICK, NJ 08724</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments  COMPLAINT#: NJ163142  CENSUS: 93  SAMPLE SIZE: 19  The facility was not in compliance with the standards in the New Jersey Administrative code, 8:39, standards for licensure of Long Term Care Facilities. The facility must submit a Plan of Correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the provisions of the New Jersey Administrative Code, Title 8, chapter 43E, enforcement of licensure regulations.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care  (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.  This REQUIREMENT is not met as evidenced by: COMPLAINT#: NJ163142  Based on interviews and review of facility documents on 5/8/2023 and 5/10/2023, it was determined that the facility failed to ensure staffing ratios were met for 9 of 28 day shifts reviewed. This deficient practice had the potential to affect all residents.	S 560	S 560- 8:39- 5.1(a) Mandatory Access to Care 1. The facility leadership team has met on an ongoing basis and continues to identify staffing challenges and areas of improvement for licensed and certified needs. Recruitment efforts include online advertisements, local community advertisements, sign on bonus, refer a friend bonus for current employees, onsite	6/23/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

06/09/23

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>061532</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/10/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>COMPLETE CARE AT LAURELTON, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>475 JACK MARTIN BLVD</b> <b>BRICK, NJ 08724</b>		
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S 560	<p>Continued From page 1</p> <p>Findings include:</p> <p>Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.</p> <p>The facility was deficient in CNA staffing for residents on 9 of 28 day shifts as follows:</p> <p>On 03/19/23 had 9 CNAs for 98 residents on the day shift, required 12 CNAs. On 03/22/23 had 11 CNAs for 96 residents on the day shift, required 12 CNAs. On 03/25/23 had 11 CNAs for 94 residents on the day shift, required 12 CNAs. On 03/26/23 had 11 CNAs for 94 residents on the day shift, required 12 CNAs. On 03/31/23 had 9 CNAs for 92 residents on the day shift, required 11 CNAs. On 04/04/23 had 11 CNAs for 93 residents on the day shift, required 12 CNAs.</p>	S 560	<p>and on the spot interview availability, and continued use of agency staff to supplement. The center also utilizes the assistance of nurse management, physical therapist and occupational therapists to assist with direct care as directed by the Director of Nursing.</p> <p>2. All residents have the potential to be affected.</p> <p>3. The facility has implemented a significantly above market rate for nurses and certified nursing aides including a sign-on bonus when appropriate. The facility continues to utilize online recruitment and job fairs with immediate interviews and contingency offers. The facility implemented an expedited but robust onboarding process. The facility will use agency staff as needed to meet staffing needs.</p> <p>4. The Director of Nursing or Designee will meet with the staffing coordinator daily to review call outs if any, facility census vs. staffing needs. The Director of Nursing or Designee will monitor call outs and staffing ratios weekly until the requirement is met. The results of the audit will be forwarded to the Administrator who will report The results will be sent to the QAPI committee monthly for further review and recommendations.</p> <p>5. Date of Completion- 7/1/23</p>	

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>061532</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/10/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>COMPLETE CARE AT LAURELTON, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>475 JACK MARTIN BLVD</b> <b>BRICK, NJ 08724</b>		
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S 560	Continued From page 2  On 04/06/23 had 11 CNAs for 93 residents on the day shift, required 12 CNAs. On 04/08/23 had 8 CNAs for 91 residents on the day shift, required 11 CNAs. On 04/14/23 had 10 CNAs for 89 residents on the day shift, required 11 CNAs.	S 560			

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061532	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/17/2023
NAME OF FACILITY COMPLETE CARE AT LAURELTON, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 475 JACK MARTIN BLVD BRICK, NJ 08724	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	06/23/2023	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 5/10/2023		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315274	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/17/2023
NAME OF FACILITY COMPLETE CARE AT LAURELTON, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 475 JACK MARTIN BLVD BRICK, NJ 08724	

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0580	Correction	ID Prefix F0656	Correction	ID Prefix F0657	Correction
Reg. # 483.10(g)(14)(i)-(iv)(15)	Completed	Reg. # 483.21(b)(1)(3)	Completed	Reg. # 483.21(b)(2)(i)-(iii)	Completed
LSC	06/23/2023	LSC	06/23/2023	LSC	06/23/2023
ID Prefix F0658	Correction	ID Prefix F0677	Correction	ID Prefix F0712	Correction
Reg. # 483.21(b)(3)(i)	Completed	Reg. # 483.24(a)(2)	Completed	Reg. # 483.30(c)(1)-(4)	Completed
LSC	06/23/2023	LSC	06/23/2023	LSC	06/23/2023
ID Prefix F0801	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.60(a)(1)(2)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	07/01/2023	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 5/10/2023		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			