STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315273	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT WOODLANDS	**1400 WOODLAND AVE , PLAINFIELD, New Jersey, 07060**

(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
F0000	INITIAL COMMENTS Complaint #: 2648672 Census: 105 Sample Size: 3 The NJDOH conducted a Complaint survey on 10/24/2025. The survey was officially completed on 10/24/2025. 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.	F0000		
F0686 SS = D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is NOT MET as evidenced by: Complaint # 2648672 Based on observation, interview, and record review, it was determined that the facility failed to: a.) change an NJ Ex Order 26.4(b)(1) in accordance with a physician order, b.) failed to document appropriately	F0686	Deficiency: F0686 Treatment/Svcs to Prevent/Heal Pressure Ulcer HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE PRACTICE: LPN #2 and JS FC were immediately educated on following physician's orders for NJ Ex Order treatments and documenting any refusals due to resident's response or change in NJ Ex Order care treatment. They were educated to notify the physician of any refusals of care due to resident's response. HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE: All residents have the potential to be affected by this deficient practice. WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: DON educated all nurses on following physician's orders for wound treatments and documenting any refusals due to resident's response or change in wound care treatment. They were educated to notify the physician of any refusals of care due to resident's response. Education provided 11-24-2025 completed 11-25-2025	12/08/2025

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 reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315273	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/21/2025

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F0686 SS = D	Continued from page 1 in accordance with professional standards of practice, c) failed to notify the physician that resident NJ Exec Order NJ Ex Order 26.4(b)(1). This deficient practice was identified for 1 of 3 residents reviewed with NJ Ex Order 26.4(b)(1) (Resident #2), and was evidenced by the following: A review of Resident #2's electronic medical record. The Admission Record reflected that Resident #2 had diagnoses which included but were not limited to; NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1) . A review of the comprehensive Quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated NJ Ex Order 26, reflected that the resident had a Brief Mental Status score of [redacted]/15 which indicate that the resident had NJ Ex Order 26.4(b)(1) A review of Resident #2's Care Plan revealed an NJ Ex Order initiated focus of, "The resident has NJ Ex Order 26.4(b)(1) ." This focus was updated to indicate, "NJ Ex Order 26.4(b)(1) ". Interventions included, but were not limited to, "NJ Ex Order 26.4(b)(1) apply NJ Ex Order 26.4(b)(1) bid [twice daily] prn [as needed]". A review of Resident #2's Treatment Administration Record (TAR) dated NJ Ex Order 26 NJ Ex Order 26.4 revealed an order dated NJ Ex Order 26. for: "NJ Ex Order 26.4(b)(1) apply NJ Ex Order 26.4(b)(1) bid two times a day and prn ". Documentation revealed this order was initialed as being completed on the NJ Ex Order 26.4 evening shift, the NJ Ex Order 26.4 morning shift, and the NJ Ex Order 26.4 evening shift. On 10/24/25 at 9:22 AM, during NJ Ex Order 2 observation tour with the U.S. FOIA (b) (6)), the surveyor observed Resident #2's NJ Ex Order 26.4(b)(1) on Resident #2's NJ Ex Order 26.4 was dated "NJ Ex Order 26.4(b)(1) [initials redacted]" On 10/24/25 at 10:00 AM, the surveyor observed the Licensed Practical Nurse (LPN #1) prepare the table for a NJ Ex Order 2 treatment. The LPN completed Resident #2's NJ Ex Order 26.4(b)(1) , then she dated, and signed her initials. In an interview on 10/24/25 at 11:11 AM, the U.S. FO confirmed that Resident #2's NJ Ex Order 26.4(b)(1) should be NJ Ex Order 26.4 in the morning and evening	F0686	Continued from page 1 HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR, I.E., WHAT QUALITY ASSURANCE PROGRAM WILL BE PUT INTO PLACE: DON/designee will conduct 4 wound treatment observations weekly x 4, then conduct 4 wound treatment observations monthly x2. Results of these findings will be presented to the Administrator at the QAPI meeting, which is held quarterly. Completion Date 11-25-2025	

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F0686 SS = D	Continued from page 2 of each day, and as needed. A review of the electronic Progress Notes (PN) from NJ Ex Order 26.4 evening shift through NJ Ex Order 26.4(b) evening shift revealed no documentation of Resident #2's NJ Exec Orde of NJ Ex Order 26.4(b)(1) or notification to the physician of the resident's refusal of the NJ Ex Order 26.4(b)(1) In an interview on 10/24/25 at 12:40 PM LPN #2 stated that on NJ Ex Order 26.4 in the morning Resident #2 NJ Exec Order the NJ Ex Order 26.4(b)(1). LPN #2 stated that she did not NJ Ex Order a PN of the resident's NJ Exec Order LPN #2 further stated she should have done a PN so that the other nurses would know that the treatment was not done as the doctor had ordered. "I made a mistake, I put a check mark, and the treatment was not done….I should have marked NJ Exec Order so the next shift would be aware that the treatment was not done so they could follow up and inform the doctor. I should have informed the supervisor and made the doctor aware." In an interview on 10/24/25 at 12:40 PM, the U.S. FOIA (b) (6) stated that the expectation when the resident NJ Exec Order the treatment was to first retry by making another attempt to do the treatment, then if not successful, document and make the doctor aware that the treatment was not done, to make sure the resident was getting optimal care. During a telephone interview with the surveyor on 10/24/25 at 1:39 PM, the U.S. FOIA (b) (6)) reported that on the NJ Ex Order 26.4(b) and NJ Ex Order 26.4 evening shifts, Resident #2 NJ Exec Order both NJ Ex Order 26.4(b)(1). The U.S. F stated that she coded the NJ Ex Order 26.4(b)(1) for both shifts wrong, and that the process when the resident NJ Exec Order treatment, was to document in the PNs. The U.S. F stated that because it was coded wrong, she did not get the option to document the Resident #2's refusal note. The U.S. F further stated that she did not make anyone, including the doctor, aware that the treatment was not done. The U.S. F stated that for continuity of care and the incoming nurse aware that Resident #2's NJ Ex Order treatment was not done. In an interview on 10/24/25 at 3:15 PM, the U.S. FOIA (b) (stated that she was aware that Resident #2 NJ Exec Order treatments at times but was not made aware of their NJ Exec Order 2 on the NJ Ex Order 26.4 evening shift, the NJ Ex Order 26.4 morning shift, or the NJ Ex Order 26.4 evening shift. The U.S. F stated that the expectation was for the nurses to inform them [medical staff] and they would then reach out to the NJ Ex Order care specialist. The U.S. F stated that the nurses could have also called the NJ Ex Order care specialist and they reach out to them [medical staff].	F0686		

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F0686 SS = D	Continued from page 3 The U.S. F stated it was important for the nurses to notify the doctor in case of any change in NJ Ex Order 2 status. The U.S. F stated that there was NJ Exec Order 26.4b1 because the area was NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) but indicated that not NJ Ex Order 26.4(b)(1) could cause NJ Exec Order 26.4(to the NJ Ex Order 2 . A review of the facility policy “Documentation of Wound Treatments” with an implementation date of 6/1/2025, revealed under Policy: “The facility completes accurate documentation of wound assessments and treatments, including response to treatment, change in condition, and changes in treatment.” Under Policy Explanation and Compliance Guidelines: “3. Wound treatments are documented at the time of each treatment…4. Additional documentation shall include, but is not limited to a. Date and time of wound management treatments….e. Notifications to physician and/or responsible party regarding wound or treatment changes”. A review of the facility policy “Charting and Documentation” with a reviewed date on 1/2023, revealed under the policy statement “…..The medical record should facilitate communication between the interdisciplinary team regarding the resident’s condition and response to care.” Under Policy Interpretation and Implementation, “….7. Documentation of procedures and treatments will include care-specific details, including: e. Whether the resident refused the procedure/treatment; f. Notification of family, physician or other staff….” NJAC 8:39-27.1 (e)	F0686		

New Jersey State Department of Health

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S0560	Mandatory Access to Care CFR(s): 8:39-5.1(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Complaint #: 2648672 Based on interviews and review of facility documents on 10/24/2025, it was determined that the facility failed to ensure staffing ratios were met for 1 of 14-day shifts reviewed. This deficient practice had the potential to affect all residents. Findings include: 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: 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. For the 2 weeks of Complaint staffing from 07/20/2024 to 08/02/2025, the facility was deficient in CNA staffing for residents on 1 of 14-day shifts as	S0560	Mandatory Access to Care S 560 Staffing How the corrective action/actions will be accomplished for those residents found to be by the practice Inadequate number of Certified Nursing Assistants How the facility will identify other residents having the potential to be affected by the deficient practice All the residents may be affected by the short staff as required by NJ DOH. What measures will be put in place or what systematic changes will be made to ensure that the deficient practice will not recur? The Administrator will in-service the Staffing Coordinator in reference to the state guideline S560. Inservice provided 11-25-2025 The Director of Human Resources will continue to post the vacancies on all 3 shifts. The Director of Human Resources will schedule the Open House. The Administrator will boost the rate when there is an emergency staffing coverage. The staffing agency will block a schedule for the open position to cover the vacancies. How the facility will monitor its corrective actions to ensure that the deficient practice will not recur. What Quality Assurance will be put in place The Staffing Coordinator will audit the staffing weekly for 4 weeks then monthly for 2 months.	12/08/2025

Office of Primary Care and Health Systems Management

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

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S0560	Continued from page 1 follows: On 07/27/25 had 11 CNAs for 104 residents on the day shift, required at least 13 CNAs.	S0560	Continued from page 1 The Staffing Coordinator will submit the audit report to the Quality Assurance Improvement Committee which meets quarterly. Completion Date 11-25-2025	