STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 000	INITIAL COMMENTS A Recertification and Complaint Survey was conducted by Healthcare Management Solutions, LLC on behalf of New Jersey Department of Health (NJDOH). The facility was found not to be in substantial compliance with 42 CFR 483 subpart B. Survey Dates: 05/23/23 - 05/26/23 Survey Census: 106 Sample Size: 28 Supplemental Residents: 0 Four deficiencies were related to Intake NJ163800, NJ162714, and NJ164175 at F600, F604, F609, and F610. No deficiencies were issued related to Intakes: NJ156025 NJ156290 NJ162484 NJ159840 NJ163138	F 000		
F 578 SS=D	Request/Refuse/Dscntnue Trmnt;FormIte Adv Dir CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v) §483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. §483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate.	F 578		7/21/23

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

Electronically Signed | 06/15/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 578	Continued From page 1 §483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii) This includes a written description of the facility's policies to implement advance directives and applicable State law. (iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met. (iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State law. (v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of facility policy, the facility failed to ensure 1.Code Status and Advance Directives were in place for one (Resident (R) 54) and 2. the physician completed documentation on the "POLST" for one resident (Resident (R) 7) of eight residents reviewed for Advance Directives and Code Status out of a total sample of 28 residents. This failure	F 578	1. The Center gave Advance Directive information to R54's representative for review and approval. The medical record was updated to include the appropriate code status. In addition, the care plan was updated to reflect current code status The SW followed-up with the resident's R7 representative and physician to	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 578	Continued From page 2 increased the risk the residents' wishes would not be followed. Findings include: 1. Review of R54's electronic medical record (EMR) "Admission Record," located under the "Profile" tab, indicated the resident was initially admitted to the facility on Ex Order 26.4B1 and recently readmitted on Ex Order 26.4B1 Review of R54's EMR quarterly "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of Ex Order 26.4B1 indicated a "Brief Interview for Mental Status (BIMS) score of Ex Order out of 15 which revealed R54 was Ex Order 26.4B1. R54 NJ Exec Order 26.4 by this surveyor. Review of R54's EMR "Care Plan," located under the "Care Plan" tab, failed to address the resident's code status. Review of R54's paper chart failed to indicate the facility provided the resident with information on Advance Directives, nor did the clinical record contain Code Status documentation. During an interview on 05/25/23 at 8:42 AM, the US FOIA (b) (6) stated the Advance Directives would be placed by Social Services in the resident's clinical record. A request was made for the Advance Directive information provided to R54's and/or the resident's representative. During an interview on 05/25/23 at 8:54 AM, US FOIA (b)(6) stated she meets with the resident and explains the Advance Directive form and the POLST (Physician Orders for Life Sustaining Treatment) which was on the	F 578	complete a new POLST. The POLST form includes the physicians name, phone number, address, and the date and time the form was completed. 2. All residents have the potential to be affected by the deficient practice. 3. Mandatory in-service on Advance Directives and the completion of a POLST was initiated for all SW and licensed staff nurses. An Audit was conducted by the SSD to identify residents without Advance Directive on file and Documentation that information about Advance Directive was provided to the resident or resident representative. All residents with POLST on file were reviewed and updated to ensure completion as required. Information about advance directives was provided to all residents/resident representative identified during the audit. 4. An audit of 10 residents will be conducted weekly x4 weeks then monthly x 2 months by Social services/ designee to ensure materials regarding how to formulate an advanced directive are provided and discussed with the resident and/ or resident representative. The audit will also include a review of POLST forms for completion as required. These efforts will be documented in the electronic medical record. Any concerns will be immediately addressed. The result of the audits will be presented @ QAPI Committee conducted monthly by the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 578	Continued From page 3 same form. US FOIA (b)(6) stated the resident's POLST was then discussed/updated during their care conference. During an interview on 05/25/23 at 12:40 PM, the US FOIA (b) confirmed R54 did not have a POLST or NJ Ex O chart, either electronically or in NJ Ex O paper chart. During an interview on 05/26/23 at 12:25 PM, Licensed Practical Nurse (LPN) 1 and LPN 4 confirmed if a resident did not have a code status posted in the EMR or in the hard paper chart, the resident would be considered a full code status. Review of a policy provided by the facility titled "Advanced Directives" dated 12/22 indicated ". . . Upon admission, the resident will be provided with written information concerning the right to refuse or accept medical or surgical treatment and to formulate an advance directive if he or she chooses to do so. . . The plan of care for each resident will be consistent with his or her documented treatment preferences and/or advance directive. . ." 2. Review of R7's profile, located in the "Profile" tab of the EMR revealed R7 was admitted to the facility on Ex Order 26.4B1 with diagnoses that included Ex Order 26.4B1 Ex Order 26.4B1 Review of R7's "POLST," located under the "Miscellaneous" tab of the EMR, revealed under the "signatures" section revealed a physician's stamp denoting the physician's printed name, signature, license number, and DEA (Drug Enforcement Administration), but failed to reveal the physician's phone number, date, and time.	F 578	Administrator for review and recommendation.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 578	Continued From page 4 During an interview with the [US FOIA (b)(6)] on 05/23/23 at 3:59 PM, [US FOIA (b)(6)] acknowledged there was no date and time with the physician's stamp and the document lacked a date indicating when it was signed by the physician. Review of the facility's policy titled "Advance Directives:(Revised December 2016), Updated 01/2019, reviewed 12/2022, failed to reveal the facility's policy on completing the POLST. Review of a policy provided by the facility titled "Advanced Directives" dated 12/22 indicated ". . . Upon admission, the resident will be provided with written information concerning the right to refuse or accept medical or surgical treatment and to formulate an advance directive if he or she chooses to do so. . . The plan of care for each resident will be consistent with his or her documented treatment preferences and/or advance directive. . ."	F 578		
F 600 SS=D	NJAC 8:39-9.6(a)(e) Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must-	F 600		7/21/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	56 HAMILTON AVENUE PASSAIC, NJ 07055

(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 600	Continued From page 5 §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on interviews, record review, review of facility reported incidents (FRI), and review of the facility policy, the facility failed to protect the rights of two of eight residents reviewed for [redacted] (Resident (R) 28 and R63) to be free from [redacted] by R38 out of a total sample of 28 residents. Findings include: 1. Review of R38's "Face Sheet" in the electronic medical record (EMR) revealed that R38 was admitted to the facility on [redacted] with a diagnosis of [redacted] Review of the EMR medical record revealed that R38 had a history of [redacted]. Interview on 05/26/23 at 9:40 AM with R38, he denied having any concerns with other residents. 2. Review of R28's "Face Sheet" in the EMR revealed that R28 was admitted to the facility on [redacted] with a diagnosis of [redacted] Review of the "Progress Note," dated [redacted] and located in the EMR, revealed "At 12:50 PM, writer was called by [redacted] into R28's bedroom. Upon arrival	F 600	1. staff was educated on [redacted] interventions for resident R38. R38 was [redacted] in the hallway.R38's plan of care was updated to include these interventions. 2. All residents in the Behavior unit have the potential to be affected by the deficient practice. 3.In-service and reeducation on Behavior management and Abuse prevention cunducted with all staff. Security staff at assigned post in hallway on all shifts near to resident room in hallway to monitor activities of the residents, in-service conducted to address and respond prior to situation escalating. The activity Director will meet with the DON/Designee daily and discuss updates in plan of care of the resident and review resident specific alternative actions and interventions. 4. The DON/Designee will conduct an audit of 3 residents care plans 3 times per week for 4 weeks then monthly times 2 months to determine if behavior interventions are effective. Any concerns	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 600	Continued From page 6 observed R28 sitting in [redacted] wheelchair holding the [redacted]. Upon assessment of R28 noted [redacted] R38 was wheeling [redacted] towards [redacted] room, stopped by R28. R28 called R38 a [redacted] R38 [redacted] R28 on the [redacted] [redacted] R28 [redacted]. [redacted], R28 was educated about not using [redacted] towards [redacted] peers and staff. R28's [redacted], physician, and US FOIA (b) (6) [redacted] made aware." Review of the "Reportable Event Record/Report," (initial report) dated [redacted], revealed "R38 overheard another resident [R28] [redacted] and thought it was meant for [redacted]. [redacted] and [redacted] the other resident [R28] [redacted] The residents were separated by staff immediately. Staff noted [redacted] resident [R28] during assessment and [redacted] [redacted] was applied to [redacted] as first aid. R38 [redacted] assessment. US FOIA (b) (6) [redacted] and families were made aware of the incident. [name of city] [redacted] and [redacted] [name of [redacted] came and interviewed the staff and the residents. Interventions: 1. Residents were separated right away. 2. [redacted] assessment was done on R28, and [redacted] were noted. R38 [redacted] to be assessed. 3. [redacted] was called, and [redacted]) came and interviewed the staff. 4. US FOIA (b) (6) [redacted], and families were notified of the event. 5. R28 was [redacted], and 6. [redacted] and [redacted] follow-up were ordered for both residents."	F 600	will be immediately addressed. The result of the Audit will be presented at the QAPI Committee meeting conducted monthly.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 600	Continued From page 7	F 600		

Review of "[name of city] NJ Exec Order 26.4b1 ," dated Ex Order 26.4B1, revealed "On Ex Order 26.4B1 approximately 1:23 hour PM, US FOIA (b) (6) was NJ Exec Order 26.4b1 to [address of the facility] on reports of a NJ Exec Order 26. Upon arrival, met with NJ Exec Order 26.4b1 parties R28 and R38. The Ex Order 26.4B1 had a Ex Order 26.4B1 regarding R28 Ex Order 26.4B1. While speaking with both parties I did not observe any NJ Exec Order 26.4b1. Both parties agreed to NJ Exec Order 26.4b1 . No further NJ Exec Order action taken."

Review of the "Witness Interview Record" for R28, dated Ex Order 26.4B1 revealed "R38 NJ Exec Order 26.4b1 "

Review of the "Witness Interview Record" for R38, dated Ex Order 26.4B1, revealed "R28 Ex Order 26.4B1 Ex Order 26.4B1 ."

Review of the "Witness Interview Record" for US FOIA (b) (6) , dated Ex Order 26.4B1 revealed "Was in the nursing station and saw security get up from his post and ran towards the Ex Order 26 hallway. Then he came back and told me about the NJ Exec Order 26.4. I went to room [number] right away and saw [R28] being assessed and left the room to check on the other resident [R38] NJ Exec Order 26 . [R38] was in NJ Ex O room sitting on NJ Ex bed and stated that NJ Ex got Ex Order 26.4 when resident [R28] Ex Order 26.4B1

Review of the "Witness Interview Record" for security guard (SG) 2 dated Ex Order 26.4B1 revealed "I was in my post in the hallway near the elevator monitoring the activities on both hallways and the elevator area. I saw [R38] get up from NJ Ex wheelchair and approach [R28] who was sitting in

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 600	Continued From page 8	F 600		

NJ Ex O wheelchair near the doorway of NJ Ex O room. I ran towards them, but the event happened before I could reach them. [R38] Ex Order 26.4B [R28] on the Ex Order 26"

Review of the "Witness Interview Record" for Certified Nursing Assistant (CNA) 6, dated Ex Order 26.4B1, revealed "Saw [R38] in wheelchair toward NJ Ex O room. [R38] got up from NJ Ex O wheelchair and Ex Order 26.4B1 [R28] Ex Order 26.4B1 when NJ Ex heard [R28] Ex Order 26.4B1 The incident happened very fast and was unable to redirect them before the incident could happen. [R38] Ex Order 2 R28] on the Ex Order 26 Another CNA was close by and took [R28] inside NJ Ex O room."

Review of the "Witness Interview Record" for CNA 5, dated Ex Order 26.4B1 revealed "Was in the hallway handing another resident a cup of water and saw [R38] get up from NJ Ex O wheelchair when [R28] said something. I ran towards them, but the event occurred before I could reach them. I moved [R28] away from [R38] and took NJ Ex O inside NJ Ex O room. I called the nurse to the room to check on [R28]."

Review of the "Witness Interview Record" for RN 2, dated Ex Order 26.4B1, revealed "I was called to room [number] by CNA to check on [R28] in the room. [R28] was seen in NJ Ex O wheelchair holding the Ex Order 26 NJ Exec Order 2 NJ Ex O NJ Exec Ord Assessment noted NJ Ex Order 26.4b1 on the Ex Order 26.4B1. Per CNA, [R38] was wheeling toward NJ Ex O room and overheard [R28] who was sitting by NJ Ex O doorway Ex Order 26.4B1 and [R38] Ex Order 26.4B1. [R38] got up from NJ Ex O wheelchair, Ex Order 26.4B1 [R28] Ex Order 26.4B1 CNA took [R28] inside NJ Ex O room and then called me to the room."

Review of "Summary of Reportable Event

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 600	Continued From page 9	F 600		

Record/Report," (final report) dated Ex Order 26.4B1, revealed "[R38] was wheeling NJ Ex Order 26.4b toward NJ Ex room when NJ Ex overheard [R28] who was sitting in NJ Ex wheelchair outside NJ Ex door, Ex Order 26.4B1") and thought it was meant for NJ Ex Ord. [R38] got Ex Order 26.4 and Ex Order 26.4B1 [R28] Ex Order 26.4B1. Staff separated the residents immediately. [R28] was noted with Ex Order 26.4B1 on the Ex Order 26.4B1 during assessment. Ex Order 26.4B1 was applied as first aid. [R38] NJ Exec Order 26.4 to be assessed. Conclusion: [R38] Ex Order 26.4B1 [R28] Ex Order 26.4B1 upon overhearing [R28], Ex Order 26.4B1 thinking it was meant for NJ Ex Ord Interventions:

1. Residents were separated right away
2. NJ Ex Order assessment was done on [R28], and Ex Order 26.4B1 was noted on the Ex Order 26. Ex Order 26.4B1 was applied with relief. [R38] NJ Exec Order 26.4 to be assessed.
3. [name of city] NJ Exec was called, and NJ Exec Order 26.4b came to interview the staff and the residents
4. US FOIA (b) (6) and families were notified of the event
5. Resident was NJ Exec Order 26.4b1
6. Ex Order 26.4B1 follow up ordered for both residents
7. Provide Ex Ord interaction during episodes of increased Ex Order 26.4B1 and redirect NJ Ex Ord away from NJ Exec Order 26.4b1."

Interview on 05/25/23 at 11:23 AM, RN 1, said that R38 is Ex Order 26.4B1." Went on to state that "Ex Order 26.4B1." Unsure that she could recall any details about this specific incident.

Interview on 05/25/23 at 12:05 PM, SG 2, said that there were NJ Exec Order 26.4b1 involving R38. Said that R38 gets NJ Exec Order 26.4b1 and tends to NJ Exec Ord on his NJ Exec Order 26. Said that he does not recall

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 600	Continued From page 10	F 600		

the incident between R38 and R28 since there is NJ Exec Order 26.4b1 with R38.

Interview on 05/25/23 at 12:38 PM, the US FOIA (b) (6 said that a NJ Exec Order 26.4b1 facility in another city was transferred here when that facility closed. R38, along with other residents, were transferred here after that facility was closed. Said that the NJ Exec Order 26. was turned into a NJ Exec Order 26.4b1, back in NJ Exec Order 26.4b1. Said that R38 is NJ Ex Order 26.4b1 until someone NJ Exec Order 26.4 his NJ Exec Order 2 Said that R38 is NJ Exec Order 26.4 on NJ Exec Order 26 and NJ Exec Orde Said that R38 gets Ex Order 26.4B1 when people are NJ Exec Order 26.4b1 Indicated that there has been different interventions put into place for R38 such as NJ Exec Order 26.4b1 Ex Order 26.4B1 right away, Ex Order 26.4B1 follow ups, seating in the NJ Exec Order 26.4b1 from the other residents that R38 has NJ Exec Order 26.4b1 , sat a monitor by the elevator to ensure that both halls could be seen at all times, and the monitor could call for help if an incident would occur, and behavioral training with initial training and refreshment courses. Said that something NJ Exec Order 26.4 R38, but NJ Ex was not a continuous NJ Exec Orde and/or others. Said that the facility staff uses a NJ Exec Order 26.4b1 by using NJ Exec Ord, and redirection especially when the events happened in the hallway R38 is redirected back to NJ Ex room. Confirmed that the facility has not considered placing R38 on a Ex Order Said that Ex Order 26.4B will either recommend a Ex Order or sometimes the facility staff will place the residents on Ex Order

Interview on 05/26/23 at 9:25 AM, R28 was NJ Exec Order 26.4b1 to answer questions. Said NJ Ex was "Ex Order 26.4B1 ."

On 05/26/23 at 10:46 AM, an attempted interview with CNA 5, with a voice mail left; however, by the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 600	Continued From page 11	F 600		

end of the survey process, no return phone calls.

Interview on 05/26/23 at 10:54 AM, RN 2, said that she did not see the actual incident, but wrote a statement due to working that shift. Said that R38 is always Ex Order 26.4B1 , looking for the Ex Order 26.4B1 " all the time. When you tell R38 something that NJ Exec Order 26.4b1 , gets NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 R38 has a Ex Order 26.4B1 .

Interview on 05/26/23 at 11:02 AM, CNA 6, she said that she was sitting in the hallway with R28 at the time of the incident when R38 came rolling down the hallway and NJ Exec Order 26.4b1 and R28 when R38 thought R28 NJ Exec Order 26.4b1 . The residents were separated. R38 only R28 , and there were NJ Exec Order 26.4b1 to either resident. This incident was reported to the nurse as well as the supervisors.

3. Review of R63's "Face Sheet" in the EMR revealed that R63 was admitted to the facility on Ex Order 26.4B1 with a diagnosis Ex Order 26.4B1

Review of the "Progress Note" dated Ex Order 26.4B1 in the EMR revealed "Security staff heard somebody NJ Exec Order 26.4b1 from room[number], when security went to the room, found [R63] sitting on [R38's] bed Ex Order 26.4B1 from the Ex Order 26.4B1 [R38] was standing near the bathroom door. Security called for help and residents were separated. NJ Ex Order 26.4b1 was done on [R63] who was Ex Order 26.4B1 . [R63's] was cleaned with Ex Order 26.4B1 Ex Order 26.4B1 applied. There was a Ex Order 26.4B1 of [R63's] Pressure was applied until Ex Order 26.4B1 stopped and Ex Order 26.4B1 was noted at this time. [R63] was NJ Exec Order 26.4b1 . When

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 600	Continued From page 12	F 600		

[R63] was interviewed, [R63] reported that [R38] NJ Exec Order 2 with no reason. [R38] reported that [R63] NJ Exec Order 26.4b1 and NJ Exec Order 2 on the NJ Exec Ord and NJ Exec Ord that is why NJ Exec Order 26.4b1. [R63] stated that [R63] did not do anything. [name of city] NJ Exec O was called, came out and interviewed residents of the altercation. The NJ Exec Order 26.4b1 and families were informed of the incident."

Review of the "Reportable Event Record/Report," (initial report) dated Ex Order 26.4B1 revealed "Security staff heard somebody NJ Exec Order 26.4b1 from room [number], when he went to the room, he found [R63] sitting on resident's bed Ex Order 26.4B1 from the Ex Order 26.4B and resident standing near the bathroom door. Security staff called for help and staff responded right away. When [R63] was interviewed. NJ Ex O reported that resident [R38] Ex Ord Ex Order 26 for no apparent reason but unable to tell why NJ Ex O was sitting on roommate's bed. [R38]reported that [R63] NJ Exec Order 26.4b1 and NJ Exec Order 26 on the NJ Exec Ord and NJ Exec O that is why NJ Exec Order 26.4b1. Both residents are from the Ex Order 26.4B1 unit. Residents were separated right away. NJ Ex Order 2 assessment was completed on both residents and NJ Exec Order 26.4b1 noted on [R38]. [R63] was noted Ex Order 26.4B1 further assessment revealed a Ex Order 26.4B1 Pressure applied till Ex Order 26.4B1 stopped. Ex Order 26.4B1 was noted at this time. [R63] was NJ Exec Order 26.4b1 right away. [name of city] NJ Exec was called and NJ Exec Order] responded to the center and interviewed the staff and [R38]. US FOIA (b) (6) , and families were notified of the event. Seen and evaluated by US FOIA (b) (6), no new recommendations given."

Review of "[name of city] NJ Exec Order 26.4b1 ,"

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 600	Continued From page 13	F 600		

dated Ex Order 26.4B1, revealed "On Ex Order 26.4B1, NJ Exec Order 26.4b1 to [facility address] Ex Order 26.4B1 floor on a report of a NJ Exec Order 26.4b1 between two patients. Upon arrival, met with the caller/nurse [name of nurse] who stated the two patients/residents [R63 and R38] got involved in a Ex Order 26.4B1 [R38] advised [name of staff] that he Ex Order 26.4B1 [R63] in NJ Ex O NJ Exec O because [R63] NJ Exec Order 26 first on NJ Ex O NJ Exec Orde [R63] was NJ Exec Order 26.4b from NJ Ex O NJ Exec Order 2 due to the NJ Exec Orb [staff member name] stated [R63 and R38] are Ex Order 26.4B1, and they both were given NJ Exec Order 26.4b1 after this incident which occurred at 07:30 AM this morning. [R63 and R38] are fine. No further NJ Exec Order action was needed."

Review of the "Witness Interview Record," dated Ex Order 26.4B1, for R38 revealed "Ex Order 26.4B1 Ex Order 26.4B1 ."

Review of "Witness Interview Record," dated Ex Order 26.4B1 for R63 revealed "Ex Order 26.4B1 Ex Order 26.4B1 ."

Review of "Witness Interview Record," dated Ex Order 26.4B1, CNA 3, revealed "Responded to the room when security called for help with other staff members and found [R63[]sitting on NJ Exec Order 26.4b1 [R38's] bed NJ Exec Order 26.4b from the NJ Ex and reported that NJ Ex O was NJ Ex by NJ Exec Order 26.4b1 Roommate [R38] was found standing near the bathroom door. [R38] was assisted out of the room by security right away."

Review of "Witness Interview Record," dated Ex Order 26.4B1, for Licensed Practical Nurse (LPN) 3, revealed "Responded to the room with other staff members and found [R63] sitting on [R38's] bed Ex Order 26.4B1 and reported that [R38] Ex Or

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	56 HAMILTON AVENUE PASSAIC, NJ 07055

(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 600	Continued From page 14	F 600		

Ex Order 26.4B1. [R38] was redirected out of the room by security. [redacted] assessment was done on [R63] and noted a Ex Order 26.4B1 [redacted]. Pressure applied. No other [redacted] noted at this time."

Review of "Witness Interview Record," dated Ex Order 26.4B1, for SC 1, revealed "Heard somebody NJ Exec Order 26.4b1, responding to room and found [R63] sitting on the bed of [R38] Ex Order 26.4B1 [redacted] and reported that [R38] Ex Order 26.4B1 [redacted] [R38] who was found standing by the bathroom door reported that [redacted] was [redacted] by [R63]. Called for help right away. Residents were separated right away."

Review of the "Summary of Reportable Event Record/Report," (final report) dated Ex Order 26.4B1 revealed "Security staff heard somebody [redacted] from room[number], when he went to the room. [redacted] found [R63] sitting on [R38's] bed Ex Order 26.4B1 [redacted] and [R38] standing near the bathroom door. Security staff called for help and staff responded right away. When [R63] was interviewed, [redacted] reported that [R38] reported that NJ Exec Order 26.4b1 [R63] NJ Exec Order 26.4b1" and [redacted] on the [redacted] and the [redacted] that is why Ex Order 26.4B1 NJ Exec Order 26.4b1 Both residents are from the Ex Order 26.4B1 [redacted] unit. Conclusion: [R38 [redacted] R63] Ex Order 26.4B1. As a result, [R63] sustained a [redacted] on the [redacted] area of the [redacted].
Interventions:
1. Residents were separated right away.
2. [redacted] assessment completed on both residents and [redacted] noted on [R38]. [R63] was noted NJ Exec Order 26.4b1 further assessment revealed a NJ Exec Order 26.4b1. Pressure applied till [redacted] stopped. No [redacted] was noted at this time.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 600	Continued From page 15 3. [R63] was NJ Exec Order 26.4b1 right away. 4. [name of city] NJ Exec was called and NJ Exec Order 26.4b1] responded to the center and interviewed the staff and [R38]. 5. US FOIA (b) (6) and families were notified of the event. 6. Seen and evaluated by US FOIA (b) (6) no new recommendations given." Interview on 05/25/23 at 11:48 AM, CNA 3, revealed that R38 is NJ Ex Order 26.4b1 to buy NJ Ex Order 26 with. She remembers the incident, and residents were separated. Said that this incident Ex Order 26.4B1) was the only incident that she calls involving R38. Said that R38 said that R63 Ex Or . Interview on 05/25/23 at 11:41 AM, LPN 3, revealed that this incident, there was a Ex Orde observed on R63's Ex Orde , residents were separated and R63's NJ Exec Order 26.4b1 . Said that this was over an NJ Exec Order 26.4b1 in their room. Said that different interventions have been used for R38 such as Ex Order 26.4B1 Interview on 05/25/23 at 11:35 AM, SG 1, said that he was assisting another resident in their room, when he heard R63 Ex Order 26.4B1 When he went into the room of R63 and noticed that there was Ex Order 26.4B1 Said that R63 was sitting on the bed of R38. Both residents were separated. R38 was standing next to the bathroom. Removed R63 from the room and R63 said that NJ Ex O was trying to use the bathroom, and R38 NJ Exec Order 26.4b him. R38 said that he NJ Exec Order 26.4b R63. Said that R38 is NJ Exec Order 26.4b1 but does NJ Exec Order 26.4b1 . Said that the NJ Exec Order 26.4	F 600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 600	Continued From page 16 NJ Exec Orde Ex Order 26.4B1 has been used with R38; however, does get Ex Order 26.4B1 with that. "R38 is Ex Order 26.4B1." Interview on 05/26/23 at 9:30 AM, R63 was NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 questions. Review of undated facility policy titled "Freedom from Abuse, Neglect, and Exploitation Policy and Procedure," revealed "To ensure the proper management of conduct between residents and the staff of [name of facility] to facilitate the resident's right to be free from abuse, neglect, misappropriation of resident property, and exploitation. It is the facility's policy to provide for the safety and dignity of all its residents by implementing proper procedures for enforcing the residents' right to be free from abuse, neglect, misappropriation of resident property, and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. Responding to allegations of abuse, neglect, exploitation, or mistreatment the reports of all investigations to the Administrator or his or her designated representative and to other officials in accordance with state law, within five working days of the incident. The facility must have evidence that all alleged violations are thoroughly investigated." NJAC 8:39-4.1(a)5	F 600		
F 604 SS=D	Right to be Free from Physical Restraints CFR(s): 483.10(e)(1), 483.12(a)(2) §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including:	F 604		7/21/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 604	Continued From page 17 §483.10(e)(1) The right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms, consistent with §483.12(a)(2). §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(2) Ensure that the resident is free from physical or chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms. When the use of restraints is indicated, the facility must use the least restrictive alternative for the least amount of time and document ongoing re-evaluation of the need for restraints. This REQUIREMENT is not met as evidenced by: Based on, staff interviews, record review, and policy review, the facility failed to ensure the right of one resident (Resident (R) 91) one resident to be free from NJ Ex Order 26.4b1 imposed for the purposes of convenience out of a total sample of 28 residents. Findings include: Review of R91's "Face Sheet" in the "Profile" tab,	F 604	1. At the time of the incident the shirt was removed from the back of the wheelchair, and the employee was immediately removed from duty. Another staff member resumed the Ex Order monitoring for R91. R91's NJ Exec Order 26.4b1 at all times except during care unless clinically contraindicated when NJ Ex Order 26.4b1 room.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 604	Continued From page 18 located in R91's electronic medical record (EMR), revealed R91 was admitted to the facility on Ex Order 26.4B1 Review of R91's quarterly "Minimum Data Set (MDS)" located in the EMR under the "MDS" tab with an Assessment Reference Date (ARD) of Ex Order 26.4B1 revealed R91 had a "Brief Interview for Mental Status(BIMS)" score of Ex Order 2 indicating Ex Order 26.4B1 . A review of the facility reported incident (FRI), dated Ex Order 26.4B1 and completed by the US FOIA (b) (6), revealed on NJ Exec Order 26.4b1 at 5:30 PM, the US FOIA (b) (6) (SG)2 observed the following: security Guard (SG) 4 assigned to R91 was in R91's room. R91 was in a wheelchair and the shirt R91 was wearing was draped over the back of the wheelchair. SG4 informed SG2 that R91 kept getting out of NJ Ex O wheelchair so SG4 placed R91's shirt over the wheelchair. The report further revealed SG2 was removed from R91's room and sent home and was suspended pending the completion of the investigation. During an interview on 05/25/23 at 1:07 PM, the US FOIA (b) (6) stated the SG2 was making rounds on NJ Exec Order 26.4b1 when he went into R91's room and observed SG4 in R91's room sitting. SG4 was assigned to NJ Exec Order 2 R91 Ex Orde (staff was performing NJ Exec Order 26.4b1 of resident to NJ Exec Order 26.4b resident from Ex Order 26.4B1). R91 was wearing a shirt that was tucked over the back of NJ Ex O wheelchair. SG4 stated he NJ Exec Order 26.4b1 R91 because R91 kept getting out of NJ Ex O wheelchair. The US FOIA (b) further stated SG4 had since been NJ Ex Order 26.4b1 . The US FOIA (b) (6) admitted SG4 was using R91's NJ Exec Order 26.4b1 .	F 604	2. All residents on 1:1 staff monitoring has the potential to be affected by this deficient practice. 3. Audits conducted of all residents on 1:1 to ensure all residents are free from restraints. In-service and reeducation done regarding abuse and restraints. 4. Head of security/ designee will audi all residents on 1:1 to ensure they are free from physical restraints imposed for the purpose of discipline or convenience.The audit will be completed weekly x4 weeks then monthly x 2 months. The outcome of the audits will be reported to the DON/designee and all identified concerns will be immediately addressed. Results of the audits will be reviewed during monthly QAPI meeting.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 604	Continued From page 19 During an interview on 05/25/23 at 11:59 AM, SG2 stated he was doing his rounds on [NJ Exec Order 26.4b] at about 5:50 PM when he observed SG4 in R91's room. SG4 was on his phone and was sitting with his foot on another chair, and R91 was in [NJ Ex O]wheelchair, not moving, with the shirt [NJ Ex] was wearing tucked over the back of the wheelchair. SG4 stated R91 kept trying to get out o[NJ Ex O] wheelchair and had to be [NJ Exec Order 26.4b1]. SG2 stated he immediately removed SG4 from the situation, sent him home pending investigation. SG4 was later[NJ Ex Order 26.4b1]. SG2 stated he and all his security staff had abuse prevention training. Observation of R91 on 05/23/23 at 12:46 PM revealed resident was Ex Order 26.4B1 , and Ex Order 26.4B1 . R91 had a [NJ Exec Order 26.4b1] Observation on 05/24/23 at 1:47 PM revealed R91 during activities with [NJ Exec Order 26.4b1] Review of facility's policy titled "Abuse Prevention Program" revealed "...Our residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual, or physical abuse, and physical or chemical restraint not required to treat the resident's symptoms." The policy further provided, " ...the facility will ensure that the resident is free from physical or chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms." NJAC 8:39-4.1(a)6	F 604		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 609	Continued From page 20	F 609		
F 609 SS=E	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and policy review, the facility failed to ensure allegations of NJ Ex Order 26.4b1 and/or the investigations were submitted to the New Jersey Department of Health (NJDOH) within the time limits of the policy and federal regulation for five of eight	F 609	1 US FOIA (b) (6) and US FOIA (b) (6) were immediately re-educated on reportable events and proper time frame for reporting all allegations to the department of health, in-service was conducted by the regional staff.	7/21/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 609	Continued From page 21 residents (Resident (R)14, R25, R91, R38, and R28) reviewed for [redacted] in a total sample of 28 residents. Findings include: 1. Review of R14's "Admission Record" from the facility electronic medical record (EMR) "Profile" tab showed a facility admission date of [redacted] with medical diagnoses that included [redacted]. During an interview on 05/23/23 at 2:52 PM, R14 stated that 15 staff [redacted] and [redacted]. The [redacted] was advised of R14's allegation on 05/23/23 at 4:30 PM and stated they (facility staff) were unaware of the allegation previously. On 05/25/23 at 9:15 AM the [redacted] was asked for any documentation related to the allegation. On 05/25/23 at 11:00 AM, the [redacted] provided two printed "Progress Notes" (from the EMR) and stated, "This is my investigation." Review of the "Progress Notes" revealed a note dated [redacted] at 8:40 PM by a [redacted] that stated R14's allegation, that a [redacted] assessment was completed, and the [redacted] was advised; the second note was dated [redacted] at 10:35 AM by Social Services that stated she met with R14 regarding the allegation (re-stated in note) and that the resident stated it [redacted].	F 609	All future results of all investigations will be reported and submitted to the department of health within the time limits of the policy and federal regulations. Allegations received from R14 was reported to the DOH on 5.25.2023,investigation was submitted on 5.31.2023. 2. All residents with reportable events have the potential to be affected by this deficient practice. Audits on all reportable events completed in the last three months to identify any potential deficient practices and none was found to be not reported. 3.The nursing management team was re-educated on the proper reporting time frames as required by federal and state regulations. All pending investigations will be reviewed during the clinical meeting for timely completion and submission. 4. The Administrator/Designee will conduct an audit to determine compliance to the timely submission of reportable events, weekly x4 weeks, then monthly x2 months. All concerns will be immediately addressed. The result of the audit will be presented @ the monthly QAPI meeting for review.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 609	Continued From page 22 On 05/25/23 at 1:35 PM the US FOIA (b) (6) was asked if R14's statement had been considered an allegation of NJ Ex Order 26.4 and responded "Asked [named the US FOIA (b) (6)] and she reports everything. She US FOIA (b) (6) felt very strongly that this was a Ex Order 26.4B1" When clarified about the investigation, the US FOIA (b) (6) stated, "We did an investigation, well, we asked Ex Order 26.4B1 Ex Order 26 and the US FOIA (b) (6) talked to Ex Order [R14] and found out it happened at [hospital name]. We didn't feel it was an allegation o NJ Ex Order 26.4 ." During an interview on 05/25/23 at 3:15 PM regarding the decision not to report R14's statement as an allegation of abuse, the US FOIA (b) stated, "It's because the history and the story itself. He [R14] said Ex Ord people NJ Exec Order 26 NJ Ex Ord , we checked NJ Ex Ord and no evidence, and we interviewed NJ Ex O later and NJ Ex O said it happened elsewhere. Basing [sic] on the report itself Ex Orde people Ex Order 26.4B1 , I'm not saying - I'm being honest because it NJ Ex O says Ex Ord people how NJ Ex didn't even tell us, NJ Ex O wasn't able to tell us how and where. We did call the Ex Order 26.4B1 though and he did follow up. Once again, based on the story - we have to investigate first because the policy says okay so, if there is an allegation of abuse - you investigate first you don't just jump [clarified jump was to call in to the State Agency] you have to get the whole story." When asked if anyone had interviewed R14 on NJ Ex Order 26.4b1 , the US FOIA (b) responded, " NJ Ex O was actually interviewed but the nurse did not document. They did interview, they did not document, I'm just being honest." On 05/26/23 at 8:50 AM, the US FOIA (b) (6) advised that she did call R14's allegation into the State Agency, "It's late but it's called in."	F 609		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 609	Continued From page 23	F 609		

Review of the file regarding the report to the NJDOH provided by the [redacted] showed handwritten notes that the [redacted] was notified on [redacted] at 4:30 PM, and the NJDOH was notified on 05/25/23 at 4:40 PM.

2. Review of R25's "Admission Record" from the EMR "Profile" tab showed a facility admission date of [redacted] with medical diagnoses that included [redacted]

Review of R25's "Progress Notes" from the EMR tab of the same revealed:
"Effective Date: [redacted] 18:44 [6:44 PM]
Type: . . . Change of Condition
Situation: Found resident [redacted] on morning shift . . .
Assessment: Vital signs [redacted], complain of [redacted] . . .
Effective Date: [redacted] 09:59 Type: General Note
Note Text: @ [at] 7:00 am . . . Resident c/o [complained of] [redacted]/10 scale with [redacted] during morning care, [redacted] while [redacted].
. . . ordered to send resident to ER [emergency room of named hospital] for further evaluation. @8:30 resident was picked up by [redacted] . . .
Effective Date: [redacted] 13:14 [1:14 PM] Type: General Note
Note Text : @1:15PM received a phone call from [NP name] . . . resident will be [redacted] . . . ."

Review of facility NJDOH incident report showed the incident happened [redacted], one [redacted] report on [redacted] showed a "[redacted]

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 609	Continued From page 24 NJ Exec Order 26.4b1 ," and an NJ Exec Order 26.4b1 Ex Order 26.4B1 showed an NJ Exec Order 26.4b1 of the NJ Exec Order 26.4b1 the resident was sent to the hospital on Ex Order 26.4B1 and the report to the NJDOH was dated Ex Order 26.4B1. The five-day investigation summary was dated Ex Order 26.4B1 but the fax to the NJDOH was dated and sent on Ex Order 26.4B1. During an interview on 05/24/23 at 4:23 PM regarding the reporting timeline, the US FOIA (b) stated the state agency and state Ombudsman were notified on Ex Order 26.4B1 after the hospital admission. When asked about the Ex Order 26.4B1 date on the summary, and the fax receipt date of the investigation summary being faxed to the NJDOH, the US FOIA (b) responded, "Well the fax machine dates were off." Upon reviewing the handwritten date on the fax face page of NJ Exec Order 26.4b1, the US FOIA (b) stated, "Oh, well, I guess I sent it in on that date." When asked if that was within the five-day investigation timeline, the US FOIA (b) responded, "Well I sent it on NJ Exec so not five days." 3. Review of R91's "Face Sheet" in the "Profile" tab, located in EMR revealed R91 was admitted to the facility on Ex Order 26.4B1 Review of R91's quarterly "Minimum Data Set (MDS)" located in the EMR under the "MDS" tab with an Assessment Reference Date (ARD) of Ex Order 26.4B1 revealed R91 had a "Brief Interview for Mental Status (BIMS)" of Ex Order 2 indicating Ex Order 26.4B1 Ex Order 26.4B1. A review of the facility reported incident (FRI), dated Ex Order 26.4B1 and completed by the US FOIA (b) (6) revealed on NJ Exec Order 26.4b1 at 5:30 PM, the US FOIA (b) (6) (SG2) observed the	F 609		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 609	Continued From page 25 following: security Guard (SG)4 assigned to R91 was in R91's room. R91 was in a wheelchair and the shirt R91 was wearing was draped over the back of the wheelchair. SG4 informed SG 2 that R91 kept getting out of his wheelchair so SG4 placed R91's shirt over the wheelchair. The report further revealed SG4 was removed from R91's room and sent home and was suspended pending the completion of the investigation. Cross Reference: F604 Right to be free from Physical Restraint. Review of the facility's investigation in the incident revealed the "summary of reportable event" was faxed to the state survey agency on [redacted], 10 days after the incident occurred. During an interview on 05/25/2023 at 1:07 PM, the [redacted] admitted the facility failed to send the summary of the reportable event within 5 working days of the incident. The [redacted] stated she was waiting for the [redacted] report. 4. Review of R38's "Face Sheet" in the Electronic Medical Record (EMR) revealed that R38 was admitted to the facility on [redacted] with a diagnosis of [redacted] 5. Review of R28's "Face Sheet" in the EMR revealed that R28 was admitted to the facility on [redacted] with a diagnosis of [redacted] Review of the "Reportable Event Record/Report," (initial report) dated [redacted], revealed "R38 overheard another resident [R28] [redacted] and thought it was meant for [redacted] He [redacted]	F 609		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 609	Continued From page 26	F 609		

and [redacted] the other resident [R28] [redacted]. The residents were separated by staff immediately. Staff noted NJ Exec Order 26.4b1 of resident [R28] during assessment and [redacted] was applied to Ex Order 26.4B1 as first aid. [R38] refused [redacted] assessment. US FOIA (b) (6) [redacted] and families were made aware of the incident. [name of city] NJ Exec Order 26.4b1 and [redacted] came and interviewed the staff and the residents. Interventions:
1. Residents were separated right away.
2. [redacted] assessment was done on [R28], and no injuries were noted. [R38] [redacted] to be assessed.
3. NJ Exec Order 26.4b1 was called, and [redacted] came and interviewed the staff.
4. US FOIA (b) (6) [redacted] and families were notified of the event.
5. [R28] was NJ Exec Order 26.4b1, and
6. Ex Order 26.4B1 [redacted] follow-up were ordered for both residents."

Review of "Summary of Reportable Event Record/Report," (final report) dated [redacted], revealed "[R38] was wheeling [redacted] toward [redacted] room when [redacted] overheard [R28] who was sitting in [redacted] wheelchair outside [redacted] door, Ex Order 26.4B1 and thought it was meant for [redacted] R38 got [redacted] and [redacted] [R28] Ex Order 26.4B1. Staff separated the residents immediately. [R28] was noted with [redacted] on the Ex Order 26.4B1 during assessment. Ex Order 26.4B1 was applied as first aid. [R38] [redacted] to be assessed. Conclusion: [R38 Ex Order 26.4B1 R28] Ex Order 26.4B1 upon overhearing [R28] Ex Order 26.4B1 thinking it was meant for [redacted]. Interventions:
1. Residents were separated right away

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 609	Continued From page 27 2. NJ Exec Orde assessment was done on [R28], and NJ Exec Order 26.4b was noted on the Ex Order 26.4B1 and NJ Exec was applied with relief. [R38] NJ Exec Order 26.4 to be assessed. 3. [name of city] NJ Exec was called, and NJ Exec Order 26.4b came to interview the staff and the residents 4. US FOIA (b) (6) and families were notified of the event 5. Resident was moved to another room 6. Ex Order 26.4B1 follow up ordered for both residents 7. Provide NJ Exec O interaction during episodes of increased NJ Exec Order 26 and redirect NJ Ex Or away from NJ Ex Order 26.4b1." Review of the "Fax sheet," dated Ex Order 26.4B1 revealed "Attached please find summary of reportable." Review of the "Email," dated Ex Order 26.4B1 revealed "Summary of Reportable Event Record/Report for event dated Ex Order 26.4B1 was submitted on Ex Order 26.4B1 Interview on 05/25/23 at 12:38 PM, the US FOIA (b) said that she notifies the State Survey Agency (SSA) "As soon as possible (ASAP)." She gets the whole story first then reports, usually on the day of the incident. Said that the initial report is within 24 hours. Said that the summary is completed by five days. Said that sometimes it takes longer than five days to complete the summary and send into the SSA due to waiting on police reports, and/or witness statements. Confirmed that the summary report was greater than five days when it was sent to the SSA. Review of undated facility policy titled "The Elder Justice Act and Reporting Suspected Crimes	F 609		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 609	Continued From page 28 Against Residents Policy and Procedure," revealed, "To facilitate efforts to prevent, detect, intervene in, and prosecute elder abuse, neglect, and exploitation and to protect elders with diminished capacity while maximizing their autonomy and their right to be free of abuse, neglect, and exploitation. Alleged violations under 42 CFR 483.12 (c) immediately (for alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of resident property) but not later than: i. Two hours if the alleged violation involves abuse or results in serious bodily injury. ii. 24 hours-if the alleged violation does not involve abuse and does not result in serious bodily injury. iii. Results of all investigations of alleged violations-within five working days of the incident. In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility will: a. Ensure that all alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported in the proper timeframe pursuant to this policy. b. Have evidence that all alleged violations are thoroughly investigated. c. Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. d. Report the results of all investigations to the Administrator or his or her designated representative and to other officials in accordance with state law, including to the State Survey Agency, within five working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken."	F 609		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 609	Continued From page 29 NJAC 8:39-9.4(f)	F 609		
F 610 SS=D	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on record review, interview, review of Facility Reported Incidents (FRI), and policy review, the facility failed to ensure that a thorough investigation was documented regarding two [redacted] involving one resident (Resident (R) 38), out of a sample of 28 residents. There was no evidence that the facility interviewed other current residents regarding the allegations. Findings include: 1. Review of the "Reportable Event	F 610	1. Residents in the surrounding area that were admitted to the facility at the time of the investigation were interviewed regarding the incident between R38 and R28. 2. All residents of the facility have the potential to be affected by this deficient practice. Prior reportable events reviewed, with no findings regarding missing interviews of surrounding residents.	7/21/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 610	Continued From page 30 Record/Report" (initial report) dated Ex Order 26.4B1 revealed "R38 overheard another resident [R28] Ex Order 26.4B1 and thought it was meant for NJ Ex Orde NJ Ex O got NJ Exec Orde and NJ Exec Order 26.4b the other resident [R28] Ex Order 26.4B1. The residents were separated by staff immediately. Staff noted Ex Order 26.4B1 on the Ex Order 26.4B1 of resident [R28] during assessment and Ex Order 26.4B1 was applied to Ex Order 26.4B1 as first aid. [R38] NJ Exec Order 26.4 NJ Exec Ord assessment. US FOIA (b) (6) and families were made aware of the incident. [name of city] NJ Exec Order and NJ Exec Order 26.4b1 came and interviewed the staff and the residents. Interventions: 1. Residents were separated right away. 2. NJ Exec Orde assessment was done on [R28], and NJ Exe were noted. [R38] NJ Exec Order 26.4 to be assessed. 3. NJ Exec Order 26.4b1 was called, and NJ Exec Order 26.4b1 came and interviewed the staff. 4. US FOIA (b) (6), and families were notified of the event. 5. [R28] was NJ Exec Order 26.4b1, and 6. Ex Order 26.4B1 follow-up were ordered for both residents." Review of the "Witness Interview Record" for R28 dated Ex Order 26.4B1 revealed "[R38] NJ Exec Order 26.4b1 ." Review of the "Witness Interview Record" for R38 dated Ex Order 26.4B1 revealed "[R28] called me Ex Order 26.4B1 that is why I Ex Order 26.4B1 During further review of the FRI, there was no evidence of other residents being interviewed regarding the abuse allegation.	F 610	3. In-service conducted on how to complete a thorough investigation including interviews of other residents located near to the allegation. All ongoing investigation/reportable events will be reviewed during the clinical meeting to check for compliance any issues noted will corrected immediately. 4. An audit of all new reportable events will be completed by the DON/designee weekly x4 weeks then monthly x 2 months to determine compliance to the investigation process. Result of the audit will be presented at the monthly QAPI meeting for review and recommendation.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 610	Continued From page 31 2. Review of the "Reportable Event Record/Report," (initial report) dated Ex Order 26.4B1 revealed "Security staff heard somebody NJ Exec Order 2 from room[number], when he went to the room, he found [R63] sitting on resident's bed Ex Order 26.4B1 from the Ex Order 26.4B and resident standing near the bathroom door. Security staff called for help and staff responded right away. When [R63] was interviewed. NJ Ex O reported that resident [R38] Ex Order 26.4B1 for no apparent reason but unable to tell why NJ Exe was sitting on NJ Exec Order 26.4b1 bed. [R38] reported that [R63] NJ Exec Order 26.4b1 and NJ Exec Order 2 on the NJ Exec Order 26.4b1 that is why NJ Ex O NJ Exec Order NJ Exec Order 26.4b1 Both residents are from the Ex Order 26.4B1 -floor Ex Order 26.4B1 unit. Residents were separated right away. NJ Exec Orde assessment was completed on both residents and NJ Exec Order 26.4b1 noted on [R38]. [R63] was noted Ex Order 26.4B1 from Ex Order 26.4B further assessment revealed Ex Order 26 on the Ex Order 26.4B1 Pressure applied till Ex Order 26.4B1. No Ex Order 26.4B1 was noted at this time. [R63] was NJ Exec Order 26.4b1 right away. [name of city] NJ Exec was called and NJ Exec Order 26.4b1 responded to the center and interviewed the staff and [R38]. US FOIA (b) (6) , and families were notified of the event. Seen and evaluated by NJ Exec Order 26.4b1, no new recommendations given." Review of the "Witness Interview Record" dated Ex Order 26.4B1 for R38 revealed Ex Order 26.4B1 then Ex Order 26.4B1 on the Ex Order 26.4B1 Review of "Witness Interview Record" dated Ex Order 26.4B1 for R63 revealed Ex Order 26.4B1 , I did not do anything." Interview with the US FOIA (b) (6) on	F 610		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 610	Continued From page 32 05/25/23 at 12:38 PM, said that other residents would only be interviewed if they were witness to the event. Does not recall in either incident if other residents were interviewed; however, confirmed no evidence in the report that other residents were interviewed. Cross Reference: F600-Free from abuse Review of undated facility policy titled "Freedom from Abuse, Neglect, and Exploitation Policy and Procedure," revealed "To ensure the proper management of conduct between residents and the staff of [name of facility] to facilitate the resident's right to be free from abuse, neglect, misappropriation of resident property, and exploitation. It is the facility's policy to provide for the safety and dignity of all its residents by implementing proper procedures for enforcing the residents' right to be free from abuse, neglect, misappropriation of resident property, and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. Responding to allegations of abuse, neglect, exploitation, or mistreatment the reports of all investigations to the Administrator or his or her designated representative and to other officials in accordance with state law, within five working days of the incident. The facility must have evidence that all alleged violations are thoroughly investigated." NJAC 8:39-4.1(a)5	F 610		
F 623 SS=E	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) §483.15(c)(3) Notice before transfer.	F 623		7/21/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 623	Continued From page 33 Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section; (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facility for 30 days.	F 623		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 623	Continued From page 34 §483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. §483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility	F 623		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	56 HAMILTON AVENUE PASSAIC, NJ 07055

(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 623	Continued From page 35 must update the recipients of the notice as soon as practicable once the updated information becomes available. §483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). This REQUIREMENT is not met as evidenced by: Based on record review, interview, and policy review, the facility failed to ensure three of three residents and their representatives (Resident (R) 25, R28, and R161) reviewed for facility initiated emergent hospital transfer, from a total sample of 28 residents, were provided with written transfer/discharge notice. This failure has the potential to affect the resident and their Resident Representative (RR) by not having the knowledge of where and why a resident was transferred, and/or how to appeal the transfer, if desired. Findings include: 1. Review of R14's "Admission Record" from the facility electronic medical record (EMR) "Profile" tab showed a facility admission date of Ex Order 26.4B1 with medical diagnoses that included Ex Order 26.4B1). Review of R14's EMR "Progress Notes" tab showed on NJ Exec Order 26.4b at 9:59 AM ". . .Resident c/o	F 623	1. The Director of Social Services provided written documentation of emergency transfer to R25, R28, and R16 and their responsible parties. 2. All residents with an emergency transfer have the potential to be affected by the deficient practice. Director of social services conducted a facility wide audit of emergency transfers and no other residents were identified and non-compliant with this requirement. 3. US FOIA (b) (6) , nursing staff, business office and admissions department re-educated on bedhold notification process. 4. The director of social services/ designee will conduct an audit of transfers/ discharges weekly x4 weeks then monthly x 2 months to ensure written notification was provided per regulation.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 623	Continued From page 36 [complained of] NJ Exec Order 26.4b1 10 scale with NJ Exec Order 26.4b1 during morning care, Ex Order 26.4B1 Ex Order 26.4B1 while Ex Order 26.4B1 . US FOIA (b) (6)]. . .made aware and ordered to send resident to ER [emergency room] . . . for further evaluation. @ [at] 8:30 [AM] resident was picked up by NJ Exec Order 26.4b1 and left Ex Order 26.4B1 . . . ." and at 1:39 PM a "Progress Note" that the Ex Order 26.4B1 was called and updated that R14 had been admitted to the hospital. Further review of the EMR "Progress Notes," "Assessments," and "Misc [Miscellaneous]" tabs did not show evidence R14 and his RR was provided with a written notice of transfer with all the required information. A request for the documentation of written transfer notice was made on 05/23/23 at 12:30 PM with the US FOIA (b) (6) During an interview on 05/24/23 at 2:50 PM regarding the process for emergent transfers, Licensed Practical Nurse (LPN) 4 stated, "We call the MD and update, get an order to send to hospital. We do a New Jersey Transfer Form [clarified and showed tab in EMR] then get all the papers [clarified to be legal paperwork, POLST [physician's order for life sustaining treatment], studies like lab / x ray, MAR/TAR [Medication Administration Record/Treatment Administration Record], physician orders and face sheet]. Then we call the hospital to give report, then call the ambulance or 911, and alert the family by telephone." When asked if anything written was given to the resident regarding the transfer, LPN4 responded "If they are alert, we will tell them."	F 623	Any identified concerns will be immediately addressed. Results of the audits will be reviewed during monthly QAPI.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 623	Continued From page 37	F 623		

On 05/24/23 at 2:55 PM, LPN4 was asked what happened to all the paperwork and responded, "It all goes into the yellow envelope and goes to the hospital with them." This was clarified by asking if the envelope was for the resident or for the hospital, LPN 4 stated, "It is for the hospital."

In a telephone interview on 05/24/23 at 3:44 PM regarding receipt of a written notice of transfer with the required information, R14's RR stated, "No, I got called. I never got anything written. I never got an incident report either." When an explanation that incident reports are often used for quality improvement in a facility, R14's RR stated, "Oh, I used to get them from the other facility all the time." When clarified as to what was on the incident report, such as where the resident was being transferred to, the reason for transfer, and the Ombudsman contact information, R14's RR responded, "Yeah - that is what I got." When queried if she had ever received a form like that for R14's transfer or [redacted] the RR stated, "No, I've never received anything." Verified bed hold policy - No, not received that either.

A request for the documentation of written transfer notice was made on 05/23/23 at 12:30 PM with the [redacted] A form was provided "Notice of Emergency Transfer" on 05/25/23 at 8:45 AM that contained the date of transfer, resident name, the facility transferred from and to, and the reason for transfer; and the Ombudsman information for an appeal.

In a follow-up interview on 05/25/23 at 1:30 PM with LPN4 and LPN1, they reviewed the "Notice of Emergency Transfer" form and LPN4 stated she was not familiar with the form. LPN1 stated,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	56 HAMILTON AVENUE PASSAIC, NJ 07055

(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 623	Continued From page 38 "We fill that out and one goes to the US FOIA (b) (6) and one to the chart." When asked if the resident or RR received a copy, LPN1 stated, "No, nothing to resident or family." 2. Review of R28's "Admission Record" from the EMR "Profile" tab showed a facility admission date of Ex Order 26.4B1 with medical diagnoses that included Ex Order 26.4B1 [redacted] Review of R28's EMR "Progress Note" tab showed on NJ Exec Order 26.4b1 at 11:26 PM that ". . .4:50 PM Resident, [sic] NJ Exec Order 26.4b1 and not able to NJ Exec Order 26.4b1. MD [physician] notified and he ordered to transfer to . . . hospital for evaluation. . . . 11:05 PM . . .Hospital ER was called and was told resident admitted with Dx: [diagnosis] Ex Order 26.4B1 Further review of R28's EMR "Progress Notes," "Assessments," and "Misc" tabs did not showed evidence of a written notice of transfer or discharge was provided to the resident or RR. A request for the documentation of written transfer notice was made on 05/23/23 at 12:30 PM with the US FOIA (b) (6) A form was provided "Notice of Emergency Transfer" on 05/25/23 at 8:45 AM that contained the date of transfer, resident name, the facility transferred from and to, and the reason for transfer; and the Ombudsman information for an appeal. 3. Review of R161's "Admission Record" from the EMR "Profile" tab showed a facility admission	F 623		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 623	Continued From page 39 date of Ex Order 26.4B1 a discharge date of Ex Order 26.4B1 with diagnoses that included Ex Order 26.4B1 Ex Order 26.4B1 Review of R161's EMR "Progress Notes" tab showed on NJ Exec Order 26.4b1 at 9:17 AM "Situation: The Change In Condition/s reported on this CIC Evaluation are/were: NJ Exec Order 26.4b1 vital signs . . . Pulse: P Ex Order - NJ Exec Order 26.4b1 09:18 Pulse Type: Ex Order 26.4B1 - new onset . . . Recommendations: Primary MD made aware and orders to send resident for further evaluation." Review of R161's EMR "Census" tab showed R161 status was discharged to the hospital on Ex Order 26.4B1 A request for the documentation of written transfer notice was made on 05/23/23 at 12:30 PM with the US FOIA (b) (6) A form was provided "Notice of Emergency Transfer" on 05/25/23 at 8:45 AM that contained the date of transfer, resident name, the facility transferred from and to, and the reason for transfer; and the Ombudsman information for an appeal. An attempt to contact R161's RR failed. R161 and the RR NJ Exec Order 26.4b1 . During an interview on 05/26/23 at 2:05 PM with the US FOIA (b) (6) and US FOIA (b) (6)) the query of 'Had anyone identified that written transfer and discharge notices are not being sent to the RR? The US FOIA (b) responded that that would fall to social services or admissions. When asked about an	F 623		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 623	Continued From page 40 expectation of the form being provided to the resident and RR, the [redacted] responded, "Expectation is that everybody who goes out [to the hospital] should be completed the notification should be given to the resident or family member." Review of the facility policy titled "Transfer or Discharge Notice," reviewed 02/2023, showed: ". . . 3. The resident and/or representative (sponsor) will be notified in writing of the following information: a. The reason for the transfer or discharge; b .The effective date of the transfer or discharge; c. The location to which the resident is being transferred or discharged; d. A statement of the resident's rights to appeal the transfer or discharge, including: (1) the name, address, email and telephone number of the entity which receives such requests; (2) information about how to obtain, complete and submit an appeal form; and (3) how to get assistance completing the appeal process; d. The facility bed-hold policy; e. The name, address, and telephone number of the Office of the State Long-term Care Ombudsman; . . ." NJAC 8:39-4.1(a)31 NJAC 8:39-5.3(b)	F 623		
F 625 SS=E	Notice of Bed Hold Policy Before/Upon Trnsfr CFR(s): 483.15(d)(1)(2) §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a	F 625		7/21/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	56 HAMILTON AVENUE PASSAIC, NJ 07055

(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 625	Continued From page 41 nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section. §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced by: Based on record review, interview, and review of facility policy, the facility failed to ensure three of three residents (Resident (R) 25, R28 and R161) reviewed for facility initiated emergent transfer to the hospital and/or their Resident Representative (RR) received a written bed hold notice that included all required information from a sample of 28 residents. This failure had the potential to contribute to possible denial of re-admission and loss of the resident's home following a hospitalization for residents transferred to the hospital.	F 625	1. Bed hold notifications were sent to identified residents/ resident representative. US FOIA (b) (6) was immediately re-educated on the bed hold notification process by the Administrator. 2. All residents have the potential to be affected by this deficient practice. 3. Nursing staff, social services, business office, and US FOIA (b)(6) were	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 625	Continued From page 42 Findings include: 1. Review of R14's "Admission Record" from the facility electronic medical record (EMR) "Profile" tab showed a facility admission date of Ex Order 26.4B1 with medical diagnoses that included Ex Order 26.4B1). Review of R14's EMR "Progress Notes" tab showed on NJ Exec Order 26.4b1 at 9:59 AM ". . .Resident c/o [complained of] NJ Exec Order 26.4b1 /10 scale with NJ Exec Order 26.4b1 during morning care, Ex Order 26.4B1 Ex Order 26.4B1 Ex Order 26.4B1 . US FOIA (b) (6) . . .made aware and ordered to send resident to ER [emergency room] . . . for further evaluation. @ [at] 8:30 [AM] resident was picked up by NJ Exec Order 26.4b1 and left Ex Order 26.4B1 . . . ." and at 1:39 PM a "Progress Note" that the Ex Order 26.4B1 was called and updated that R14 had been admitted to the hospital. Further review of the EMR "Progress Notes," "Assessments," and "Misc [Miscellaneous]" tabs did not show evidence R14 and his RR was provided with a written bed hold notice upon transfer. During an interview on 05/24/23 at 2:50 PM regarding the process for emergent transfers, Licensed Practical Nurse (LPN) 4 stated, "We call the MD and update, get an order to send to hospital. We do a New Jersey Transfer Form [clarified and showed tab in EMR] then get all the papers [clarified to be legal paperwork, POLST [physician's order for life sustaining treatment], studies like lab / x ray, MAR/TAR [Medication	F 625	educated on the bed hold notification process. The nursing staff will immediately alert the Social Service Director/Designee upon receipt of transfer (Hospital or goes on therapeutic leave) order from the Primary Care Physician to provide the resident and the resident representative written Bed hold notice in a timely manner. The medical record of the all residents transferred to the hospital or goes on a therapeutic leave will be reviewed by the DON/ designee at the clinical meeting and identified concerns to be corrected immediately. 4. Social Service Director/Designee will audit completion of all bed hold notices to ensure timely completion weekly x4 weeks and then monthly x2 months. Results of the Audit will be reviewed during the monthly QAPI meeting.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 625	Continued From page 43	F 625		

Administration Record/Treatment Administration Record], physician orders and face sheet]. Then we call the hospital to give report, then call the ambulance or 911, and alert the family by telephone."

In a telephone interview on 05/24/23 at 3:44 PM R14's RR stated she had never received a written notice regarding a bed hold.

In an interview on 05/25/23 11:45 AM, the resident stated he did not remember getting anything in writing.

During a follow-up interview on 05/25/23 at 1:30 PM, LPN1 was shown a bed hold form provided by the facility and stated, "first time I've seen this form. Bed holds are usually done when they get admitted and it will say in [EMR] if they want a bed hold. I've never seen these (form)." Clarified if LPN4 was providing the form to the resident upon transfer, LPN4 stated, "No, we're not providing it."

2. Review of R28's "Admission Record" from the EMR "Profile" tab showed a facility admission date of Ex Order 26.4B1 with medical diagnoses that included Ex Order 26.4B1 [redacted].

Review of R28's EMR "Progress Note" tab showed on NJ Exec Order 26.4b1 at 11:26 PM that ". . .4:50 PM
Resident, [sic] Ex Order 26.4B1 and not able to NJ Exec Order 26.4b1. US FOIA (b) (6) notified and he ordered to transfer to . . . hospital for evaluation. . . . 11:05 PM . . .Hospital ER was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 625	Continued From page 44 called and was told resident admitted with Dx: [diagnosis] Ex Order 26.4B1 Further review of R28's EMR "Progress Notes," "Assessments," and "Misc" tabs did not showed evidence of a written bed hold notice was provided to the resident or RR. A request for the documentation of written bed hold notice was made on 05/23/23 at 12:30 PM with the JS FOIA (D). A form was provided "Notice of Emergency Transfer" on 05/25/23 at 8:45 AM that contained bed hold policy but not the daily charge for an informed consent. 3. Review of R161's "Admission Record" from the EMR "Profile" tab showed a facility admission date of Ex Order 26.4B1 a discharge date of Ex Order 26.4B1 with diagnoses that included Ex Order 26.4B1 Review of R161's EMR "Progress Notes" tab showed on NJ Exec Order 26.4b1 at 9:17 AM "Situation: The Change In Condition/s reported on this CIC Evaluation are/were: NJ Exec Order 26.4b1 vital signs . . . Pulse: Ex Order 26.4B1 NJ Exec Order 26.4b1 09:18 Pulse Type: Ex Order 26.4B1 - new onset . . . Recommendations: Primary MD made aware and orders to send resident for further evaluation." Review of R161's EMR "Census" tab showed R161 status was discharged to the hospital on Ex Order 26.4B1 A request for the documentation of written bed hold notice was made on 05/23/23 at 12:30 PM	F 625		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 625	Continued From page 45 with the US FOIA (b)(6) A form was provided "Notice of Emergency Transfer" on 05/25/23 at 8:45 AM that contained a written bed hold notice but did not contain a daily rate for an informed consent or declination. An attempt to contact R161's RR failed. R161 and the RR NJ Exec Order 26.4b1 r. During an interview on 05/26/23 at 2:05 PM with the US FOIA (b) (6)) and US FOIA (b) (6)), the US FOIA (b)(6) was asked her expectation regarding the provision of a written bed hold notice to the resident and RR upon emergent transfer, stated, "Expectation is that everybody who goes out [to hospital] should have the notification completed and should be given to the resident or family member. Review of the facility policy titled "Bed-Holds and Returns," reviewed 12/2022, showed: " . . . 3. Prior to a transfer, written information will be given to the residents and the resident representatives that explains in detail: a. The rights and limitations of the resident regarding bed-holds; b. The reserve bed payment policy as indicated by the state plan (Medicaid residents); c. The facility per diem rate required to hold a bed (non-Medicaid residents), or to hold a bed beyond the state bed- hold period (Medicaid residents); and d. The details of the transfer (per the Notice of Transfer). . . ." NJAC 8:39-5.1(a) NJAC 8:39-5.4(c)	F 625		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	56 HAMILTON AVENUE PASSAIC, NJ 07055

(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 644	Continued From page 46	F 644		
F 644 SS=D	Coordination of PASARR and Assessments CFR(s): 483.20(e)(1)(2) §483.20(e) Coordination. A facility must coordinate assessments with the pre-admission screening and resident review (PASARR) program under Medicaid in subpart C of this part to the maximum extent practicable to avoid duplicative testing and effort. Coordination includes: §483.20(e)(1)Incorporating the recommendations from the PASARR level II determination and the PASARR evaluation report into a resident's assessment, care planning, and transitions of care. §483.20(e)(2) Referring all level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition for level II resident review upon a significant change in status assessment. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and policy review, the facility failed to make a referral for a [NJ Exec Order 26.] Preadmission Admission Screening and Resident Review (PASARR) evaluation for one (Resident (R) 54) of three sampled residents reviewed for PASARR [NJ Exec Order 26.4] evaluations in a total sample of 28 residents after receiving new diagnoses o Ex Order 26.4B1 [redacted] Findings include: Review of R54's electronic medical record (EMR) "Admission Record," located under the "Profile"	F 644	1. A referral for a [NJ Exec Order 2] PASARR for R54 was submitted by Social Services Director for resident's new diagnoses of [NJ Exec Order 26.4b1] and NJ Exec Order 26.4b1 US FOIA (b) (6) was re-educated on PASARR policy and procedure. 2. All residents with new psychiatric diagnosis has the potential to affected by this deficient practice. 3. The Administrator re-educated the US FOIA (b) (6) on PASSR policy and procedure. All PASARRs were audited by the Social	7/21/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 644	Continued From page 47 tab, indicated the resident was initially admitted to the facility on Ex Order 26.4B1 with a diagnosis of Ex Order 26.4B1 and readmitted on Ex Order 26.4B1 Review of a document provided by the facility titled, "NEW JERSEY DEPARTMENT OF HUMAN SERVICES PRE-ADMISSION SCREENING AND RESIDENT REVIEW (PASRR) NJ Exec Order 26.4B SCREEN," dated Ex Order 26.4B1 indicated R54 had a NJ Exec Order 26.4B PASRR. The document revealed R54 had no history of a Ex Order 26.4B Ex Order 26.4B1 Review of R54's EMR quarterly "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of Ex Order 26.4B1 indicated a "Brief Interview for Mental Status (BIMS) score of Ex Order out of 15 which revealed R54 was Ex Order 26.4B1. The assessment indicated R54 had a diagnosis of Ex Order 26.4B1 Review of R54's EMR US FOIA (b) (6) "Progress Notes," located under the "Prog (Progress) Notes" tab and dated Ex Order 26.4B1, indicated R54 had a diagnosis of unspecified Ex Order 26.4B1. Review of a document provided by the facility titled, Ex Order 26.4B1 Services," dated Ex Order 26.4B1, indicated R54 was NJ Exec Order diagnosed with Ex Order 26.4B1. During an interview on 05/24/23 at 9:09 AM, Licensed Practical Nurse (LPN) 2 who was also the US FOIA (b) (6) confirmed she could only locate the Ex Order 26.4B1 PASRR. During an interview on 05/24/23 at 2:03 PM,	F 644	service director to ensure proper documentation per federal and state guidelines. All residents with new mental illness and psychiatric diagnoses will be discussed during clinical meetings to ensure appropriate documentation is in place and referral for level II PASARR will be made if indicated. 4. The social service director/ designee will complete an audit weekly x4 then monthly x2 of 3 resident PASSRs to ensure the document reflects documentation as required by federal and state guidelines. Any identified concerns, will be immediately corrected. The result of the audit will be presented at the QAPI Committee meeting conducted monthly for review and recommendation.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 644	Continued From page 48 Social Services Director (SSD) 2 stated R54 was followed by NJ Exec Order 26.4b1 services. During an interview on 05/24/23 at 2:42 PM, SSD 1 and SSD 2 stated R54 came into the facility with the diagnosis of Ex Order 26.4B1, and it was not until the state came in and conducted an audit of the NJ Exec Order 26.4 floor (a Ex Order 26.4B1 Ex Order 26.4B1 unit) and ordered the resident be transferred to the Ex Order floor. US FOIA (b) (6 stated R54 did not meet the criteria for a NJ Exec Order 26 PASRR review since the resident had a Ex Order 26.4B1 evaluation in Ex Order 26.4B1. An interview was conducted on 05/26/23 at 8:24 AM, the US FOIA (b) (6)) stated R54 was hospitalized and came back with the NJ Exec O diagnosis of Ex Order 26.4B1 in Ex Order Ex Order 26.4B The US FOIA (b) was asked for the hospital records which would indicate this information. No hospital documents were presented during the survey. Review of a policy provided by the facility titled "PREADMISSION SCREENING AND RESIDENT REVIEW (PASRR) OVERVIEW" dated 01/2019 ". . .Specialized Services are determined by the PASRR Level II Authority and outlined in the PASRR Level II determination. . ."	F 644		
F 657 SS=D	NJAC 8:39-5.1(a) 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	F 657		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 657	Continued From page 49 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. (D) A member of food and nutrition services staff. (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. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: Based on record review, interviews, and facility policy review, the facility failed to ensure one resident (Residents (R) R54) and/or their representative was invited to participate in their quarterly care plan meetings out of a total sample of 28 residents. This failure would affect all residents and/or representatives who were scheduled for quarterly care plan meetings. Findings include: Review of R54's electronic medical record (EMR) "Admission Record," located under the "Profile" tab, indicated the resident was initially admitted to	F 657	Past noncompliance: no plan of correction required.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 657	Continued From page 50 the facility on Ex Order 26.4B1 and recently readmitted on Ex Order 26.4B1. Review of R54's EMR quarterly "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of Ex Order 26.4B1 indicated a "Brief Interview for Mental Status (BIMS)" score of Ex Order out of 15 which revealed R54 was Ex Order 26.4B1. Review of R54's EMR and hard paper chart failed to contain information that R54 and/or his representative were invited to his care conferences. During an interview on 05/23/23 at 11:31 AM, R54 stated he was not invited to his care conferences. During an interview on 05/24/23 at 2:03 PM, Director of Social Services (DSS) 2 stated she did not invite R54 to his care conferences but did invite his family members. DSS 2 was unable to show where the resident and/or his family members were invited to the resident's care conference in the EMR. During an interview on 05/26/23 at 1:40 PM, the US FOIA (b) (6)) stated R54 and/or his representatives were to be invited to the care conferences and this was to happen either quarterly or when there was a significant change in the condition of the resident. The US FOIA (b) confirmed the invitation process was to be documented in the clinical records. Review of a policy provided by the facility titled "Care Planning," dated 11/2018, indicated ". . .The resident, the resident's family and/or the resident's legal guardian or surrogate are encouraged to participate in the development of	F 657		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	56 HAMILTON AVENUE PASSAIC, NJ 07055

(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 657	Continued From page 51 and revisions to the resident's care plan. . ." NJAC 8:39-4.1(a)3 NJAC 8:39-11.2(h)	F 657		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and facility policy review, the facility failed to ensure one of 32 residents (Resident (R)25) reviewed during initial pool did not have an ill-fitting mattress. This failure had the potential to create an entrapment risk. Findings include: During an observation on 05/23/23 at 11:49 AM, R25 was noted to be in bed. The mattress was snug to the foot of the bed with a large gap at the head of the bed. R25's pillows and [redacted] were noted to be hanging off the mattress into the gap. During an observation and interview on 05/25/23 at 9:45 AM with the [redacted] in R25's room, the mattress was centered on the bed frame with a gap at both the head and foot of the bed. When asked to estimate the foot of the bed gap, [redacted] stated,	F 689	1. The mattress for R25 was replaced by the Maintenance Director on 5.25.2023 with a mattress that fits the bed frame when he was alerted regarding the mattress. 2. All Residents in the facility have the potential to be affected by the deficient practice. 3. In-service conducted with nursing, Maintenance, therapy, and administrative staff regarding bed safety policy and what to do when a mattress is found not fitting appropriatley on a bed frame. Facility wide audit conducted by maintenance to ensure all mattresses fit appropriately on bed frames.No other mattresses were found to not fit appropriately.	7/21/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 689	Continued From page 52 "Maybe five inches." Measurement marks were completed using paper at the foot of the bed and repeated at the head of the bed. US FOIA stated that the "gap is an entrapment risk. There is supposed to be foam block or the bed needs to be closed." US FOIA verified no foam block was present and demonstrated how the frame could be / was extended and could be collapsed. When asked if any staff had advised the maintenance department of the gapping of the mattress, US FOIA responded, "Nobody has said anything." When asked how maintenance was to be notified of issues, US FOIA stated, "Nursing pages me, or calls by walkie talkie, or gets the receptionist to page me." At 9:55 AM with US FOIA present and observing, the gap for the foot of the bed was 6.25 inches and the head of the bed was 4.5 inches, for a total gap of 10.75 inches if the mattress was flush to the foot of the bed. In an interview on 05/25/23 at 11:45 AM, R25 stated he put the put the pillows in the gap and that he had "put pillows back there every day since he's been here." During an interview on 05/26/23 at 2:05 PM with the US FOIA (b) (6)) regarding expectations about mattress fitting bed frames, "Do you have an expectation about a mattress and bed frame?" the US FOIA (b) stated, "Expect mattress to fit frame." In an interview on 05/26/23 at 2:15 PM, US FOIA stated "The policy was in place but not being done." Review of the undated facility policy titled "Bed Safety Policy" showed:	F 689	Maintenance Binder/Log provided to the units to be utilized for notifications related to all maintenance issues including ill fitting mattresses after staff in-service was completed by Maintenance Director. 4. Maintenance Director/Designee will complete an audit of 5 resident beds weekly x4 weeks then monthly x2 months to ensure beds mattresses fit frames appropriately.The result of the Audit will be presented at the monthly QAPI Committee meeting for review and further recommendations.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 689	Continued From page 53 "Monthly bed inspection: -Ensure that the power cord is in good conditions [sic] (not frayed). -Inspect the metal frame for any cracks. -Ensure that the mattress is not ripped or stained. -Ensure that head and foot boards are free of splinters. -Ensure that beds are evaluated for gaps that may increase a resident's risk of entrapment." NJAC 8:39-27.1(a)	F 689		
F 700 SS=D	Bedrails CFR(s): 483.25(n)(1)-(4) §483.25(n) Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements. §483.25(n)(1) Assess the resident for risk of entrapment from bed rails prior to installation. §483.25(n)(2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation. §483.25(n)(3) Ensure that the bed's dimensions are appropriate for the resident's size and weight. §483.25(n)(4) Follow the manufacturers' recommendations and specifications for installing and maintaining bed rails. This REQUIREMENT is not met as evidenced by:	F 700		7/21/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 700	Continued From page 54 Based on observations, interviews, record review, and policy review, the facility failed to ensure that one of one resident (Resident (R) 42) reviewed for bed rail use out of a total sample of 28 residents had required documentation completed prior to the use of the side rails. Findings include: Review of R42's "Face Sheet" in the electronic medical record (EMR) revealed that R42 was admitted to the facility on Ex Order 26.4B1 with diagnoses including Ex Order 26.4B1 Ex Order 26.4B1 Review of the "Progress Notes," dated Ex Order 26.4B1 to Ex Order 26.4B1 in the EMR, revealed [redacted] regarding side rails, such as an entrapment assessment, consent, physician orders, alternative interventions used and/or discussion of risks vs benefits. During observation on 05/24/23 at 8:30 AM and at 1:15 PM, revealed R42 was lying in [redacted] bed with NJ Exec Order 26.4b1 side rails raised in the up position, with the Ex Order 26.4B1 [redacted] On 05/25/23 at 8:39 AM, revealed R42 was lying in [redacted] bed with NJ Exec Order 26.4b1 side rails raised in the up position, with the NJ Exec Order 26.4b1 [redacted]. Interview on 05/24/23 at 4:00 PM, the US FOIA (b) (6) [redacted], confirmed that R42's EMR did not show any evidence of side rail documentation and was unsure why the NJ Exec Order 26.4b1 side rails were raised. Interview on 05/25/23 at 8:45 AM, Licensed Practical Nurse (LPN) 1, confirmed that R42 was	F 700	1. Physician order obtained for NJ Exec Order 26.4b [redacted] bed rails as deemed appropriate as an enabler for R42. Side rail assessment, consent and care plan completed. 2.All residents have the potential to be affected by the deficient practice. Facility wide audit was conducted, no other residents were were found to have side rails without appropriate documentation. 3. Nursing and Therapy staff were in-serviced and re-educated regarding the use of bed rails, documentation related to use of bed rail and appropriate assessment to be completed prior to implementation of side rails. All residents due for MDS assessment and all admissions' medical record will be reviewed by DON/Designee for Bed rail assessment and documentation related to use of bed rail is completed as indicated, and any identified concerns are corrected immediately. 4. The DON/Designee will conduct an audit of 5 resident charts weekly x4 weeks then monthly x2months to determine compliance. Results of the audits will be discussed at the QAPI committee meeting monthly for review and further recommendations.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 700	Continued From page 55 a transfer from the [NJ Exec Order 26] floor, with the bed that came with the side rails. LPN1 stated that the side rails were up for safety reasons, since R42 was a [NJ Exec Order 26]. The [NJ Exec Order 26.4b1] was on the right-side rail because R42 preferred that side. LPN1 denied that R42 had had any entrapment issues from the use of the side rails. LPN1 confirmed that before using side rails, an assessment should be completed. Review of the facility policy titled "Proper Use of Side Rails," revised 10/19, revealed "The purposes of these guidelines are to ensure the safe use of side rails as resident mobility aids and to prohibit the use of side rails as restraints unless necessary to treat a resident's medical symptoms. General Guidelines: 1. Side rails are considered a restraint when they are used to limit the resident's freedom of movement (prevent the resident from leaving his/her bed). 2. Side rails are only permissible if they are used to treat a resident's medical symptoms or to assist with mobility and transfer of residents. 3. An assessment will be made to determine the resident's symptoms, risk of entrapment and reason for using side rails. When used for mobility or transfer, an assessment will include a review of the resident's: a. bed mobility; b. ability to change positions, transfer to and from bed or chair, and to stand and toilet; c. risk of entrapment from the use of side rails; and d. that the bed's dimensions are appropriate for the resident's size and weight. 4. The use of side rails as an assistive device will be addressed in the resident care plan. 5. Consent for using restrictive devices will be	F 700		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 700	Continued From page 56 obtained from the resident or legal representative per facility protocol. 6. Less restrictive interventions that will be incorporated in care planning include: a. providing restorative care to enhance abilities to stand safely and to walk; b. providing a trapeze to increase bed mobility; c. placing the bed lower to the floor and surrounding the bed with a soft mat; d. equipping the resident with a device that monitors attempts to arise; e. providing staff monitoring at night with periodic assisted toileting for residents attempting to arise to use the bathroom; and/or f. furnishing visual and verbal reminders to use the call bell for residents who can comprehend this information. 7. Documentation will indicate if less restrictive approaches are not successful, prior to considering the use of side rails. 8. The risks and benefits of side rails will be considered for each resident. 9. Consent for side rail use will be obtained from the resident or legal representative, after presenting potential benefits and risks. 10. Manufacturer instructions for the operation of side rails will be adhered to. 11. The residents will be checked periodically for safety relative to side rail use. 12. If side rail use is associated with symptoms of distress, such as screaming or agitation, the residents' needs, and use of side rails will be reassessed. 13. When side rail usage is appropriate, the facility will assess the space between the mattress and side rails to reduce the risk for entrapment (the amount of safe space may vary, depending on the type of bed and mattress being used).	F 700		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 700	Continued From page 57 14. Side rails with padding may be used to prevent resident injury in situations of uncontrollable movement disorders but are still restraints if they meet the definition of a restraint. 15. Facility staff, in conjunction with the attending physician, will assess and document the resident's risk for injury due to neurological disorders or other medical conditions." NJAC 8:39-27.1(a) NJAC 8:39-31.8(c)1	F 700		
F 758 SS=E	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a resident, the facility must ensure that--- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these	F 758		7/21/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 758	Continued From page 58 drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on record review, interviews, review of the Food and Drug Administration (FDA) warning (www.fda.gov), and policy review, the facility failed to ensure two (Resident (R) 33 and R14) of five residents reviewed for unnecessary medications out of a total sample of 28 residents, had adequate indications, NJ Exec Order 26.4b1, and/or a Ex Order 26.4B1) while on Ex Order 26.4B1 medications. Findings include: Review of an FDA document indicated ". . .Olanzapine is an atypical antipsychotic medicine used to treat schizophrenia and bipolar disorder	F 758	1. Ex Order 26.4B1 was discontinued after R33 was seen and evaluated by the Ex Order 26.4B1 R14 was evaluated and all NJ Exec Order 26.4b1 were identified for each Ex Order 26.4B1 medication. A physicians' order was placed in the electronic medical record for R14 to NJ Exec Order 26.4 the identified NJ Exec Order 26.4b1 for Ex Order 26.4B1 medication efficacy and response. 2. All residents on psychotropic medication have the potential to be affected by this deficient practice. A facility wide audit of all residents on	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 758	Continued From page 59 (manic or mixed episodes). For bipolar disorder, olanzapine can be used alone or in combination with other drugs. . .Olanzapine can decrease hallucinations, in which people hear or see things that do not exist, and other psychotic symptoms such as disorganized thinking. Olanzapine can also decrease the mania of bipolar I disorder. . .ZYPREXA (Olanzapine) may cause serious side effects, including: 1. Increased risk of death in elderly people who are confused, have memory loss and have lost touch with reality (dementia-related psychosis) . . ." 1. Review of R33's electronic medical record (EMR) "Admission Record," located under the "Profile" tab, indicated the resident was admitted to the facility on Ex Order 26.4B1 with a diagnosis of Ex Order 26.4B1 . Review of a document provided by the facility titled "Physician Report," dated Ex Order 26.4B1, revealed the US FOIA (b) (6) indicated R33's use of Ex Order 26.4B1 would NJ Exec Order 2 on the quality indicator report and to review the diagnosis and usage in considering a Ex Order 26.4B1 The report revealed the US FOIA (b) (6) directed that there would be no Ex Order 26 and signed the document. The US FOI failed to provide clinical indications for the continued use of Ex Order 26.4B1 Review of R33's EMR titled "Clinical Physician Orders," located under the "Orders" tab and dated Ex Order 26.4B1, indicated the resident was ordered NJ Exec Order 26.4b1 milligrams (mg) to be administered by mouth at bedtime for Ex Order 26.4B1 (NJ Exec Order 26.4b1). Review of a document provided by the facility	F 758	psychoactive medications was completed to ensure target behavior monitoring is implemented and all residents who maybe appropriate for Gradual Dose reduction are reassessed by the psychiatrist. 3. The Licensed Nursing staff were re-education on Psychotropic Medication Policy including the revised Behavior Monitoring Process where targeted behaviors are identified for each psychoactive medication and the indication for use and the Tapering and Gradual Drug dose reduction. All admissions and all residents started on psychoactive meds will be discussed during the clinical meeting and will be reviewed by the DON/designee for compliance, all findings will corrected immediately. Monthly Pharmacy Review Report will be reviewed by the DON/Designee to identify action taken by the Psychiatrist/PCP on GDR recommendations. 4. The DON /Designee will conduct an audit weekly x4 then monthly x 2 months for 5 residents to ensure each psychoactive medication has associated target behaviors. The audit will also include a review of the psychoactive medication assessments for appropriate GDRs when indicated. All identified concerns will be immediately corrected. Results of the audits will be presented at the monthly QAPI meeting for review and further recommendations.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 758	Continued From page 60	F 758		

titled, "Progress Notes," written by a [US FOU] and dated [Ex Order 26.4B1], indicated R33 was being given [Ex Order 26.4B1] at bedtime for [Ex Order 26.4B1]. The progress notes revealed there were no associated [Ex Order 26.4B1] by the resident for the [Ex Order 2] [Ex Order 26.4B1].

Review of a document provided by the facility titled "Progress Notes," written by a [US FOU] and dated [Ex Order 26.4B1] indicated R33 was on [Ex Order 26.4B1] for [Ex Order 26.4B1] and was having [Ex Order 26.4B1] about [Ex Order 26.4B1] at 2:00 AM and no [Ex Order 26.4] at this time.

Review of R33's EMR quarterly "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of [Ex Order 26.4B1] indicated a "Brief Interview for Mental Status (BIMS)" score of [Ex Order 26] out of 15 which revealed R33 was [Ex Order 26.4B1] [Ex Order 26.4B1] The assessment indicated R33 had no [Ex Order 26.4B1] and was not a [Ex Order 26.4B1]. The assessment indicated R33 took an [Ex Order 26.4B1] and had no [Ex Order 26.4B1] ". . .has not been documented by a physician as clinically contraindicated. . ."

Review of R33's EMR "Care Plan," located under the "Care Plan" tab and dated [Ex Order 26.4B1], indicated the resident was on [Ex Order 26.4B1] and there was potential for drug related complications.

A review was conducted of R33's EMR and paper chart and there was no indication the resident was actively [Ex Order 26.4B1] which would be a [NJ Exec Order 26.4b1].

Review of documents provided by the facility referred to as [NJ Exec Order 26.4b] logs, dated [Ex Order 26.4B1] through [Ex Order 26.4B1] failed to indicate R33 had any

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 758	Continued From page 61	F 758		

Ex Order 26.4B1

During an interview on 05/24/23 at 1:56 PM, Licensed Practical Nurse (LPN) 2 who was also the US FOIA (b) (6) on the US FOIA (b) (6), stated the NJ Exec Order 26.4b notes were under a "General Note" heading of the EMR. During this interview LPN 2 stated there were no NJ Exec Order 26.4b notes in the EMR and would need to follow up.

During a subsequent interview on 05/25/23 at 11:38 AM, LPN 2 confirmed there were no NJ Exec Order 26.4b1 associated with R33 in the EMR and stated NJ Exec Order 26.4b1 was to be done by the staff.

During an interview on 05/25/23 at 2:57 AM, Certified Nurse Aide (CNA) 1 stated R33 was not NJ Exec Order 26.4b1 to NJ Exec Order 26 or to NJ Exec Order 26 CNA 1 stated she was NJ Exec Order 26.4b1 of the resident, and NJ Ex did not Ex Order 26.4B1 .

During an interview on 05/26/23 at 1:40 PM, the US FOIA (b) (6) and the US FOIA (b) (6) were present. The US FOIA (b) stated the staff do monitor the NJ Exec Order 26.4b of residents who were on Ex Order 26.4B1 medications and if there was a NJ Exec Order 26.4b1 in the NJ Exec Order 26.4b log, this prompts the EMR to direct the clinical staff to make a note of the specific NJ Exec Order 26.4b1 The US FOIA (b) confirmed there were no target NJ Exec Order 26.4b1 for the resident while NJ Ex was taking Ex Order 26.4B1

During an interview on 05/26/23 at 2:41 PM, the US FOIA (b) (6) stated she bases her Ex Order 26 recommendations on the NJ Exec Order 26.4b1 documented in the clinical record. The US FOIA (b) (6) stated if there were no associated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 758		F 758		

Continued From page 62

US FOIA (b) (6) with the use of Ex Order 26.4B1 medication, she would request a Ex Order 26.

2. Review of R14's "Admission Record" from the EMR "Profile" tab showed a facility admission date of Ex Order 26.4B1 with medical diagnoses that included Ex Order 26.4B1

Review of R14's EMR "Orders" tab showed physician orders for:

-NJ Exec Order 26.4b1

-NJ Exec Order 26.4b1

.

NJ Exec Order 26.4b1

NJ Exec Order 26.4b1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 758	Continued From page 63	F 758		

NJ Exec Order 26.4b1 [redacted]

NJ Exec Order 26.4b1 [redacted]

Review of R14's care plan showed focus (F), goals (G) and interventions (I) of:

1.F: Potential for drug related complications associated with use of Ex Order 26.4B1 medications related to: NJ Exec Order 26.4b1 medication
G: Will be free of Ex Order 26.4B1 drug related complications
I: Will receive Ex Order 26.4B1 dose for NJ Exec Order 26 [redacted] by/through review date
Medication last attempted for NJ Exec Order 26.4b1 within next review
-Monitor for side effects and report to physician: Ex Order 26.4B1 [redacted]

. . .
-Provide Medications as ordered by physician and evaluate for effectiveness
-Refer to Ex Order 26.4B1 [redacted] for medication and NJ Exec Order 26.4b1 recommendations

2.F NJ Exec Order 26.4b1 [redacted]

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 758	Continued From page 64	F 758		

NJ Exec Order 26.4b1 [redacted]

. .

During an interview on 05/26/23 at 2:05 PM with the US FOIA (b) (6) [redacted] and NJ Exec Order 26.4b1 [redacted] was asked where target behaviors are identified to monitor for each psychoactive medication's efficacy and responded, "Our process is, like before we opened our behavior unit - we have behavior monitors for specific medication. Now, we did some changes so now nurses chart every time behavior on each shift. So, if you observe specific behavior you will answer the section yes, if you answer yes, you have to do a chart now." When asked where the behavior that each medication is being used to manage was identified and monitored, the US FOIA (b) [redacted] replied, "We just monitor all behaviors and that is by the nurses." When the question was clarified, "At this time, do you have a way to monitor each psychoactive medication for efficacy related to an identified target behavior?" the US FOIA (b) [redacted] stated at 2:18 PM "In the summaries we document if observed for all behaviors. If an increase in behaviors observed we refer to psych and they manage the medications." At 2:19 PM the US FOIA (b) [redacted] stated, "No, no target behaviors are identified to monitor for efficacy [for each medication]."

Review of a policy provided by the facility titled "Tapering Medications and Gradual Drug Dose Reduction," dated 02/2023, indicated ". . .Residents who use antipsychotic drugs shall receive gradual dose reductions and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs. . .The

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 758	Continued From page 65 resident's target symptoms returned or worsened after the most recent attempt at tapering the dose within the facility and the physician has documented the clinical rationale for why any additional attempted dose reduction at that time would be likely to impair the resident's function or cause psychiatric instability by exacerbating an underlying medical or psychiatric disorder. . ." NJAC 8:39-29.3(a)1 NJAC 8:39-33.2(c)2	F 758		
F 880 SS=F	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and	F 880		7/21/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 880	Continued From page 66 procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its	F 880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 880	Continued From page 67 IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and facility policy review, the facility failed to establish and maintain an infection prevention and control program (IPCP) for recording incidents of infections identified under the facility's IPCP, surveillance, tracking and trending, and the corrective actions taken by the facility. As part of this failure, the facility did not have an effective antibiotic stewardship program, which had the potential to affect all residents of the facility. (Cross Reference F881) Findings include: Review of a document titled, "Centers for Disease Control (CDC) . . . National Healthcare Safety Network (NHSN) . . . Long Term Care Facility Component Tracking Infections in Long-Term Care Facilities," dated 01/2020, indicated, "Surveillance is defined as the ongoing systematic collection, analysis, interpretation, and dissemination of data. A facility infection prevention and control (IPC) program should use surveillance to identify infections and monitor performance of practices to reduce infection risks among residents, staff, and visitors. Information collected during surveillance activities can be used to develop and track prevention priorities for the facility. When conducting surveillance, facilities should use clearly defined surveillance definitions that are collected in a consistent way. This method ensures accurate and comparable data regardless of who is performing surveillance. . ." A review of documents provided by the facility	F 880	1. Education of the Infection prevention and control program per federal and state regulations was provided to the US FOIA (b)(6) [redacted]. Re-establishment of the infection prevention and control program that meets federal and state regulations immediately re-implemented including tracking and trending of infections. NJ Ex Order 26.4b1 was completed for the current Infection Control Preventionist. 2. All residents have the potential to be affected by this deficient practice. 3. Re-education on Infection Control control and prevention including tracking, trending,and surveillance of infection completed for facility Staff. The DON/Designee will review infection tracking, trending and surveillance with the infection control preventionist daily and correct any findings immediately. 4. The Director of Nursing/ designee will audit the infection prevention and control program weekly x4 then monthly x 2 months to ensure it meets each required element of federal and state regulations. All identified issues will be corrected immediately. Completed audits will be presented at the monthly QAPI Committee meeting for review and further	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 880	Continued From page 68 and referenced at the facility's infection control logs, failed to include evidence the facility tracked, trended, identified the potential for clusters of infections, and failed to include any corrective action taken by the facility to address the potential clusters of infections. During an interview on 05/26/23 at 1:40 PM, the US FOIA (b) (6) and the US FOIA (b) (6) were present. The US FOIA (b) stated there was no tracking and trending and it was the US FOIA (b) (6)) who was the US FOIA (b) (6) and the current US FOIA began a NJ Exec Order 26.4b1 ago. The US FOIA (b) confirmed the facility used to track and trend infections but currently did not based on what she saw in the infection control logs. Review of a policy provided by the facility titled "Infection Prevention and Control Program," dated 11/2019, indicated ". . .The infection prevention and control program is a facility-wide effort involving all disciplines and individuals and is an integral part of the quality assurance and performance improvement program. . .The elements of the infection prevention and control program consists of coordination/oversight, policies/procedures, surveillance, data analysis, antibiotic stewardship, outbreak management, prevention of infection. . .surveillance tools are used for recognizing the occurrence of infections, recording their number and frequency, detecting outbreaks and epidemics. . .detecting unusual pathogens with infection control implications. . .Standard criteria are used to distinguish community-acquired from facility-acquired infections. . .Data gathered during surveillance is used to oversee infections and spot trends. . ."	F 880	recommendation.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 880	Continued From page 69 NJAC 8:39-19.1(a)1 NJAC 8:39-19.4(f)	F 880		
F 881 SS=F	Antibiotic Stewardship Program CFR(s): 483.80(a)(3) §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(3) An antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use. This REQUIREMENT is not met as evidenced by: Based on interview, document review, review of Centers for Disease Control and Prevention (CDC) guidance, and review of facility policy, the facility failed to maintain an infection prevention and control program (IPCP) that included a functional antibiotic stewardship program. The failure to have a system in place that monitors antibiotic use in accordance with established protocols had the potential to affect all 106 residents of the facility. Findings include: Review of a CDC" document undated titled, "The Core Elements of Antibiotic Stewardship for Nursing Homes" indicated ". . .Improving the use of antibiotics in healthcare to protect patients and reduce the threat of antibiotic resistance is a national priority. . .Antibiotic stewardship refers to a set of commitments and actions designed to 'optimize the treatment of infections while reducing the adverse events associated with	F 881	1. The US FOIA (b)(6) was immediately re-educated on the federal and state requirements for an antibiotic stewardship program. NJ Ex Order 26.4b1 was completed on the Infection Control Preventionist to address deficient practice right away. 2. All residents of the facility have the potential to be affected by the deficient practice. 3.In-service and reeducation on Antibiotic Stewardship program was initiated for the facility staff including antibiotic use protocols and system to monitor antibiotic use. Systems to monitor antibiotic use were reestablished to improve the use of antibiotics, and reduce the threat of antibiotic resistance and optimize the treatment of infection and reduce the	7/21/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 881	Continued From page 70 antibiotic use'. . . CDC also recommends that all nursing homes take steps to improve antibiotic prescribing practices and reduce inappropriate use. . .Nursing homes monitor both antibiotic use practices and outcomes related to antibiotics in order to guide practice changes and track the impact of new interventions. Data on adherence to antibiotic prescribing policies and antibiotic use are shared with clinicians and nurses to maintain awareness about the progress being made in antibiotic stewardship. Clinician response to antibiotic use feedback (e.g., acceptance) may help determine whether feedback is effective in changing prescribing behaviors. Below are examples of antibiotic use and outcome measures. . .Process measures: Tracking how and why antibiotics are prescribed. . .Antibiotic use measures. . .Tracking how often and how many antibiotics are prescribed. . .Antibiotic outcome measures. . .Tracking the adverse outcomes. . ." Review of documents provided by the facility titled, "Monthly Infection Control Report," for the months of 02/2022 through 06/2022 (there was no document available for 07/2022), 08/2022,09/2022 (there were no documents for 10/2022 and 11/2022), and 12/2022 through 03/2023 and then one for 04/2023 failed to identify who the residents were with infections, failed to identify which room the residents were in, failed to identify the date of onset of the infection(s), if the criteria was met or not by Loeb (a set of criteria if a resident had an infection or not and if an antibiotic might be indicated to treat), and if there were cultures, laboratory blood work taken or an x-ray completed to determine a true infection and the need for antibiotics. The documents provided by the facility had several	F 881	threat of antibiotic resistance. 4. The Director of Nursing/designee will conduct a weekly x 4 weeks then monthly x 2 months to ensure tracking and trending of infections and antibiotic usage meets the components of the antibiotic stewardship requirements set forth by federal and state regulations. Any identified concern will be immediately corrected. The results of the audit will be reviewed monthly during the QAPI meeting.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 881	Continued From page 71 columns which were titled community or hospital acquired infections. There was no method to determine potential clusters nor was there information which would identify how each infection was treated. Review of a document provided by the facility titled, "Infection Log," for the month of 03/2023 revealed resident names, room numbers, date of onset of an infection, site of the infection, if the criteria was met or not, if there were cultures, laboratory blood work taken or an x-ray completed, who the prescriber was, the antibiotic name and the prescription duration, and the date of the resolution of the infection. During an interview on 05/26/23 at 11:35 AM, the US FOIA (b) (6) stated the US FOIA (b) (6) was able to communicate the tracking and trending of infections identified in the facility but did not have it documented appropriately. During an interview on 05/26/23 at 1:33 PM, the US FOIA (b) (6) confirmed he attended Quality Assurance (QA) meetings on a quarterly basis. The US FOIA (b) (6) stated each resident was clinically assessed, such as urine and blood work, for the need of antibiotics and stated the facility had an US FOIA (b) Review of a policy provided by the facility titled "Antibiotic Stewardship," dated 03/21, indicated ". . .The facility will educate and train staff and practitioners about the facility Antibiotic Stewardship, including appropriate prescribing, monitoring, and surveillance of antibiotic use and outcomes. . ."	F 881		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 881	Continued From page 72 NJAC 8:39-19.4(d)	F 881		
F 883 SS=E	Influenza and Pneumococcal Immunizations CFR(s): 483.80(d)(1)(2) §483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that- (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. §483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that- (i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the	F 883		7/21/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 883	Continued From page 73 immunization; (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal. This REQUIREMENT is not met as evidenced by: Based on interview, record review, facility policy review, and review of the Centers for Disease Control and Prevention (CDC) guidelines, the facility failed to offer one (Resident (R) 36) of five residents reviewed for NJ Exec Order 26.4b1 and/or their representatives out of a total sample of 28 residents, the opportunity for the resident to be vaccinated in accordance with nationally recognized standards. The facility failed to re-offer R36 the opportunity to be vaccinated with NJ Exec Order 26.4b1) in accordance with nationally recognized standards. The facility failed to re-offer R36 the opportunity to be vaccinated with NJ Exec Order 26.4b1) and/or NJ Exec Order 26.4b1 prior to NJ Exec Order 26.4b1 /or offer one dose of NJ Exec Order 26.4b1 after NJ Exec Order 26.4b . The facility failed to update their most current policies to	F 883	1. R36 was offered the Ex Order 26.4B1 vaccination per CDC recommendations, risks and benefits were discussed prior to offering the vaccine. The resident consented after it was re-offered twice and received the Ex Order 26.4B1 vaccine on NJ Exec Order 26.4b1 . signed the consent on NJ Exec Order 26.4b1 . medical record was updated to address the NJ Exec Order 26.4b1 vaccine and care plan was updated. 2. All residents eligible to be vaccinated with pneumococcal vaccine in accordance with the nationally recognized standards have the potential to be affected by this deficient practice. House wide audit was completed to identify residents who are eligible for the pneumococcal vaccine per CDC	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 883	Continued From page 74 reflect current standards on pneumococcal vaccinations. This practice had the potential to increase the risk for residents to contract pneumonia. Findings include: Per CDC, "..For those who have never received any pneumococcal conjugate vaccine, CDC recommends PCV15 or PCV20 for adults 65 years or older...Adults 65 years or older have the option to get PCV20 if they have already received. . .PCV13 (but not PCV15 or PCV20) at any age and. . .PPSV23 at or after the age of 65 years old. . .These adults can talk with their doctor and decide, together, whether to get PCV20. . ." Review of R36's electronic medical record (EMR) titled "Admission Record," located under the "Profile" tab, indicated the resident was initially admitted to the facility on Ex Order 26.4B1 with a diagnosis of Ex Order 26.4B1 Ex Order 26.4B1. The resident was not Ex Order 26.4B1 after NJ Ex Or initial admission. The resident turned Ex Orde years of age while a resident at the facility. Review of a document provided by the facility titled, "Clinical Immunizations" indicated R36 NJ Exec Order 26.4 the NJ Exec Order 26.4b undated entry. There was no other entry on this document which would reflect the facility offered the resident additional opportunities for vaccination. During an interview on 05/25/23 at 9:23 AM, the US FOIA (b) (6) were both present. The US FOIA stated she only offers residents the NJ Exec Order 26.4	F 883	guidance. Any identified resident that is eligible was offered the pnuemococcal vaccine, declination and consent taken and care plan updated as indicated. 3. All licensed nursing staff were in-service and re-educated on the immunization Policy and Procedure and updated guidance of the current standards on pneumococcal vaccine. 4. The DON/Designee will conduct an audit on 5 resident charts weekly x4 weeks then monthly x4 months monthly audit to check all residents eligible to get the pneumococcal vaccine are offered, risk benefits are discussed prior to offering, document declination and consent and receipt of the vaccine, update their plan of care on their medical record. The result of the audit will be presented during the Monthly QAPI committee meeting for review and further recommendations.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 883	Continued From page 75 During an interview on 05/25/23 at 9:54 AM, the [US FOIA] confirmed R36 was not offered another opportunity to be vaccinated with [NJ Exec Order 26]. During an interview on 05/25/23 at 10:25 AM, the [US FOIA (b) (6)] stated she could not obtain the clinical records for R36 to see if the resident was offered additional opportunities for [NJ Exec Order 26.4b1] vaccinations. The [US FOIA (b)] stated the previous nursing homeowners took all of the resident's clinical records. The [US FOIA (b)] stated she was not aware the pneumococcal policies were not updated. Review of a policy provided by the facility titled "Pneumococcal Vaccine," dated 03/21, indicated ". . .All residents will be offered pneumococcal vaccines to aid in preventing pneumonia/pneumococcal infections. . .Administration of the pneumococcal vaccines or revaccination will be made in accordance with current Centers for Disease Control Prevention (CDC) recommendations at the time of the vaccinations. . ." NJAC 8:39-19.4(h)(i)	F 883		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061627	A. BUILDING: _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	56 HAMILTON AVENUE PASSAIC, NJ 07055

(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 Census: 106 Sample Size: 28 TYPE OF SURVEY: Recertification and Complaint The facility is not in substantial compliance with all of 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 provisions of 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: Based on interviews, facility document review, and New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, it was determined that the facility failed to ensure staffing ratios were met. The facility was deficient in certified nursing assistant (CNA) staffing for residents on 17 of 63 days shifts and 4 of 21 evening shifts for the weeks of 07/03/2022, 7/17/2022, 11/27,2022, 3/05/2023, 3/19/2023, 4/02/2023, 5/07/2023. This deficient practice had the potential to affect all	S 560	1.No Residents were affected by this deficient practice. 2.All Residents have the potential to be affected by this deficient practice. 3.The Nursing management staff and the scheduling manager were in-serviced/re-educated by the Administrator regarding the appropriate	7/21/23

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

Electronically Signed — 06/15/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061627	A. BUILDING: _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	56 HAMILTON AVENUE PASSAIC, NJ 07055

(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 560	Continued From page 1 residents. Findings included: 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 at 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 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 than half of all staff members shall be certified nurse aides, and each direct staff member shall be signed in to 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 certified nurse aide and perform certified nurse aide duties. 1. For the week of complaint staffing from 07/03/2022 to 07/09/2022, the facility was deficient in CNA staffing for residents on 5 of 7 day shifts and deficient in CNAs to total staff on 1 of 7 evening shifts as follows: -07/03/22 had 8 CNAs for 92 residents on the day	S 560	staffing ratio requirements. Completed Monthly staffing schedule will be submitted by the scheduling manager to the DON/designee two weeks in advance to review staffing levels meet the staffing ratio requirement and resolve any staffing issues ahead of time. Daily meeting with the DON/designee and the scheduling manager to review weekly and actual schedule to check if staffing ratio is met. The facility has advertised open jobs through on line recruitment platforms as well as traditional recruitment firms. The facility has also conducted job fairs and has contracts with nursing staffing agencies. 4.The Scheduling manager or designee will audit weekly x4 weeks and monthly x2 months to ensure staffing levels are within the mandated ratios. All identified concerns will be corrected immediately. The results of the audits will be reviewed in QAPI monthly.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061627	A. BUILDING: _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	56 HAMILTON AVENUE PASSAIC, NJ 07055

(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 560	Continued From page 2	S 560		

shift, required 11 CNAs.
-07/04/22 had 9 CNAs for 91 residents on the day shift, required 11 CNAs.
-07/05/22 had 8 CNAs for 91 residents on the day shift, required 11 CNAs.
-07/06/22 had 10 CNAs for 91 residents on the day shift, required 11 CNAs.
-07/09/22 had 10 CNAs for 91 residents on the day shift, required 11 CNAs.
-07/09/22 had 4 CNAs to 10 total staff on the evening shift, required 5 CNAs.

2. For the week of complaint staffing from 07/17/2022 to 07/23/2022, the facility was deficient in CNA staffing for residents on 2 of 7 day shifts as follows:

-07/17/22 had 9 CNAs for 85 residents on the day shift, required 11 CNAs.
-07/18/22 had 8 CNAs for 80 residents on the day shift, required 10 CNAs.

3. For the week of complaint staffing from 11/27/2022 to 12/03/2022, the facility was deficient in CNA staffing for residents on 1 of 7 day shifts as follows:

-11/27/22 had 11 CNAs for 102 residents on the day shift, required 13 CNAs.

4. For the week of complaint staffing from 03/05/2023 to 03/11/2023, the facility was deficient in CNA staffing for residents on 1 of 7 day shifts as follows:

-03/11/23 had 10 CNAs for 101 residents on the day shift, required 13 CNAs.

5. For the week of staffing from 03/19/2023 to 03/25/2023, the facility was deficient in CNA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061627	A. BUILDING: _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	56 HAMILTON AVENUE PASSAIC, NJ 07055

(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 560	Continued From page 3 staffing for residents on 1 of 7 day shifts as follows: -03/19/23 had 11 CNAs for 101 residents on the day shift, required 13 CNAs. 6. For the week of complaint staffing from 04/02/2023/to 04/08/2023, the facility was deficient in CNA staffing for residents on 3 of 7 day shifts and deficient in total staff for residents on 2 of 7 evening shifts as follows: -04/02/23 had 11 CNAs for 104 residents on the day shift, required 13 CNAs. -04/06/23 had 9 total staff for 104 residents on the evening shift, required 10 total staff. -04/07/23 had 12 CNAs for 105 residents on the day shift, required 13 CNAs. -04/08/23 had 11 CNAs for 105 residents on the day shift, required 13 CNAs. -04/08/23 had 8 total staff for 105 residents on the evening shift, required 10 total staff. 7. For the week of complaint staffing from 04/23/2023 to 04/29/2023, the facility was deficient in CNA staffing for residents on 2 of 7 day shifts and deficient in total staff for residents on 1 of 7 evening shifts as follows: -04/23/23 had 8 CNAs for 106 residents on the day shift, required 13 CNAs. -04/23/23 had 10 total staff for residents on the evening shift, required 11 total staff. -04/29/23 had 10 CNAs for 108 residents on the day shift, required 13 CNAs. 8. For the 2 weeks of staffing from 05/07/2023 to 05/20/2023, for the 05/26/2023 Standard survey, The facility was deficient in CNA staffing for residents on 2 of 14 day shifts as follows:	S 560		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061627	A. BUILDING: _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(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 560	Continued From page 4 -05/07/23 had 10 CNAs for 108 residents on the day shift, required 13 CNAs. -05/14/23 had 10 CNAs for 106 residents on the day shift, required 13 CNAs	S 560		

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315221 Y1	A. Building B. Wing Y2	7/25/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	56 HAMILTON AVENUE PASSAIC, NJ 07055

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 F0578	Correction	ID Prefix F0600	Correction	ID Prefix F0604	Correction
Reg. # 483.10(c)(6)(8)(g)(12)(i)-(v)	Completed	Reg. # 483.12(a)(1)	Completed	Reg. # 483.10(e)(1), 483.12(a)(2)	Completed
LSC	07/21/2023	LSC	07/21/2023	LSC	07/21/2023
ID Prefix F0609	Correction	ID Prefix F0610	Correction	ID Prefix F0623	Correction
Reg. # 483.12(b)(5)(i)(A)(B)(c)(1)(4)	Completed	Reg. # 483.12(c)(2)-(4)	Completed	Reg. # 483.15(c)(3)-(6)(8)	Completed
LSC	07/21/2023	LSC	07/21/2023	LSC	07/21/2023
ID Prefix F0625	Correction	ID Prefix F0644	Correction	ID Prefix F0689	Correction
Reg. # 483.15(d)(1)(2)	Completed	Reg. # 483.20(e)(1)(2)	Completed	Reg. # 483.25(d)(1)(2)	Completed
LSC	07/21/2023	LSC	07/21/2023	LSC	07/21/2023
ID Prefix F0700	Correction	ID Prefix F0758	Correction	ID Prefix F0880	Correction
Reg. # 483.25(n)(1)-(4)	Completed	Reg. # 483.45(c)(3)(e)(1)-(5)	Completed	Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed
LSC	07/21/2023	LSC	07/21/2023	LSC	07/21/2023
ID Prefix F0881	Correction	ID Prefix F0883	Correction	ID Prefix	Correction
Reg. # 483.80(a)(3)	Completed	Reg. # 483.80(d)(1)(2)	Completed	Reg. #	Completed
LSC	07/21/2023	LSC	07/21/2023	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	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO
5/26/2023	

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315221 Y1	A. Building B. Wing Y2	7/25/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	56 HAMILTON AVENUE PASSAIC, NJ 07055

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 F0578	Correction	ID Prefix F0600	Correction	ID Prefix F0604	Correction
Reg. # 483.10(c)(6)(8)(g)(12)(i)-(v)	Completed	Reg. # 483.12(a)(1)	Completed	Reg. # 483.10(e)(1), 483.12(a)(2)	Completed
LSC	07/21/2023	LSC	07/21/2023	LSC	07/21/2023
ID Prefix F0609	Correction	ID Prefix F0610	Correction	ID Prefix F0623	Correction
Reg. # 483.12(b)(5)(i)(A)(B)(c)(1)(4)	Completed	Reg. # 483.12(c)(2)-(4)	Completed	Reg. # 483.15(c)(3)-(6)(8)	Completed
LSC	07/21/2023	LSC	07/21/2023	LSC	07/21/2023
ID Prefix F0625	Correction	ID Prefix F0644	Correction	ID Prefix F0689	Correction
Reg. # 483.15(d)(1)(2)	Completed	Reg. # 483.20(e)(1)(2)	Completed	Reg. # 483.25(d)(1)(2)	Completed
LSC	07/21/2023	LSC	07/21/2023	LSC	07/21/2023
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	
5/26/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
061627		7/25/2023

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	56 HAMILTON AVENUE PASSAIC, NJ 07055

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 Reg. # 8:39-5.1(a) LSC	Correction Completed 07/21/2023	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

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	
5/26/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING **01** B. WING _____	**05/26/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE** **PASSAIC, NJ 07055**

(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
E 000	Initial Comments . An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health on 05/23/2023. The facility was found to be in compliance with 42 CFR 483.73. .	E 000		
K 000	INITIAL COMMENTS . A Life Safety Code Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health, Health Facility Survey and Field Operations on 05/23/23 was found to be in non-compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy. Complete Care Hamilton is a two-story building with a basement that was built in 1988. It is composed of Type II protected construction. The facility is divided into six smoke zones. The generator does approximately 80 % of the building as per the [redacted]. The current occupied beds are 106 of 112. .	K 000		
K 761 SS=F	Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101 Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives.	K 761		7/21/23

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

Electronically Signed | 06/15/2023

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING **01** B. WING _____	**05/26/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE** **PASSAIC, NJ 07055**

(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
K 761	Continued From page 1 Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80) This REQUIREMENT is not met as evidenced by: . Based on observation and interview, the facility failed to ensure the fire doors were inspected annually by an individual who could demonstrate knowledge and understanding of the operating components in accordance with NFPA 101 Life Safety Code (2012 Edition) Section 7.2.1.15. This deficient practice had the potential to affect all 106 residents. Findings include: An observation of the facility's fire doors on 05/23/23 from 12:00 PM to 01:15 PM revealed the doors lacked the required inspection tags to be placed on the doors after completed inspections. The US FOIA (b) (6) was present at the time of the observation and confirmed the fire doors were not inspected annually. NJAC 8:39-31.1(c), 31.2(e) NFPA 80 .	K 761	1.The Maintenance Director hired a qualified contractor to inspect and test all fire doors assemblies in accordance with NFPA 80 Standard for fire doors and other opening Protective. The inspection was completed on 6.13.2023 Annual inspection schedule of all fire doors by a qualified contractor was arranged by the facility and inspection tags to be placed on the doors after completed inspection. 2. All the residents have the potential to be affected by this deficient practice. 3. US FOIA (b) (6) was in-service by the regional staff regarding Annual Fire Door Inspection. The maintenance Director will maintain a record/log of the annual inspection schedule and alert the company before the next schedule is due to maintain compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING **01** B. WING _____	**05/26/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE** **PASSAIC, NJ 07055**

(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
K 761	Continued From page 2	K 761	4. The Maintenance Director will conduct audit weekly x4 and monthly x2 to check for fire door function and presence of the inspection tags. The result of this audit will be presented at the monthly QAPI meeting for review and recommendation.	

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
315221	A. Building 01 - MAIN BUILDING 01 B. Wing	7/25/2023

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	56 HAMILTON AVENUE PASSAIC, NJ 07055

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 Reg. # NFPA 101 LSC K0761	Correction Completed 07/21/2023	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

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	
5/26/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO