STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315460	A. BUILDING _____ B. WING _____	C 04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT PROSPECT HEIGHTS LLC	336 PROSPECT AVE HACKENSACK, NJ 07601

(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 COMPLAINT: # NJ00171849 CENSUS: 89 SAMPLE: 3 THE FACILITY IS NOT IN COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES, BASED ON THIS COMPLAINT VISIT.	F 000		
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: C #: NJ00171849 Based on interview and record review on 4/15/24 and 4/16/24, it was determined that the facility failed to accurately encoded a resident's wound in Minimum Data Set (MDS) assessment for 1 of 3 residents (Resident #1) reviewed for MDS accuracy. This was evidenced by the following: Reference: The Centers for Medicare and Medicaid Services (CMS) Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual Version 1.18.11 October 2023, under "Section M: Skin Conditions...M0210 Unhealed Pressure Ulcers/Injuries...Coding Instructions Code based on the presence of any pressure ulcer/injury (regardless of stage) in the past 7 days. Code 0, no: if the resident did not	F 641	1. Resident #1 was affected by this deficient practice. MDS was immediately modified upon notification. 2. All residents with wounds have the potential to be affected by this deficient practice. All residents with wounds identified and ensured all MDS assessments that required modification were modified. 3. Director of Nursing/ Designee educated MDS coordinators on importance of accuracy and coding of the MDS. 4. The Director of Nursing / designee will conduct an audit of 5 MDS's transmitted weekly x 4 weeks to ensure assessment accuracy, then monthly x 2 months. The results of the audits will be presented at	5/8/24

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

Electronically Signed | 05/08/2024

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
	315460	A. BUILDING _____ B. WING _____	C 04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT PROSPECT HEIGHTS LLC	336 PROSPECT AVE HACKENSACK, NJ 07601

(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 641	Continued From page 1 have a pressure ulcer/injury in the 7-day look-back period. Then skip to M1030, Number of Venous and Arterial Ulcers. Code 1, yes: if the resident had any pressure ulcer/injury (Stage 1, 2, 3, 4, or unstageable) in the 7-day look-back period. Proceed to M0300, Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage. Coding Tips If an ulcer/injury arises from a combination of factors that are primarily caused by pressure, then the area should be included in this section as a pressure ulcer/injury. Under "DEFINITIONS STAGE 1 PRESSURE INJURY An observable, pressure related alteration of intact skin whose indicators, as compared to an adjacent or opposite area on the body, may include changes in one or more of the following parameters...persistent redness in lightly pigmented skin, whereas in darker skin tones, the injury may appear with persistent red, blue, or purple hues. NON-BLANCHABLE Reddened areas of tissue that do not turn white or pale when pressed firmly with a finger or device. According to the admission record, Resident #1 was admitted with diagnoses that included but not limited to: NJ Exec Order 26.4b1 The MDS, an assessment tool dated NJ Exec Order 26.4b, a Comprehensive assessment, indicated that Resident #1's NJ Exec Order 26.4b1 and was able to NJ Exec Order 26.4b1 during activity of daily living with. The MDS further indicated under "Section M NJ Exec Order 26.4b1 , M0210, NJ Exec Order 26.4b1 " indicated that the Resident did not have a NJ Exec Order 26.4b1	F 641	the monthly QAPI meetings.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315460	A. BUILDING _____ B. WING _____	C 04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT PROSPECT HEIGHTS LLC	336 PROSPECT AVE HACKENSACK, NJ 07601

(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 641	Continued From page 2	F 641		

A review of the Resident's "[redacted]", dated [redacted], under "DIAGRAM," reflected that Resident #1 had NJ Exec Order 26.4b1 described as [redacted]."

The Order Summary Report (OSR), dated [redacted], revealed on [redacted] 3 an order for "NJ Exec Order 26.4b1 [redacted] AFTER CLEANSING WITH SOAP AND WATER EVERY SHIFT AND AS NEEDED S/P [status post] EACH NJ Exec Order 26.4b1."

The "TREATMENT ADMINISTRATION RECORD (TAR)" for the month of [redacted] revealed the aforementioned order. The TAR further revealed that the "NJ Exec Order 26.4b1" was applied to the Resident's [redacted] from [redacted].

During the interview with the Surveyor on 4/16/24 at 1:41 p.m., the Unit Manager/Licensed Practical Nurse (UM/LPN #1) confirmed what was documented on the [redacted].

During the interview with the Surveyor on 4/15/24 at 2:44 p.m., the MDS Coordinator (MDSC) confirmed that previous MDS staff (who no longer work in the facility) miscoded the [redacted] assessment, Section M.

The job description for "MDS Nurse" Job Description," undated, indicated "Duties and Responsibilities Conduct and coordinate the development and completion of the resident assessment (MDS) in accordance with current rules, regulations and guidelines that govern the resident assessment..."

A review of the facility policy titled "MDS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315460	A. BUILDING _____ B. WING _____	C 04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT PROSPECT HEIGHTS LLC	336 PROSPECT AVE HACKENSACK, NJ 07601

(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 641	Continued From page 3 Completion and Submission Timeframes," dated 10/2019, indicated "Our facility will conduct and submit resident assessments in accordance with current federal and state submission timeframes..."	F 641		
F 657 SS=G	NJAC 8:39-11.2(e)(1) Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (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	F 657		5/8/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315460	A. BUILDING _____ B. WING _____	C 04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT PROSPECT HEIGHTS LLC	336 PROSPECT AVE HACKENSACK, NJ 07601

(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 4 by: COMPLAINT#: NJ00171849 Based on observations, interviews, medical record reviews, and review of other pertinent facility documentation on 4/15/24 and 4/16/24, it was determined that the facility failed to implement and revise care plan (CP) interventions for a resident who was experiencing [redacted] resulted to NJ Ex.Order 26.4(b)(1), and failed to follow the facility policy for "Pain" and "Comprehensive Care Plan" for 1 of 3 residents (Resident #1) reviewed for implementation and revision of CP. This deficient practice was evidenced by the following: According to the admission record, Resident #1 was admitted with diagnoses that included but not limited to: NJ Exec Order 26.4b1 [redacted]. The Minimum Data Set (MDS), an assessment tool dated [redacted] indicated that Resident #1's NJ Exec Order 26.4b1 and was able t [redacted] activity of daily living with. Review of the CP for Resident #1, initiated on [redacted] and revised on [redacted] indicated that Resident #1 had [redacted] related to NJ Exec Order 26.4b1. The CP also indicated a goal that Resident #1 will not have an interruption in normal activities due to [redacted] through the review date. Interventions initiated on [redacted] and revised on [redacted] (after Resident had been discharged), included but not limited to: -Administer [redacted] as per orders, to give half hour before treatments or care.	F 657	Resident #1 was affected by this deficient practice. Resident has been discharged home. 2. All residents with pain have the potential to be affected by this deficient practice. All residents assessed for pain and care plans updated. 3. Director of Nursing / Designee educated staff on facility policies for “Pain” and “Comprehensive Care Plan.” 4. The Director of Nursing / designee will conduct an audit of 5 residents to ensure that care plan for pain is implemented and reviewed weekly x 4 weeks and then monthly x 2 months. The results of the audits will be presented at the monthly QAPI.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315460	A. BUILDING _____ B. WING _____	C 04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT PROSPECT HEIGHTS LLC	336 PROSPECT AVE HACKENSACK, NJ 07601

(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 5 -Monitor/record/report to Nurse any sign and symptoms of [redacted]; Changes in [redacted] -Notify physician if interventions are unsuccessful or if current complaint is a significant change from residents past experience of [redacted]. -Observe and report changes in usual routine, sleep patterns, decrease in functional abilities, decrease ROM, withdrawal or resistance to care. The Order Summary Report (OSR), dated [redacted], revealed that on [redacted] and discontinued on [redacted] an order for [redacted] give 2 tablets by mouth every 4 hours as needed for [redacted] on [redacted] an order for [redacted], give 2 tablets by mouth every 4 hours as needed for [redacted], and [redacted] every shift on [redacted]. The "MEDICATION ADMINISTRATION RECORD (MAR)" for [redacted] and [redacted] revealed the aforementioned orders. The [redacted] and [redacted] MAR for [redacted] revealed that Resident #1 was in [redacted] on - [redacted] during 7:00 a.m. to 3:00 p.m. shift, [redacted], - [redacted] during 7:00 a.m. to 3:00 p.m. shift, [redacted]	F 657		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315460	A. BUILDING _____ B. WING _____	C 04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT PROSPECT HEIGHTS LLC	336 PROSPECT AVE HACKENSACK, NJ 07601

(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		F 657		

Continued From page 6

- NJ Exec Order 26 during 3:00 to 11:00 p.m. shift, NJ Exec Order 26
- NJ Exec Orde during 7:00 a.m. to 3:00 p.m. shift NJ Exec Orde and
- NJ Exec Orde during 11:00 p.m. to 7:00 a.m. shift, NJ Exec Ord .

In addition, review of the Residents Occupational Therapy Treatment Encounter Notes (OTTEN), documented by the Certified Occupational Therapy Aide (COTA) on NJ Exec Order 26 Resident #1 "reported NJ Exec Order 26.4b1 . Nurse was notified." On NJ Exec Order 26.4b Resident #1 "verbalized of NJ Exec Order 26.4b1 e. Pts vitals were checked during session and BP [blood pressure] NJ Exec Order 2 ..." On NJ Exec Order 26 Resident #1 "reported NJ Exec Order 26.4b1 . Pts vitals were checked during session and BP NJ Exec Order 2 ..." On NJ Exec Order 26, Resident #1 NJ Exec Order 26.4b1 " On NJ Exec Orde , Resident #1 NJ Exec Order 26.4b1 . Pt. family and nursing is aware of the status of the patient."

Review of the Resident's progress note (PN) dated NJ Exec Order 26 at 10:13 documented by the Resident's Nurse Practitioner (NP) that the Resident was 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
	315460	A. BUILDING _____ B. WING _____	C 04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT PROSPECT HEIGHTS LLC	336 PROSPECT AVE HACKENSACK, NJ 07601

(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		F 657		

Continued From page 7

NJ Exec Order 26.4b1. Per staff, fluctuation in NJ Exec Order 26.4b1 "

The NP further documented "Advanced care planning: discussed NJ Exec Order 26.4b1 with pt. son. NJ Exec Order 26.4b1. Will change NJ Exec Order 26.4b despite likey little to no effect. 3 Day calorie count ordered. Discussed codestatus. Reviewed in detail DNR/DNI and poor likelihood of meaningful recovery given overall condition and age. Remains NJ Exec Order 26. Discussed NJ Exec Order 26 Accepting of NJ Exec Order 26.4b1. Plan discussed with nursing, social services and therapy team..." The PN did not indicate that the NJ Exec O was address during the advanced care planning on NJ Exec Order 26.

There was no indication in the Resident's MR that Resident #1's NJ Exec O was managed when she/he was experiencing NJ Exec O on the aforementioned dates and time which was not according to the Resident's CP. In addition, there was no indication that the Resident's CP was revised when her/his NJ Exec Order 26.4b1

During the telephone interview with the Surveyor on 4/17/24 at 5:33 p.m., LPN #3, who worked during the shift of 7:00 a.m. to 3:00 p.m. and 3:00 p.m. to 11:00 p.m. The LPN stated that at times, Resident #1 would NJ Exec Order 26.4b1 and the Resident only have as needed (PRN) medication and did not have stronger medication. The LPN added at times when the Resident NJ Exec Order 26.4b1, they would NJ Exec Order 26.4b1 her, they tried to move the Resident around, would talk to [her/him], she added NJ Exec Order 26.4b1 ," [Resident #1] would NJ Exec Order 26 and everybody at the facility would NJ Exec O

LPN #3 was unable to recall if the Resident's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315460	A. BUILDING _____ B. WING _____	C 04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT PROSPECT HEIGHTS LLC	336 PROSPECT AVE HACKENSACK, NJ 07601

(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		F 657		

Continued From page 8

NJ Exec Order 26.4b1 on NJ Exec Order 2[redacted] and NJ Exec Order 2[redacted] on NJ Exec Orde[redacted] was addressed.

During the interview with the Surveyor on 4/16/2024 at 3:33 p.m., the Director of Nursing (DON), Regional Clinical Nurse, and the administrator was notified that the staff failed to implement the Residents CP when her/his NJ Ex[redacted] and failed to address and revise Resident's CP when the Resident experienced NJ Exec Order 26.4b1 [redacted]

The facility policy titled "Pain," undated indicated "The facility will ensure pain management is provided to resident who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. The facility will utilize a systematic approach for recognition, assessment, treatment and monitoring of pain...Pain Management and Treatment 1. Based upon the evaluation, the facility in collaboration with the attending physician/prescriber, other health care professionals and the resident and/or the resident's representative will develop, implement, monitor and revise as necessary interventions to prevent or manage each individual resident's pain beginning at admission. 2. The interventions for pain management will be incorporated into the components of the comprehensive care plan, addressing conditions or in situations that may be associated with pain or may be included as a specific pain management need or goal...Monitoring, Reassessment and Care Plan Revision a. Facility staff will reassess resident's pain management at established intervals for effectiveness and/or adverse consequences such as...Physical dependence...Increases sensitivity

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315460	A. BUILDING _____ B. WING _____	C 04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT PROSPECT HEIGHTS LLC	336 PROSPECT AVE HACKENSACK, NJ 07601

(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 9 to pain...Depression...b. If re-assessment findings indicate pain not adequately controlled, the pain management regimen and plan of care will be revised as indicated..." The facility policy titled "Comprehensive Care Plan," undated indicated " Policy: It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment...The comprehensive care plan will be reviewed and revised by the interdisciplinary team after each comprehensive and quarterly MDS assessment. The comprehensive care plan will include measurable objectives and timeframes to meet the resident's needs as identified in the resident's comprehensive assessment. The objectives will be utilized to monitor the resident's progress. Alternative interventions will be documented, as needed..." NJAC: 8:39-27.1 (a)	F 657		
F 676 SS=D	Activities Daily Living (ADLs)/Mntn Abilities CFR(s): 483.24(a)(1)(b)(1)-(5)(i)-(iii) §483.24(a) Based on the comprehensive assessment of a resident and consistent with the resident's needs and choices, the facility must provide the necessary care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable. This	F 676		5/8/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315460	A. BUILDING _____ B. WING _____	C 04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT PROSPECT HEIGHTS LLC	336 PROSPECT AVE HACKENSACK, NJ 07601

(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 676	Continued From page 10 includes the facility ensuring that: §483.24(a)(1) A resident is given the appropriate treatment and services to maintain or improve his or her ability to carry out the activities of daily living, including those specified in paragraph (b) of this section ... §483.24(b) Activities of daily living. The facility must provide care and services in accordance with paragraph (a) for the following activities of daily living: §483.24(b)(1) Hygiene -bathing, dressing, grooming, and oral care, §483.24(b)(2) Mobility-transfer and ambulation, including walking, §483.24(b)(3) Elimination-toileting, §483.24(b)(4) Dining-eating, including meals and snacks, §483.24(b)(5) Communication, including (i) Speech, (ii) Language, (iii) Other functional communication systems. This REQUIREMENT is not met as evidenced by: COMPLAINT: # NJ00171849 Based on observation, interview, record review, and pertinent facility documents, it was determined that the facility failed to provide assistance in [NJ Exec Order 26] service to 1 of 3 sampled residents (Resident #2). This deficient practice is evidenced by the following:	F 676	1. Resident #2 was affected by this deficient practice. Resident #2 received [NJ Exec Order 26.4b1] immediately once notified. 2. All residents with incontinence have the potential to be affected by this deficient practice. Rounds initiated and any resident that required incontinence care was provided care at that time.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315460	A. BUILDING _____ B. WING _____	C 04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT PROSPECT HEIGHTS LLC	336 PROSPECT AVE HACKENSACK, NJ 07601

(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 676	Continued From page 11 According to admission record, Resident #2, was admitted with diagnosis which included but not limited to: NJ Exec Order 26.4b1 [redacted]. The form "COGNITIVE IMPAIRMENT SLP SCREEN," signed and dated by the SLP on NJ Exec Order 26.4b1 [redacted], reflected that Resident #2's NJ Exec Order 26.4b1 [redacted]. Resident #2's care plan (CP), initiated on NJ Exec Orde and revised on NJ Exec Order 26. [redacted], indicated that Resident #2 had NJ Exec Order 26.4b1 [redacted] of NJ Exec Order 26.4b1 [redacted]. Intervention included but not limited to, to be assisted with general hygiene and comfort measures. The CP, initiated on NJ Exec Order 26 [redacted] further indicated that the Resident had an activity of daily living NJ Exec Order 26.4b1 [redacted] related to (r/t) NJ Exec Order 26.4b1 [redacted]. The Minimum Data Set (MDS), an assessment tool dated NJ Exec Order 26 [redacted], indicated that the Resident's NJ Exec Order 26.4b1 [redacted] and needed assistance with Activities of Daily Living (ADLs). The MDS further indicated that the Resident was NJ Exec Order 26.4b1 [redacted] of NJ Exec Orde [redacted] and NJ Exec Order 26 [redacted]. During a NJ Exec Order 26.4b1 [redacted] on NJ Exec Order 26 [redacted] at 10:36 am, in the presence of the Unit Manager/Licensed Practical Nurse (UM/LPN #1) and Certified Nursing Assistance (CNA #1), CNA #1 was observed providing morning care to Resident #2. Resident #2 was lying on her/his left side in bed sleeping but arousable. The surveyor and UM/LPN #1 observed Resident #2's NJ Exec Order 26.4b1 [redacted]. The Resident was observed NJ Exec Order 26.4b1 [redacted]	F 676	3. Director of Nursing/Designee educated staff on policies for "Incontinence Care" and "Activities of Daily Living." 4. The Director of Nursing / Designee will round on 10 incontinent residents to ensure care is provided timely, weekly x 4 weeks and then monthly x 2 months. The results of the audits will be presented at the monthly QAPI.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315460	A. BUILDING _____ B. WING _____	C 04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT PROSPECT HEIGHTS LLC	336 PROSPECT AVE HACKENSACK, NJ 07601

(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 676	Continued From page 12	F 676		

NJ Exec Order 26.4b1 The CNA continued to provide care. According to the CNA, UM/LPN #1, LPN #2 (assigned nurse), they did not NJ Exec Order 26.4b1 since the beginning of the shift.

During an interview with CNA #1 on 4/16/24 at 1:25 p.m., the CNA stated that she did not see the Resident until morning care with the surveyor and the UM/LPN. She further stated that she did not get a NJ Exec Order 26.4b1 She stated that residents have to be NJ Exec Order 26.4b1 every 2 hours and if the resident is NJ Exec Order they needed to be NJ Exec Order 26.4b1 and does not need to wait for the next 2 hours. The CNA explained that she did not have a chance to check Resident #2 if she/he needed to be NJ Exec Order 26.4 at the beginning of the shift because they were short of staff.

According to NJ Exec Order 26.4b1 schedule, the NJ Exec Order 26.4b had 3 CNAs.

According to the NJ Exec Order 26.4b "Daily Census," dated NJ Exec Order 2, the NJ Exec Order 26.4b had 27 residents.

Review of the CNA job description, under "Specific Job Function...Make resident comfortable...Keep resident dry (i.e., change gown, clothing, linen, etc., when it becomes wet or soiled) Change bed linens...Assist resident with bowel and bladder functions..."

Review of the facility's policy titled "Incontinent Care," undated, reflected "It is the practice of this facility to provide perineal care to all incontinent residents during routine bath and as needed in

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315460	A. BUILDING _____ B. WING _____	C 04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT PROSPECT HEIGHTS LLC	336 PROSPECT AVE HACKENSACK, NJ 07601

(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 676	Continued From page 13 order to promote cleanliness and conform, prevent infection to the extent possible, and to prevent and assess for skin breakdown. Review of the facility's policy titled "Activity of Daily Living (ADLs), Supporting Policy Statement Residents [will] be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activity of daily living (ADLs). Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene...2. Appropriate care and services will be provided for residents who are unable to carry out ADLs as independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with...c. Elimination (toileting)..." NJAC 8:39-27.1(a)	F 676		
F 697 SS=G	Pain Management CFR(s): 483.25(k) §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: COMPLAINT: # NJ00171849 Based on interviews, review of the medical records, and review of other pertinent facility documents, on 4/15/24 and 4/16/24, it was determined that the facility failed to consistently	F 697	1. Resident #1 was affected by this deficient practice. Resident #1 has been discharged to home. 2. All residents with pain have the potential to be affected by this deficient practice. All residents assessed for pain	5/8/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315460	A. BUILDING _____ B. WING _____	C 04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT PROSPECT HEIGHTS LLC	336 PROSPECT AVE HACKENSACK, NJ 07601

(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 697	Continued From page 14 follow residents' care plan (CP), evaluate [NJ Exec O], and ensure that [NJ Exec O] medications were administered according to the physician's orders (PO's) for residents who was experiencing [NJ Exec O]. The facility also failed to follow its policy titled "Pain" for 1 of 3 residents (Resident #1) reviewed for [NJ Exec O] management. This deficient practice was evidenced by the following: According to the admission record, Resident #1 was admitted with diagnoses that included but not limited to: NJ Exec Order 26.4b1 [redacted] The Minimum Data Set (MDS), an assessment tool dated [NJ Exec Order 26.4b] indicated that Resident #1's NJ Exec Order 26.4b1 and was able to [NJ Exec Order 26.4b1] during activity of daily living with. The MDS further indicated that Resident #1 was receiving as needed [NJ Exec O] medications or was offered and declined. Review of the CP for Resident #1, initiated on [NJ Exec Order 26.4b] and revised on [NJ Exec Order 26] indicated that Resident #1 had [NJ Exec O] related to NJ Exec Order 26.4b1. The CP also indicated a goal that Resident #1 will not have an interruption in normal activities due to [NJ Exec O] through the review date. Interventions initiated on [NJ Exec Order 26] and revised on [NJ Exec Order 26] (after Resident had been discharged), which included but not limited to: -Administer [NJ Exec Order 26.4b] as per orders, to give half hour before treatments or care. -Notify physician if interventions are unsuccessful or if current complaint is a significant change from residents past experience of [NJ Exec O]. The Order Summary Report (OSR), dated [NJ Exec Order 26], revealed on [NJ Exec Order 26] an order for	F 697	and pain management provided and documented. 3. Director of Nursing / Designee educated staff on facility “Pain” policy and administering of pain medication according to pain scale. 4. The Director of Nursing / Designee will audit 10 resident charts to ensure pain medication is being provided as ordered in correlation to pain scale weekly x 4 weeks then monthly x 2 months. The results will be presented at the monthly QAPI.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315460	A. BUILDING _____ B. WING _____	C 04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT PROSPECT HEIGHTS LLC	336 PROSPECT AVE HACKENSACK, NJ 07601

(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 697	Continued From page 15	F 697		

NJ Exec Order 26.4b1 give 2 tablets by mouth every 4 hours as needed for NJ Exec Order 26.4b1 and NJ Exec O every shift on NJ Exec Order 26.

The "MEDICATION ADMINISTRATION RECORD (MAR)" for NJ Exec Order 2 and NJ Exec Order 2, revealed the aforementioned orders. The MAR for NJ Exec Order 2 and NJ Exec Order 26.4b1 revealed that Resident #1 was in NJ Exec O on
- NJ Exec Order 26 during 7:00 a.m. to 3:00 p.m. shift, NJ Exe
- NJ Exec Order 26 during 3:00 to 11:00 p.m. shift, NJ Exec Order 26
and
- NJ Exec Orde during 11:00 p.m. to 7:00 a.m. shift, NJ Exec Ord

There was no indication in the Resident's MR that the NJ Exec Order 26.4b1 2 tablets was administer to the Resident when she/he has NJ Exe which was not according to the PO's.

- NJ Exec Order 26 during 7:00 a.m. to 3:00 p.m. shift, NJ Exe and
- NJ Exec Orde during 7:00 a.m. to 3:00 p.m. shift, NJ Exec Ord

There was no indication in the Resident's MR that the Resident's NJ Exec O above NJ Exec Order 26 was address which as not according to the resident CP.

Review of Resident #1 Occupational Therapy Treatment Encounter Notes (OTTEN), documented by the Certified Occupational Therapy Aide (COTA) the following.
-On NJ Exec Order 26, Resident #1 "reported NJ Exec Order 26.4b1 Nurse was notified."
-On NJ Exec Order 26, Resident #1 NJ Exec Order 26.4b1 and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315460	A. BUILDING _____ B. WING _____	C 04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT PROSPECT HEIGHTS LLC	336 PROSPECT AVE HACKENSACK, NJ 07601

(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 697	Continued From page 16	F 697		

NJ Exec Order 2. Pts vitals were checked during session and BP [blood pressure] NJ Exec Order "
-On NJ Exec Order 2 Resident #1 "reported NJ Exec Order 26.4b1 Pts vitals were checked during session and BP NJ Exec Order 2.."
-On NJ Exec Order 2, Resident #1 NJ Exec Order 26.4b1 "
-On NJ Exec Orde, Resident #1 NJ Exec Order 26.4b1 Pt. family and nursing is aware of the status of the patient."

There was no indication in the Resident's MR that Resident #1's NJ Exec O above NJ Exec Order 26 was addressed on the aforementioned dates and time, as indicated in the OTTEN.

During the interview with the Surveyor on 4/16/24 at 10:01 a.m., the Occupation Therapist/Director of Rehab (OT/DOR) who was also reviewing the COTA's note on her laptop during the interview, the OT/DOR stated that the Resident started NJ Exec Order 26.4b on NJ Exec Order 2, the Resident continued NJ Exec Orde, however, Resident #1 was NJ Exec Order 26.4b1 The OT/DOR further stated that the NJ Exec Orde for Resident #1 was discontinued because NJ Exec Order 26.4b1. According to OT/DOR, Resident #1 "NJ Exec Order 26.4b1 " She further stated "I'm sure the COTA reported to nursing because that's how we do it. Unfortunately, she did not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315460	A. BUILDING _____ B. WING _____	C 04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT PROSPECT HEIGHTS LLC	336 PROSPECT AVE HACKENSACK, NJ 07601

(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 697	Continued From page 17	F 697		

document."She further stated, "If not documented, it didn't happen."

During the interview with the Surveyor on 4/16/24 at 10:52 a.m., the COTA confirmed what was documented on the OTTEN. The COTA stated that Resident #1 started NJ Exec Order 26.4b1 towards the end of [redacted]. The COTA confirmed that Resident #1 [redacted] due to [redacted] and [redacted] as documented on the OTTEN. The COTA explained that during the session, when Resident NJ Exec Order 26.4b1 she would stop the session, stop the NJ Exec Order 26.4b1 and continue the [redacted] during mealtime. The COTA stated that she communicated to nursing that the Resident was in [redacted] (unable to give specific date and time). The COTA explained that when a patient is in [redacted], it affects the outcome or plan of treatment, so its hard for the goal to be met because the patient will not participate, the patient did not meet the goal because she was in [redacted]" The COTA admitted that the communications to nursing was not documented and said "to document any interaction or any care provided to Resident, from now on I would need to document that I notified the nurses. Document to show proof that it was communicated." "If not documented means it didn't happen."

During the interview with LPN #4 on 4/16/24 at 3:53 p.m., who was assigned to Resident #1 on the OTTEN aforementioned dates, she stated that she did not receive a report from the COTA that the Resident was in [redacted]. According to the LPN, if she was made aware, she would have assessed the Resident and would give the [redacted] medication.

During the telephone interview with the Surveyor

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315460	A. BUILDING _____ B. WING _____	C 04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT PROSPECT HEIGHTS LLC	336 PROSPECT AVE HACKENSACK, NJ 07601

(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 697	Continued From page 18	F 697		

on 4/17/24 at 5:33 p.m., LPN #3, who worked during the shift of 7:00 a.m. to 3:00 p.m. and 3:00 p.m. to 11:00 p.m. The LPN stated that at times, Resident #1 would [NJ Exec Order 26.4b1] and the Resident only have as needed (PRN) medication and did not have stronger medication. The LPN added at times when the Resident was in [NJ Exec O], they would [NJ Exec Order 26.4b1] her, they tried to move the Resident around, would talk to [her/him], she added "[NJ Exec Order 26.4b1] [Resident #1] would [NJ Exec Order 26] and [NJ Exec Order 26.4b1]." LPN #3 was unable to recall when the Resident's [NJ Exec Order 26.4b1] on [NJ Exec Order 2] and [NJ Exec Order 26] on [NJ Exec Orde] was addressed.

The facility policy titled "Pain," undated indicated "The facility will ensure pain management is provided to resident who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences...Pain Management and Treatment 1. Based upon the evaluation, the facility in collaboration with the attending physician/prescriber, other health care professionals and the resident and/or the resident's representative will develop, implement, monitor and revise as necessary interventions to prevent or manage each individual resident's pain beginning at admission. 2. The interventions for pain management will be incorporated into the components of the comprehensive care plan, addressing conditions or in situations that may be associated with pain or may be included as a specific pain management need or goal...6. Non-pharmacological interventions will be included but are limited to: a. Environmental

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315460	A. BUILDING _____ B. WING _____	C 04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT PROSPECT HEIGHTS LLC	336 PROSPECT AVE HACKENSACK, NJ 07601

(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 697	Continued From page 19 comfort measures (e.g., adjusting room temperature, smoothing linens, comfortable seating, assistive devices or pressure redistributing mattress and positioning) b. Loosening any constructive bandage, clothing or device c. applying splinting (e.g., pillow or folded blanket) d. Physically modalities (e.g., cold compress, warm shower/bath, massage, turning and reposition) e. Exercises to address stiffness and prevent contractures as well as restorative nursing program to maintain joint mobility f. Cognitive/behavioral interventions (e.g., music, relaxation techniques, activities, diversions, spiritual and comfort support, teaching the resident coping techniques and education about pain) 7. Pharmacological interventions will follow a systematic approach for selecting medications and doses to treat pain. The interdisciplinary team is responsible for developing a pain management regimen that is specific each resident who has pain or who has the potential for pain. The following are general principles the facility will utilize for prescribing analgesics..." NJAC 8:39-27.1(a)	F 697		
F 725 SS=D	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in	F 725		5/8/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315460	A. BUILDING _____ B. WING _____	C 04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT PROSPECT HEIGHTS LLC	336 PROSPECT AVE HACKENSACK, NJ 07601

(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 725	Continued From page 20 accordance with the facility assessment required at §483.70(e). §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: COMPLAINT: # NJ00171849 Based on observations, interviews, and record review, as well as review of pertinent facility documents on 4/15/24 and 4/16/24, it was determined that the facility failed to ensure there was adequate staffing to provide for the needs of residents for 1 of 3 Residents (Resident #1) observed for nursing care. This deficient practice is evidenced by the following: According to admission record, Resident #2, was admitted with diagnosis which included but not limited to: NJ Exec Order 26.4b1 [redacted] Resident #2's care plan (CP), initiated on NJ Exec Orde and revised on NJ Exec Order 2, indicated that Resident #2 had NJ Exec Order 26.4b1 of	F 725	1. Resident #1 was affected by this deficient practice. Staff was alerted and care was provided immediately. 2. All Residents have the potential to be affected by this deficient practice. 3. Additional per diem, part time and fulltime were scheduled to meet minimum staff to resident ratios. Licenses/ certifications were verified by the staffing manager/ Human Resources for current licensed certified staff. DON / Designee to in-service Staffing Coordinator on appropriate staffing levels. The facility has advertised open jobs through online recruitment platforms as well as traditional recruitment firms. The facility has conducted job fairs and has contracts with nursing staffing agencies. 4. The Scheduling manager or designee will audit weekly x4 weeks and monthly x2	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315460	A. BUILDING _____ B. WING _____	C 04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT PROSPECT HEIGHTS LLC	336 PROSPECT AVE HACKENSACK, NJ 07601

(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 725	Continued From page 21 NJ Exec Order 26.4b1 . Intervention included but not limited to, to be assisted with general hygiene and comfort measures. The CP, initiated on NJ Exec Order 26.4b1 further indicated that the Resident had an activity of daily living NJ Exec Order 26.4b1 related to (r/t) NJ Exec Order 26.4b1 The Minimum Data Set (MDS), an assessment tool dated NJ Exec Order 26.4b1, indicated that the Resident's NJ Exec Order 26.4b1 and needed assistance with Activities of Daily Living (ADLs). The MDS further indicated that the Resident was NJ Exec Order 26.4b1 of NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. During a NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1 at 10:36 am, in the presence of the Unit Manager/Licensed Practical Nurse (UM/LPN #1) and Certified Nursing Assistance (CNA #1) was observed providing morning care to Resident #2. Resident #2 was lying on her/his left side in bed sleeping but arousable. The surveyor and UM/LPN #1 observed Resident #2's NJ Exec Order 26.4b1 . The resident was observed lying on a NJ Exec Order 26.4b1 Residents NJ Exec Order 26.4b1 The CNA provided care NJ Exec Order 26.4b1 care to Resident #2. According to the CNA, UM/LPN #1, and LPN #2 (assigned nurse), they did not NJ Exec Order 26.4b1 since the beginning of the shift from 7:00 a.m. During an interview with CNA #1 on 4/16/24 at 1:25 p.m., the CNA stated that she did not provide care to the Resident until 10:36 a.m. According to the CNA she did not get a chance to check the Resident NJ Exec Order 26.4b1 because because they "were short	F 725	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
	315460	A. BUILDING _____ B. WING _____	C 04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT PROSPECT HEIGHTS LLC	336 PROSPECT AVE HACKENSACK, NJ 07601

(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 725	Continued From page 22 staff today." According to the third floor "Daily Census," dated 4/15/24, the third floor had 27 residents and 3 CNAs. CNA #2 (CNA assigned to Resident #1 on 4/14/24 during the night shift) was not available for an interview on 4/15/24 and 4/16/24 during the survey. Review of the CNA job description, under "Specific Job Function...Make resident comfortable...Keep resident dry (i.e., change gown, clothing, linen, etc., when it becomes wet or soiled) Change bed linens...Assist resident with bowel and bladder functions..." NJAC 8:39-27.1(a)	F 725		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056300	A. BUILDING: _____ B. WING _____	C 04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT PROSPECT HEIGHTS LLC	336 PROSPECT AVE HACKENSACK, NJ 07601

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments COMPLAINT: # NJ00171849 CENSUS: 89 SAMPLE: 3 The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities. The facility must submit a plan of correction, including a completion date, for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the Provisions of the New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations.	S 000		
S1015	8:39-11.1 Mandatory Resident Assessment and Care Plans A registered professional nurse (RN) shall assess the nursing needs of each resident, coordinate the written interdisciplinary care plan, sign and date the assessment to certify that it is complete, and ensure the timeliness of all services. This REQUIREMENT is not met as evidenced by: COMPLAINT: # NJ00171849 Based on interviews, medical record (MR) review, and review of other pertinent facility documents on 4/15/2024 and 4/16/24, it was determined that the facility nursing staff failed to have a Registered Nurse (RN) complete a [redacted] for a resident on a follow up [redacted] This deficient practice was for 1 of 3	S1015	1. Resident #1 was affected by this deficient practice. Resident #1 was discharged to home 2. All residents have the potential to be affected by this deficient practice. RN preformed a skin assessment on all current residents. 3. Director of Nursing / Designee educated nursing staff on RN validating	5/8/24

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

Electronically Signed | 05/08/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056300	A. BUILDING: _____ B. WING _____	C 04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT PROSPECT HEIGHTS LLC	336 PROSPECT AVE HACKENSACK, NJ 07601

(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
S1015	Continued From page 1 residents (Resident #1) reviewed for admission NJ Exec Order 26.4b1. This deficient practice was evidenced by the following: According to the admission record, Resident #1 was admitted with diagnoses that included but not limited to: NJ Exec Order 26.4b1 The Minimum Data Set (MDS), an assessment tool dated NJ Exec Order 26.4b, a comprehensive assessment, indicated that Resident #1's NJ Exec Order 26.4b1 was able to NJ Exec Order 26.4b1 during activity of daily living. A review of the Resident's NJ Exec Or dated NJ Exec Order 26, completed by the Unit Manager/Licensed Practical Nurse (UM/LPN #1) under "DIAGRAM," indicated, included but not limited to, Resident #1 had NJ Exec Order 26.4b1, described as "NJ Exec Order 26.4b." The Order Summary Report (OSR), dated NJ Exec Order 26, revealed on NJ Exec Order 26 an order for NJ Exec Order 26.4b1 AFTER CLEANSING WITH SOAP AND WATER EVERY SHIFT AND AS NEEDED S/P [status post] EACH NJ Exec Order 26.4b1 EPISODE." The "TREATMENT ADMINISTRATION RECORD (TAR)" for the month of NJ Exec Order 26 revealed the aforementioned order. The TAR further revealed that the NJ Exec Order 26.4b1 was applied to the Resident's NJ Exec Or from NJ Exec Order 26. During the interview with the Surveyor on 4/16/24 at 1:41 p.m., UM/LPN #1 confirmed what was documented on the SID. The UM/LPN stated that	S1015	LPN's skin assessment. 4. Director of Nursing / Designee will audit 5 admissions weekly x 4 weeks to ensure RN is validating skin assessment and then monthly x 2 months. The results of the audits will be reviewed in the monthly QAPI meetings.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056300	A. BUILDING: _____ B. WING _____	C 04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT PROSPECT HEIGHTS LLC	336 PROSPECT AVE HACKENSACK, NJ 07601

(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
S1015	Continued From page 2 she assessed the Resident and did not report to a Registered Nurse. There was no indication in the Resident's MR that the [NJ Exec Order 26.4b1] to [NJ Exec Order] on [NJ Exec Order 2] was assessed by an RN to validate the LPN's assessment.	S1015		

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
315460 Y1	A. Building B. Wing Y2	5/16/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT PROSPECT HEIGHTS LLC	336 PROSPECT AVE HACKENSACK, NJ 07601

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 F0641	Correction	ID Prefix F0657	Correction	ID Prefix F0676	Correction
Reg. # 483.20(g)	Completed	Reg. # 483.21(b)(2)(i)-(iii)	Completed	Reg. # 483.24(a)(1)(b)(1)-(5)(i)-(iii)	Completed
LSC	05/08/2024	LSC	05/08/2024	LSC	05/08/2024
ID Prefix F0697	Correction	ID Prefix F0725	Correction	ID Prefix	Correction
Reg. # 483.25(k)	Completed	Reg. # 483.35(a)(1)(2)	Completed	Reg. #	Completed
LSC	05/08/2024	LSC	05/08/2024	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
4/16/2024	☐ 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	MULTIPLE CONSTRUCTION	DATE OF REVISIT
056300 Y1	A. Building B. Wing Y2	5/16/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT PROSPECT HEIGHTS LLC	336 PROSPECT AVE HACKENSACK, NJ 07601

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 S1015	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-11.1	Completed	Reg. #	Completed	Reg. #	Completed
LSC	05/08/2024	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
4/16/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO