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 02/15/2024

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 #:NJ00171288 Survey Dates: 2/15/2024 Census: 105 Sample Size: 3 Based on interviews, record review, and review of pertinent facility documents on 2/15/24, it was determined that the facility failed to ensure that Resident #3 who had a Physician Order to have Ex.Order 26.4(b)(1) by a Certified Nursing Assistant (CNA) on Ex.Order 26.4(b)(1). On Ex.Order 26.4(b), during the 3PM -11 PM evening shift , Resident #3, who was Ex.Order 26 and was Ex.Order 26.4(b)(1) on Ex.Order 26.4(b) by a CNA. In addition, Resident #3 Ex.Order 26.4(b)(1) and the roommate's family member contacted the staff that the resident appeared Ex.Order 26.4(b)(1). The facility performed the Ex.Order 26.4(b)(1) and Ex.Order 26.4(b)(1). Resident #3 was transferred to an acute care hospital facility for further evaluation and Ex.Order 26.4(b)(1) This deficient practice created an Immediate Jeopardy (IJ) to the health and well-being of Resident #3, who was Ex.Order 26.4(b)(1) and had the potential to impact all residents who are ordered Ex.Order 26.4(b)(1). This deficient practice was identified for 1 of 3 sampled residents (Resident #3).	F 000	Past noncompliance: no plan of correction required.	

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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients . (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 000	Continued From page 1 There was sufficient evidence that the facility corrected the non-compliance and is in substantial complaince at the time of the current survey on 2/15/24 for the specific regulatory requirements for F689. The Immediate Jeopardy Past Non-Complaince started on Ex.Order 26.4(b)(1) and ended on Ex.Order 26.4(b)(1) when all staff was trained on the new Ex.Order 26.4(b)(1) policies and proceedures.	F 000		
F 689 SS=J	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: C#:NJ00171288 Based on observation, interviews, review of medical records and other facility documentation on 2/15/24, it was determined that the facility failed to ensure a resident's specific Physician Order to receive Ex.Order 26.4(b)(1) on Ex.Order 26.4(b)(1) was implemented. Resident #3 who was Ex.Order 26.4(b)(1) received Ex.Order 26.4(b)(1) from a Certified Nursing Assistant (CNA #1). The CNA Ex.Order 26.4(b)(1) Resident #3 the Ex.Order 26.4(b)(1) who was not in the facility at that time. The CNA failed to ask nursing staff why the resident was provided Ex.Order 26.4(b)(1). Resident #3 was able Ex.Order 26.4(b)(1) self, but had Ex.Order 26.4(b)(1) and to	F 689	Past noncompliance: no plan of correction required.	

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Ex.Order 26.4(b)(1). A visitor in the room, informed the staff that the resident appeared to Ex.Order 26.4(b)(1). The facility staff nurse performed Ex.Order 26.4(b)(1) [redacted] Resident #3 was transferred to an acute care hospital facility for further evaluation. On Ex.Order 26.4(b)(1), the resident develope Ex.Order 26.4(b)(1) [redacted]

The Immediate Jeopardy (IJ) for the incident on Ex.Order 26.4(b) [redacted], was identified on 2/15/24 at 5:49 p.m. when the Administration was alerted. The IJ was identified as past.
non-compliance (PNC) from Ex.Order 26.4(b)(1), when the facility provided evidence of a Plan of Correction (POC) that was initiated at the time of the incident and prior to the survey.

- On Ex.Order 26.4(b) [redacted]: CNA #1 was suspended and was subsequently terminated.
- On Ex.Order 26.4(b) [redacted]: All residents that Ex.Order 26.4(b)(1) [redacted] were identified, and a blue dot was placed on the resident's name outside of the room and blue dot applied on the wrist band.
- On Ex.Order 26.4(b) [redacted]: Staff were educated on the dot system and identification of residents who are Ex.Order 26 [redacted].
- On Ex.Order 26.4(b) [redacted]: Staff were educated to ensure all Ex.Order 26.4 [redacted] are to be verified by a nurse to ensure the proper Ex.Order 26.4 [redacted] provided to the assigned patient.
- On Ex.Order 26.4(b) [redacted]: Staff were educated to review the Kardex for assigned patients for their assigned residents at the beginning of the shift.
- On Ex.Order 26.4(b) [redacted]: Staff were educated on the location of the resident's Ex.Order 26.4(b)(1) on the Point of Care (electronic medical record).

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- On Ex.Order 26.4(b): Staff were educated on the resident's Ex.Order 26.4(b)(1) on the assignment sheet.
- On Ex.Order 26.4(b): Staff were educated that CNAs are unable to end their shift until on-coming CNAs arrived.
- On Ex.Order 26.4(b): Staff were educated on a form Ex.Order 26.4(b)(1).
- On Ex.Order 26.4(b)(Staff were educated to verify Ex.Order 26.4(b)(1) is for assigned resident.
- On Ex.Order 26.4(b)(1): Staff continue to be educated on new process.
- On Ex.Order 26.4(b)(1): Staff education was completed.

There was sufficient evidence that the facility corrected the non-compliance and is in substantial compliance at the time of the current survey on 2/15/24 for the specific regulatory requirements for F689. The Immediate Jeopardy Past Non-Compliance started on Ex.Order 26.4(b)(1) and ended on Ex.Order 26.4(b)(1) when all staff was trained on the new Ex.Order 26.4(b)(1) policies and procedures

This deficient practice was evidenced by the following:

According to the Admission Record (AR), Resident #3 was admitted to the facility with diagnoses that included but were not limited to: Ex.Order 26.4(b)(1) [redacted]

Review of the Admission Brief Interview for

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Mental Status (BIMS) dated Ex.Order 26.4(b)(1) revealedthe resident had a BIMS of Ex.Order 26, which indicated that the Resident's cognition was Ex.Order 26.4(b)(1).

Review of the Dietary Admission Assessment dated Ex.Order 26.4(b)(1), documented that Resident #3 was admitted Ex.Order 26.4(b)(1)

Review of the Order Summary Report (OSR) dated Ex.Order 26.4(b), revealed an order, initiated on Ex.Order 26.4(b)(1), that Resident #3 was on Ex.Order 26.4(b)(1). Further review of the OSR included an order, initiated on Ex.Order 26.4(b)(1) for Ex.Order 26.4(b)(1) [redacted] times a day.

Review of the Care Plan (CP) initiated on Ex.Order 26.4(b)(revealed under focus documented, "Resident #3 Ex.Order 26.4(b)(1) [redacted] ...". Further review of the CP included an intervention Ex.Order 26.4(b)(

Review of the Facility Reportable Event (FRE) submitted to NJDOH (New Jersey Department of Health) for Resident #3, dated Ex.Order 26.4(b), showed that: "On Ex.Order 26.4(b)(approximately 6:15 [Resident #3] a Ex.Order 26.4(b)(1) [redacted] by assigned certified nursing assistance. A short time after Ex.Order 26.4(b)(1) [Resident #3] was observed Ex.Order 26.4(b)(1) [redacted]. Nursing was made aware by CNA of the Ex.Order 26.4(b)(1) and immediately responded. The nurses provide Ex.Order 26.4(b)(1) [redacted]

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was initiated. The nursing staff was able tosuccessfully Ex.Order 26.4(b)(1) . 911 was called and the EMT's (Emergency Medical Technician) transferred the resident to the ER (emergency room) for eval."

Review of a document titled, 'Competency Evaluation' for CNA #1 dated Ex.Order 26.4(b)(1) showed that CNA #1 met the understanding of the various type of Ex.Order 26.4(b)(1) .

Review of a statement dated Ex.Order 26.4(b) completed by the CNA #1, Resident #3 was observed Ex.Order 26.4(b)(1) [Resident #3]". Further review of the statement documented that CNA #1 was alerted that Resident #3 was Ex.Order 26.4(b)(1) and the nurses informed her that the resident was Ex.Order 26.4(b)(1)

Review of Resident #3's Progress Notes (PN), dated Ex.Order 26.4(b)(1) at 3:00 p.m., documented by Licensed Practical Nursing (LPN) #2 revealed that Resident #3 was able to Ex.Order 26.4(b)(1). Further review of the PN, dated Ex.Order 26.4(b) at 7:02 p.m., documented by RN#1, revealed at approximately 5:20 p.m. that the roommate's family member notified staff that Resident #3 was Ex.Order 26.4(b)(1) The PN further revealed Resident #3 was provided with another resident's Ex.Order 26.4(b) CNA #1. According to PN, Ex.Order 26.4(b)(1)

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provide Ex.Order 26.4(b)(1)) by paramedics." Resident #3 was transferred to acute care setting for evaluation.

Review of Resident #3's hospital record for Ex.Order 26.4(b), under Provider Note documented by the physician, under section History of Present Illness, Ex.Order 26.4(b)(1) " Further review of the hospital record section ED Triage Notes, documented by RN #2 on Ex.Order 26.4(b), "Pt reported to have Ex.Order 26.4(b)(1) Further review of the hospital record documented by physician, under Assessment section, that Resident #3 presented in the ED (emergency department) after a witnessed Ex.Order 26.4(b)(1)

The surveyor attempted to call CNA #1 on 2/15/23 at 12:23 p.m.; however, the CNA was not available for a telephone interview.

During an interview with the surveyor on 2/15/23 at 1:34, the Director of Nursing (DON) stated that the CNA #1 brought another resident's Ex.Order 26.4(Resident #3. She further stated that the CNA Ex.Orde According to the DON, Resident #3 was Ex.Order 26.4(b)(1) The DON explained that Resident #3 should not have received Ex.Order 26.4(b)(1) because Resident #3 was Ex.Order 26.4(and he/she was Ex.Order 26.4(b)(1) According to the DON, prior to the incident on Ex.Order 26.4(b)(the process of

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meal distribution was for the CNAs to check theresident's name and room number, and to compare the meal tickets. The DON also stated that the nurses were not involved with the meal distribution. The DON explained the new process for meal distribution was, the nurses should review the physician order and would compare it with the meal ticket. The nurses are to check the meal tray to ensure the ordered consistency was being provided. DON further explained, a blue dot would be placed on the resident's name by door and a blue dot would be on the resident's name band to indicate a resident is NPO.

During an interview with the surveyor on 2/15/2024 at 10:38 a.m., CNA #2 stated that the nurses were responsible for checking the meal ticket in comparison to the meal tray before serving the resident. CNA #2 explained after the nurse checked the meal tray, the nurse would give the meal tray to one of the CNAs, and the CNA would bring it to the resident. CNA #2 further explained that the resident's ID band would be checked to confirm the name on the meal ticket.During an interview conducted by the surveyor on 2/15/2024 at 10:55 a.m., the LPN #1 stated that the nurse or the Unit Manager (UM) would check the diet order, compare the order to the meal ticket, and check the meal tray to ensure that the resident is receiving the ordered consistency. The LPN #1 explained that residents who are NPO would have a blue dot on the door next to their name and a blue dot would also be placed on the resident's name band.

During an interview with the surveyor on 2/15/2024 at 3:21 p.m., RN #1 stated that on [redacted], during 3:00 p.m. to 11:00 p.m. shift, the

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RN did not give report to CNA #1. RN #1 further stated that CNA #1 Ex.Order 26.4(b)(1) to Resident #3 (who Ex.Order 26.4(b)(1)) who was Ex.Order 26.4(b)(1) himself/ herself. According to RN #1, Resident's roommate family member notified her that Resident #3 was Ex.Order 26.4(b)(1) and that she observed Ex.Order 26.4(b)(front of the resident. RN #1 explained that she performed the Ex.Orde and Ex.Order 26.4(b)(1) the resident who Ex.Order 26.4(b)(1)". RN #1 further explained that 911 arrived and provided further interventions and Resident #3 was transferred to the hospital.

During a follow-up interview with the surveyor on 2/15/2024 at 3:52 p.m., RN #1 explained that she was educated on the process of passing trays. The nurse must check the diet order and compare it to the meal ticket and visually see what is being served before giving the tray to the resident. She further explained that any NPO resident would have a blue dot next to their name and on their name band to indicate that the resident is NPO.

Review of the facility's policy, titled "Meal Distribution," reviewed on 12/2023, included under "Policy Explanation and Compliance Guidelines: that diets should be served in accordance with the physician's order ..."

8:39-17.4(a)(1)

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S 000	Initial Comments C#NJ00171288 CENSUS: 105 SAMPLE SIZE: 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		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Complaint # NJ 00171288 Based on review of pertinent facility documentation, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratios as mandated by the state of New Jersey for 28 of 28 day shifts and 1 of 28 day evening shift. The deficient practice was evidenced by the following:	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. Additional per diem, part time and fulltime were scheduled to meet minimum staff to resident ratios. Licenses/	2/23/24

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

Electronically Signed | 03/06/24

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S 560	Continued From page 1 Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021: One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and one direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties. The surveyor requested staffing for the weeks of 11/26/2023 to 12/09/2023 and 01/28/2024 to 02/10/2024. The facility was deficient in CNA staffing for resident on 28 of 28 day shift and 1 of 28 day evening shift as follows: -11/26/23 had 6 CNAs for 80 residents on the day shift, required at least 10 CNAs. -11/27/23 had 5 CNAs for 79 residents on the day shift, required at least 10 CNAs. -11/28/23 had 6 CNAs for 79 residents on the day shift. Required at least 10 CNAs. -11/29/23 had 7 CNAs for 79 residents on the day shift, required at least 10 CNAs. -11/30/23 had 6 CNAs for 79 residents on the day shift, required at least 10 CNAs.	S 560	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 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.	

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COMPLETE CARE AT PROSPECT HEIGHTS LLC	336 PROSPECT AVE HACKENSACK, NJ 07601

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S 560	Continued From page 2 -12/01/23 had 7 CNAs for 85 residents on the day shift, required at least 11 CNAs. -12/02/23 had 5 CNAs for 85 residents on the day shift, required at least 11 CNAs. -12/03/23 had 5 CNAs for 85 residents on the day shift, required at least 11 CNAs. -12/04/23 had 7 CNAs for 90 residents on the day shift, required at least 11 CNAs. -12/04/23 had 7 CNAs to 16 total staff on the evening shift, required at least 8 CNAs -12/05/23 had 5 CNAs for 89 residents on the day shift, required at least 11 CNAs. -12/06/23 had 6 CNAs for 89 residents on the day shift, required at least 11 CNAs. -12/07/23 had 5 CNAs for 89 residents on the day shift, required at least 11 CNAs. -12/08/23 had 5 CNAs for 88 residents on the day shift, required at least 11 CNAs. -12/09/23 had 5 CNAs for 86 residents on the day shift, required at least 11 CNAs. -01/28/24 had 5 CNAs for 102 residents on the day shift, required at least 13 CNAs. -01/29/24 had 7 CNAs for 102 residents on the day shift, required at least 13 CNAs. -01/30/24 had 7 CNAs for 102 residents on the day shift, required at least 13 CNAs. -01/31/24 had 7 CNAs for 100 residents on the day shift, required at least 12 CNAs. -02/01/24 had 8 CNAs for 100 residents on the day shift, required at least 12 CNAs. -02/02/24 had 9 CNAs for 100 residents on the day shift, required at least 12 CNAs. -02/03/24 had 6 CNAs for 100 residents on the day shift, required at least 12 CNAs. -02/04/24 had 5 CNAs for 100 residents on the day shift, required at least 12 CNAs.	S 560		

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 02/15/2024

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 560	Continued From page 3 -02/05/24 had 6 CNAs for 99 residents on the day shift, required at least 12 CNAs. -02/06/24 had 8 CNAs for 99 residents on the day shift, required at least 12 CNAs. -02/07/24 had 6 CNAs for 99 residents on the day shift, required at least 12 CNAs. -02/08/24 had 7 CNAs for 99 residents on the day shift, required at least 12 CNAs. -02/09/24 had 9 CNAs for 99 residents on the day shift, required at least 12 CNAs. -02/10/24 had 4 CNAs for 99 residents on the day shift, required at least 12 CNAs.	S 560		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
056300 Y1	A. Building B. Wing Y2	3/6/2024 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 S0560	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	02/23/2024	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	
2/15/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO