STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315460	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT PROSPECT HEIGHTS LLC	336 PROSPECT AVE , HACKENSACK, New Jersey, 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
F0000	INITIAL COMMENTS A Focused Infection Control survey was conducted on February 11, 2025. The facility was found not be in substantial compliance with 42 CFR 483 subpart B. Survey Census: 133 Sample Size: 5 Supplemental: 1	F0000		
F0880 SS = D	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 §483.71 and following accepted national standards;	F0880	Residents affected by deficient practice: • The [US FOIA (b)(6)] failed to screen Two (2) EMTS who were observed to be transporting a resident (Resident (R)1) in the survey sample. Identify those individuals who could be affected by the deficient practice: • All residents have the potential to be affected by the deficient practice. What corrective action will be accomplished for those residents affected by the deficient practice: • The [US FOIA (b)(6)] was immediately in-serviced on "Policy for Emergent Infections Disease (Outbreak Plan V12) with an emphasis that ALL employees, vendors, families, guests and returning vendors have to be screened utilizing the [NJ Exec Order 25] in front of reception to prevent the spread of infection • All employees, vendors, guests/returning guests were in-serviced regarding the Mandatory Screening utilizing the [NJ Exec Order 26.4b1] in front of reception to prevent the spread of infection, as well as facility protocol	02/12/2025

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

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

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F0880 SS = D	Continued from page 1 §483.80(a)(2) Written standards, policies, and 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 IPCP and update their program, as necessary. This REQUIREMENT is NOT MET as evidenced by:	F0880	Continued from page 1 regarding surgical mask use Measures or systemic changes to ensure that the deficiency will not recur: • Infection Preventionist nurse will audit COVID screening compliance daily with the front desk receptionist. Infection Preventionist nurse to conduct random interviews with employees, vendors /returning vendors and guests in regards to screening utilizing the NJ Exec Order 26.4b1 in front of reception before proceeding to a resident occupied unit/floor. • Infection Preventionist nurse will monitor compliance of surgical mask use when a unit/floor has been identified to have an outbreak. • Audits will be completed weekly X 4 weeks. Results of audit process will be reviewed at the Quarterly QAPI Meeting to ensure compliance and reassessed for further action. Date of Completion: 2/12/2025	

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F0880 SS = D	Continued from page 2 Based on observation, record review, interview, and review of facility policies, the facility failed to screen outside vendors and ensure that Personal Protective Equipment (PPE) was worn on the [NJ Exec Orde] unit for two Emergency Medical Technician (EMT) staff who were observed transporting one of [NJ Exe] sample residents (Resident (R) 1). This failure could potentially increase the spread of infections to residents. Findings include: Review of R1's "Face Sheet" located in the electronic medical record (EMR) under the "Profile" tab revealed an admission date of [NJ Exec Order 2]. During an observation and interview on 02/11/25 at 10:00 AM, the facility [US FOIA (b)(6)] revealed there were [NJ Exec Orde] cases in the building; all visitors were required to check in, be screened for [NJ Exec Order] have their temperature obtained, and were directed that surgical masks were to be worn on the units [NJ Exec O] and [NJ Exe] due to [NJ Exec Order]. Observation on 02/11/25 at 11:34 PM revealed two EMTs on the facility elevator transporting R1 on a [NJ Exec Order 2] to the [NJ Exec] floor. The EMTs were not wearing masks. During an interview on 02/11/25 at 11:35 PM, EMT1 stated he was not informed of the [NJ Exec Orde] outbreak, screened, or informed that masks were to be worn on units [NJ Exec O] and [NJ Exec]. During an interview on 02/11/25 at 1:42 PM, the facility [US FOIA (b)(6)] confirmed that she did not properly screen the EMTs. During an interview on 02/11/25 at 3:02 PM, the facility [US FOIA (b)(6)]) revealed she expected all employees, vendors, families, and returning vendors to be screened per the [NJ Exec Orde] outbreak protocol. The [US FOIA] continued to share the importance of following the [NJ Exec Orde] protocol to prevent the spread of infection. Review of the facility policy titled "Policy for Emergent Infections Disease (COVID-19) (Outbreak Plan	F0880		

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F0880 SS = D	Continued from page 3 V12)" revised, 06/28/24, revealed ". . . To ensure that staff, and/or new residents are not at risk of spreading the Emerging Infectious disease (EID) into the care center . . . All administrative staff, including the Director of Nursing, the Administrator, the infection Control Preventionist, Caregiver, Contractors, Consultants, Volunteers, and visitors shall complete screening questionnaires and complete temperature checks before the entrance of the facility . . ."	F0880		