STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16A001	A. BUILDING: _____ B. WING _____	C 03/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHESTNUT HILL RESIDENCES BY COMPLETE CARE	338 CHESTNUT STREET PASSAIC, NJ 07055

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments	A 000		

Initial Comments:
Type of survey: Standard with Complaints

Complaint #s: NJ00154586, NJ00154024, NJ00154340, NJ00161411, NJ00166050

Census: 100 on 2/29/24
100 on 3/1/24

Sample size: 20

The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. The facility must submit a plan of correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.

COMPLAINT #: NJ161411

The facility is in substantial compliance with all the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs.

Life Safety Code

A Life Safety Code Standard Survey was conducted by the State Agency on 02/29/2024 - 03/01/2024. The facility was in substantial compliance with New Jersey Administrative Code,

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A 000	Continued From page 1 Chapter 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs.	A 000		
A 565	8:36-5.10(a)(3) General Requirements (a) The facility shall notify the Division of Health Facility Survey and Field Operations immediately by telephone at (609) 633-9034 (609) 392-2020 if after business hours, followed within 72 hours by written confirmation, of the following: 3. Any suspected cases of resident abuse or exploitation which have been reported to the State Long-Term Care Ombudsman. This REQUIREMENT is not met as evidenced by: NJ00154340 Based on interview and record review, it was determined that the facility failed to immediately notify the Department of Health (DOH) of an NJ Ex Order 26.4b1 for 1 of 20 residents, Resident #1. This deficient practice was evidenced by the following: On 2/29/24 at 12:30 p.m., the surveyor reviewed the medical record of Resident #1 which revealed the resident moved into the facility NJ Ex Order 26.4b1 of NJ ex order 26.4b1 .	A 565		

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A 565	Continued From page 2 During surveyor review of Resident #1's "Progress Notes" the surveyor identified a Licensed Practical Nurse (LPN) documented on NJ ex order 26.4b1 at 9:30 a.m., the resident was noted holding his/her hand. The LPN also documented that there was NJ ex order 26.4b1 and the resident was NJ ex order 26.4b1. Additionally, the LPN documented the physician was notified, an NJ ex order was ordered, and an incident report was completed. On NJ ex order 26.4b1 at 12 p.m., the resident's NJ ex order result revealed a NJ ex order 26.4b1. According to the Orthopedic follow up visit on NJ ex order 26, Resident #1 was 'NJ ex order 26.4b1 On 3/1/24 at 9:40 a.m., the surveyor reviewed the facility NJ ex order 26.4b1 " and identified a NJ ex order 26.4b1) was sent to the Department of Health (DOH) on NJ ex order 26 for the NJ ex order 26.4b1 incident regarding the participant's NJ ex order 26.4b1. At 10:57 a.m., the surveyor interviewed the Executive Director (ED) regarding the resident's NJ ex order 26.4b1 being reported to DOH. The ED stated she did not report the NJ Ex Order 26.4b1 right away because it NJ ex order 26.4b1. The ED explained she received a letter from the participant's insurance company regarding a critical event concerning the participant's NJ ex order 26.4b1, which prompted her to send in a reportable event to the DOH on NJ ex order 26. The facility failed to immediately notify the DOH of an NJ ex order 26.4b1 which occurred on NJ ex order 26.4b1 and was not reported to DOH until NJ ex order 26.4b1 on NJ ex order 26.	A 565		

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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
16A001		3/25/2024

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CHESTNUT HILL RESIDENCES BY COMPLETE CARE	338 CHESTNUT STREET PASSAIC, NJ 07055

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0565 Reg. # 8:36-5.10(a)(3) LSC	Correction Completed 03/02/2024	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

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

FOLLOWUP TO SURVEY COMPLETED ON	
3/1/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO