

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315185	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/29/2023
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT LINWOOD, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 201 NEW ROAD AND CENTRAL AVE LINWOOD, NJ 08221		
(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 Complaints: #NJ160202, NJ159616, NJ165150, NJ159215, NJ160024, NJ160394, NJ169450 CENSUS: 138 SAMPLE SIZE: 14 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000			
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Complaint #: NJ00160150 Based on observation, interview, record review, and review of facility provided documentation, it was determined that the facility failed to ensure that proper incontinence care was provided to dependent residents. This deficient practice was identified for 2 of 3 residents (Resident #13, and #14) observed for Ex.Order 26.4(b)(1) and was evidenced by the following: On 12/29/23 at 7:52 AM, the surveyor accompanied by Certified Nursing Assistants	F 677	Residents affected by deficient practice: The facility failed to ensure that proper Ex.Order 26.4(b)(1) was provided to dependent residents. This deficient practice was identified for 2 of 3 residents (Resident #13, and #14) observed for Ex.Order 26.4(b)(1) Identify those individuals who could be affected by the deficient practice: " All incontinent residents have the potential to be affected by the deficient practice.	1/26/24	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

01/12/2024

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.

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F 677	<p>Continued From page 1</p> <p>(CNA) completed an incontinence tour on the South Wing Nursing Unit. Three random residents who were identified by the CNAs as being dependent on staff for care, were observed for incontinence care. Surveyor #1, Surveyor #2, and CNA #3 entered Resident #13's room. Resident #13 was in bed wearing a hospital style gown. At that time, the resident granted permission for the surveyors to observe his/her Ex.Order 26.4(b)(1). Surveyor #1 observed an Ex.Order 26.4(b)(1) applied to the resident. The CNA opened that Ex.Order exposing an additional Ex.Order underneath. The addition Ex.Order 26.4(b)(1). At this time CNA #3 informed the surveyors that residents should not be Ex.Order 26.4(b)(1). He stated the reason this resident may have had Ex.Order 26.4(b)(1) put on is due to being a Ex.Order 26.4(b)(1).</p> <p>On 12/29/23 at 8:05 AM, Surveyor # 1 and Surveyor #2 in the presence of CNA #4 observed Resident #14 in bed. Resident #14's sheets were dry, and no odor was discovered. At that time, the resident granted permission for surveyors to observe his/her Ex.Order 26.4(b)(1). Surveyor #1 observed an Ex.Order 26.4(b)(1) applied to resident. CNA #4 opened the resident's Ex.Order exposing an Ex.Order 26.4(b)(1) underneath. The Ex.Order 26.4(b)(1). At that time, CNA #4 stated that residents should never be Ex.Order 26.4(b). The resident then asked the CNA to be helped to the toilet so that they could use the commode.</p> <p>On 12/29/23 at 8:10 AM, the surveyor interviewed the Licensed Practical Nurse #3 (LPN #3), who stated that "the majority" of residents on this nursing unit have Ex.Order 26.4(b)(1) and require staff to check them every two hours. LPN #3 stated Ex.Order 26.4(b)(1) should never be Ex.Order 26.4(b)(1).</p>	F 677	<p>" The residents affected (Resident # 13 and #14) were monitored for any adverse effects of the deficient practice with none noted.</p> <p>What corrective action will be accomplished for those residents affected by the deficient practice:</p> <p>" Resident #s 13 and 14 Ex.Order 26.4(b)(1) immediately provided; no ill effects noted.</p> <p>" All affected residents <input type="checkbox"/> care plans reviewed and updated.</p> <p>" All nursing staff re-educated on facility policy for Activities of Daily Living (ADL) Support, Perineal Care, Urinary Incontinence <input type="checkbox"/> clinical protocol and the importance of single use of briefs, and incontinence pads.</p> <p>Measures or systemic changes to ensure that the deficiencies will not recur:</p> <p>" Director of Nursing/designee to conduct compliance audits of 8 random incontinent residents initiated.</p> <p>" The duration of all audits will consist of completion three times weekly x4 weeks then three-times monthly x2 months. Results of audits will be reviewed at the Monthly Quality Assurance Meeting and Quarterly at facility QAPI Committee Meeting over the duration of the audit process. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.</p>	

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F 677	<p>Continued From page 2</p> <p>when applied to residents as it could cause skin disorders.</p> <p>On 12/29 at 8:25 AM, the surveyor interviewed the Registered Nurse Unit Manager (RN/UM #1), who stated residents "should not be Ex.Order 26.4(b)" She further stated, applying Ex.Order 26.4(b) on residents could cause skin breakdown, and stated, "I'm appalled, I don't know what happened." The RN/UM stated that short staffing could be a cause as to why this occurred, and that the CNA's receive education and "know better."</p> <p>On 12/29/23 at 8:40 AM, the surveyor interviewed the Director of Nursing (DON), who stated incontinent residents should be checked every two hours, and if they were a "heavy wetter" then they should be checked more frequently. The DON stated residents should never be double diapered, stating "we don't practice that, it can cause skin breakdown." The DON stated that "old school" CNA's might "double diaper", and it is "not acceptable."</p> <p>According to the Admission Record, Resident #13 had diagnoses that included, but were not limited to: Ex.Order 26.4(b)(1)</p> <p>Review of Resident #13's Quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated Ex.Order 26.4(b)(1), revealed the resident had a Brief Interview for Mental Status (BIMS) score Ex.Order 26.4(b) of 15, which indicated that the resident had Ex.Order 26.4(b)(1). The MDS further revealed that Resident #13 was Ex.Order 26.4(b)(1)</p> <p>According to the Admission Record, Resident #14</p>	F 677			

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F 677	Continued From page 3 had diagnoses that included, but were not limited to: Ex.Order 26.4(b)(1) . Review of Resident #14's Annual MDS, dated Ex.Order 26.4(b)(1) , revealed the resident had a BIMS score of Ex. 6 out of 15, which indicated that the resident had Ex.Order 26.4(b)(1) . The MDS further revealed that Resident #14 was Ex.Order 26.4(b)(1) . Review of the facility's "Activities of Daily Living (ADLs)" policy (Updated 1/2023) indicated the following: "Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: a. hygiene (bathing, dressing, grooming, and oral care); b. mobility (transfer and ambulation, including walking); c. elimination (toileting); d. dining (meals and snacks); and e. communication (speech, language, and any functional communication systems)."	F 677			
F 690 SS=D	NJAC 8:39-27.1 (a), 27.2 (h) Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is	F 690		1/26/24	

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F 690	<p>Continued From page 5</p> <p>This deficient practice was identified for 1 of 3 residents (Resident #6) reviewed for Ex.Order 26.4(b)(1) and was evidenced by the following:</p> <p>According to the Admission Record, Resident #6 was admitted to the facility with diagnoses which included but not limited to: Ex.Order 26.4(b)(1)</p> <p>According to the Admission Minimum Data Set (MDS), an assessment tool, dated Ex.Order 26.4(b)(1), revealed that Resident #6's cognitive skills were Ex.Order 26.4(b)(1), and had Ex.Order 26.4(b)(1). Additional review revealed active diagnosis of Ex.Order 26.4(b)(1).</p> <p>A review of the Physician Order Summary Report, dated Ex.Order 26.4(b)(1), revealed the following physician orders for Resident #6: "Patient has Ex.Order 26.4(b)(1) every shift for Ex.Order 26.4(b)(1) every shift."</p> <p>A review of Resident #6's comprehensive care plan revealed a care plan focus: "Resident #6 has Ex.Order 26.4(b)(1). Date Initiated: Ex.Order 26.4(b)(1). Care planned interventions included: The resident will be/remain free from Ex.Order 26.4(b)(1) through review date. Date Initiated: Ex.Order 26.4(b)(1). The resident will show no s/sx (signs/symptoms) of Ex.Order 26.4(b)(1)</p>	F 690	<p>and Ex.Order 26.4(b)(1).</p> <p>Identify those individuals who could be affected by the deficient practice:</p> <ul style="list-style-type: none"> " All residents with indwelling urinary catheters have the potential to be affected by the deficient practice. " The resident affected (#6) was a discharged resident. <p>What corrective action will be accomplished for those residents affected by the deficient practice:</p> <ul style="list-style-type: none"> " Resident #6 was a closed record. " All residents with indwelling urinary catheters were audited to ensure foley catheter care orders were in place and care plans were reviewed and updated. " All Licensed nursing staff re-educated on facility policy for Catheter Care Urinary and the importance of ensuring catheter care orders are in place. <p>Measures or systemic changes to ensure that the deficiencies will not recur:</p> <ul style="list-style-type: none"> " Director of Nursing/designee to conduct compliance audits of 8 random residents with Indwelling urinary catheters initiated. " The duration of all audits will consist of completion three times weekly x4 weeks then three-times monthly x2 months. Results of audits will be reviewed at the Monthly Quality Assurance Meeting and Quarterly at facility QAPI Committee Meeting over the 	

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F 690	<p>Continued From page 6</p> <p>through review date. Date Initiated: Ex.Order 26.4(b)(1). Monitor/document for Ex.Order 26.4(b)(1). Date Initiated: Ex.Order 26.4(b)(1). Monitor/record/report to MD (medical doctor) for s/sx Ex.Order 26.4(b)(1). Ex.Order 26.4(b)(1). Date Initiated: Ex.Order 26.4(b)(1). "</p> <p>A review of October 2022 Medication Administration Record (MAR) revealed the following physician orders:</p> <p>Order start date of Ex.Order 26.4(b)(1) for "Document Ex.Order 26.4(b)(1) every shift. Include Ex.Order 26.4(b)(1), unspecified. Document Ex.Order 26.4(b)(1) every shift. Include Ex.Order 26.4(b)(1) "</p> <p>Order start date of Ex.Order 26.4(b)(1) for Ex.Order 26.4(b)(1) hours for Ex.Order 26.4(b)(1) for 10 Days." Order was discontinued on 1 Ex.Order 26.4(b)(1)</p> <p>Order Date of Ex.Order 26.4(b)(1) for Ex.Order 26.4(b)(1)) Give 1 tablet via Ex.Order 26.4(b)(1) (related to) Ex.Order 26.4(b)(1) for 3 Days."</p> <p>A review of the Progress Notes dated Ex.Order 26.4(b)(1) at 11:20 AM, revealed that on Ex.Order 26.4(b)(1) Resident #6 had Ex.Order 26.4(b)(1) and was started on Ex.Order 26.4(b)(1)</p>	F 690	duration of the audit process. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.	

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F 690	<p>Continued From page 7</p> <p>Ex.Order 26.4(b)(1) for 10 days for Ex.Order 26.4(b)(1) 2 there were new orders for Resident #6 to discontinue the Ex.Order 26.4(b)(1) and start Ex.Order 26.4(b)(1) for 3 days for Ex.Order 26.4(b)(1). On Ex.Order 26.4(b)(1) Resident #6 was noted to have a possible Ex.Order 26.4(b)(1). Resident #6 was sent to the emergency room (ER) and admitted to the hospital for diagnosis of Ex.Order 26.4(b)(1).</p> <p>A review of Ex.Order 26.4(b)(1) Treatment Administration Record (TAR) revealed that Resident #6 did not have a physician order for Ex.Order 26.4(b)(1) care.</p> <p>On 12/28/2023 at 1:40 PM, the surveyor interviewed the Licensed Practical Nurse #2 (LPN #2). LPN #2 stated that there should be a physician's order for Ex.Order 26.4(b)(1) in the electronic Medication Administration Record (eMAR). When asked what does Ex.Order 26.4(b)(1) include? LPN#2 stated "It includes Ex.Order 26.4(b)(1) site. If we notice any signs or symptoms of infection, we will notify the physician." LPN #2 went into the computer to show the surveyor an order for a resident with an Ex.Order 26.4(b)(1). The order read "Ex.Order 26.4(b)(1) (every) shift and PRN (as needed)"</p> <p>During an interview with the Registered Nurse Unit Manager #2 (RN/UM #2) on 12/28/2023 at 1:50 PM, RN/UM #2 stated "the nurses and aides will clean the Ex.Order 26.4(b)(1) area during Ex.Order 26.4(b)(1)." When asked if there should be a physician's order for Ex.Order 26.4(b)(1) care, RN/UM #2 stated, "I don't believe we need an order for Ex.Order 26.4(b)(1) care."</p> <p>On 12/29/2023 at 9:05 AM, the surveyor</p>	F 690			

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F 690	<p>Continued From page 8</p> <p>conducted an interview with the Director of Nursing (DON). The DON stated, "there should be a physician's order for Ex.Order 26.4(b)(1) care. The order will show up on the TAR." When asked what does Ex.Order 26.4(b)(1) include? The DON said it includes managing the Ex.Order 26.4(b)(1), monitoring it for Ex.Order 26.4(b)(1), observing the Ex.Order 26.4(b)(1) [REDACTED]. The DON then stated "If Ex.Order 26.4(b)(1) care is not completed the resident is at risk for Ex.Order 26.4(b)(1) and/or trauma."</p> <p>The Surveyor reviewed the facility provided policy and procedure: "Catheter Care, Urinary" last revised date: August 2022 which included, "Purpose: The purpose of this procedure is to prevent urinary catheter-associated complications, including urinary tract infections." The following was revealed under the steps in the "Procedure. Routine Perineal Care Hygiene:</p> <p>14. For a male resident:</p> <p>a. Use a washcloth with warm water and soap (or clean bathing wipe) to cleanse around the meatus.</p> <p>15. Use a clean washcloth with warm water and soap (or bathing wipe) to cleanse and rinse the catheter from insertion site to approximately four inches outward.</p> <p>The following was revealed under Documentation: The following information should be recorded in the resident's medical record:</p> <p>1. The date and time that catheter care was given.</p> <p>5. Any problems noted at the center-urethral junction during perineal care such as drainage, redness, bleeding, irritation, crusting, or pain."</p>	F 690			

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

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FORM APPROVED
OMB NO. 0938-0391

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F 690	Continued From page 9	F 690			
F 725 SS=E	<p>NJAC 8:39-19.4(a) Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2)</p> <p>§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 accordance with the facility assessment required at §483.70(e).</p> <p>§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.</p> <p>§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 #: NJ00160150, NJ00169450, NJ00159215</p> <p>Based on observation, interview, and review of</p>	F 725		1/26/24	
			Residents affected by deficient practice:		
			Facility failed to ensure sufficient staff were available to: Provide timely and		

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F 725	<p>Continued From page 10</p> <p>pertinent facility documentation it was determined that the facility failed to, a.) provide sufficient staffing numbers to meet minimum staffing requirements and b.) provide nursing and related services to assure the residents safety and attain or maintain the highest practicable physical, mental, and psychosocial wellbeing of each resident, as determined by resident assessments and individual plans of care in accordance with the facility assessment.</p> <p>This deficient practice was identified for 2 of 3 residents (Resident #13, and #14) observed for Ex.Order 26.4(b)(1) and was evidenced by the following:</p> <p>Refer F677(D)</p> <p>a.) Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021:</p> <p>One (1) Certified Nurse Aide (CNA) to every eight (8) residents for the day shift.</p> <p>One (1) direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and</p>	F 725	<p>appropriate Ex.Order 26.4(b)(1) for residents who were Ex.Order 26.4(b)(1) for Activities of Daily Living (ADLs) care. This deficient practice was identified for 2 of 3 residents reviewed for ADLs residents #13 and #14.</p> <p>Identify those individuals who could be affected by the deficient practice: " All Residents have the potential to be affected by this deficient practice. " All were monitored for any adverse effects of the deficient practice with none noted.</p> <p>What corrective action will be accomplished for those residents affected by the deficient practice: " The facility continues to actively fill all open CNA (Certified Nursing Assistant) shifts to comply with New Jersey State mandated ratios. Minimum staffing requirements were reviewed with Human Resource Director, who was able to reiterate minimum staffing requirements for nursing homes. " The facility will take the following measures to ensure this deficient practice does not occur. The facility will focus recruitment and retention strategies as following: identify vacant positions daily and attempt to fill positions with current CNA staff or agency; work diligently with Administrator, Director of Nursing and Corporate Recruiter to advertise, recruit and hire sufficient CNA staff; continue to develop programs to attract Nursing Assistants including sign-on bonuses', shift bonuses, etc.; work with CNA class instructors to identify potential students;</p>		

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F 725	<p>Continued From page 11</p> <p>One (1) 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.</p> <p>As per the "Nurse Staffing Report" completed by the facility for the weeks listed, the staffing-to-resident ratio did not meet the minimum requirements and is documented below:</p> <p>For the week of Complaint staffing from 10/23/2022 to 10/29/2022, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts and deficient in total staff for residents on 7 of 7 overnight shifts as follows:</p> <ul style="list-style-type: none"> -10/23/22 had 12 CNAs for 133 residents on the day shift, required at least 17 CNAs. -10/23/22 had 3 total staff for 144 residents on the overnight shift, required at least 9 total staff. -10/24/22 had 13 CNAs for 132 residents on the day shift, required at least 16 CNAs. -10/24/22 had 3 total staff for 132 residents on the overnight shift, required at least 9 total staff. -10/25/22 had 14 CNAs for 132 residents on the day shift, required at least 16 CNAs. -10/25/22 had 3 total staff for 132 residents on the overnight shift, required at least 9 total staff. -10/26/22 had 13 CNAs for 132 residents on the day shift, required at least 16 CNAs. -10/26/22 had 3 total staff for 132 residents on the overnight shift, required at least 9 total staff. -10/27/22 had 12 CNAs for 132 residents on the day shift, required at least 16 CNAs. -10/27/22 had 3 total staff for 132 residents on the overnight shift, required at least 9 total staff. -10/28/22 had 13 CNAs for 139 residents on the day shift, required at least 17 CNAs. 	F 725	<p>promote in-house programs to increase retention of current staff.</p> <p>Measures or systemic changes to ensure that the deficiencies will not recur:</p> <p>" Administrator/designee to conduct compliance audits on effectiveness of hiring strategies to include open CNA and Licensed Nurse positions, reporting on new hires, successful strategies-to-hire, and implementation of employee retention programs.</p> <p>" The duration of all audits will consist of completion one-time weekly x 4 weeks then three-times monthly x2 months. Results of audits will be reviewed at the Monthly Quality Assurance Meeting and Quarterly at facility QAPI Committee Meeting over the duration of the audit process. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.</p>		

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F 725	<p>Continued From page 12</p> <p>-10/28/22 had 3 total staff for 139 residents on the overnight shift, required at least 10 total staff.</p> <p>-10/29/22 had 9 CNAs for 138 residents on the day shift, required at least 17 CNAs.</p> <p>-10/29/22 had 7 total staff for 138 residents on the overnight shift, required at least 10 total staff.</p> <p>For the week of Complaint staffing from 12/11/2022 to 12/17/2022, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts, deficient in CNAs to total staff on 1 of 7 evening shifts, and deficient in total staff for residents on 7 of 7 overnight shifts as follows:</p> <p>-12/11/22 had 14 CNAs for 130 residents on the day shift, required at least 16 CNAs.</p> <p>-12/11/22 had 3 total staff for 130 residents on the overnight shift, required at least 9 total staff.</p> <p>-12/12/22 had 12 CNAs for 129 residents on the day shift, required at least 16 CNAs.</p> <p>-12/12/22 had 3 total staff for 129 residents on the overnight shift, required at least 9 total staff.</p> <p>-12/13/22 had 13 CNAs for 129 residents on the day shift, required at least 16 CNAs.</p> <p>-12/13/22 had 9 CNAs to 20 total staff on the evening shift, required at least 10 CNAs.</p> <p>-12/13/22 had 4 total staff for 129 residents on the overnight shift, required at least 9 total staff.</p> <p>-12/14/22 had 12 CNAs for 129 residents on the day shift, required at least 16 CNAs.</p> <p>-12/14/22 had 4 total staff for 129 residents on the overnight shift, required at least 9 total staff.</p> <p>-12/15/22 had 13 CNAs for 129 residents on the day shift, required at least 16 CNAs.</p> <p>-12/15/22 had 4 total staff for 129 residents on the overnight shift, required at least 9 total staff.</p> <p>-12/16/22 had 13 CNAs for 137 residents on the day shift, required at least 17 CNAs.</p> <p>-12/16/22 had 3 total staff for 137 residents on</p>	F 725			

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F 725	<p>Continued From page 13</p> <p>the overnight shift, required at least 10 total staff. -12/17/22 had 13 CNAs for 137 residents on the day shift, required at least 17 CNAs. -12/17/22 had 3 total staff for 137 residents on the overnight shift, required at least 10 total staff.</p> <p>For the 3 weeks of Complaint staffing from 12/03/2023 to 12/23/2023, the facility was deficient in CNA staffing for residents on 21 of 21 day shifts, deficient in total staff for residents on 1 of 21 evening shifts, and deficient in total staff for residents on 21 of 21 overnight shifts as follows:</p> <p>-12/03/23 had 12 CNAs for 138 residents on the day shift, required at least 17 CNAs. -12/03/23 had 3 total staff for 138 residents on the overnight shift, required at least 10 total staff. -12/04/23 had 13 CNAs for 138 residents on the day shift, required at least 17 CNAs. -12/04/23 had 3 total staff for 138 residents on the overnight shift, required at least 10 total staff. -12/05/23 had 13 CNAs for 138 residents on the day shift, required at least 17 CNAs. -12/05/23 had 4 total staff for 138 residents on the overnight shift, required at least 10 total staff. -12/06/23 had 14 CNAs for 138 residents on the day shift, required at least 17 CNAs. -12/06/23 had 3 total staff for 138 residents on the overnight shift, required at least 10 total staff. -12/07/23 had 13 CNAs for 143 residents on the day shift, required at least 18 CNAs. -12/07/23 had 3 total staff for 143 residents on the overnight shift, required at least 10 total staff. -12/08/23 had 14 CNAs for 143 residents on the day shift, required at least 18 CNAs. -12/08/23 had 3 total staff for 143 residents on the overnight shift, required at least 10 total staff. -12/09/23 had 12 CNAs for 143 residents on the day shift, required at least 18 CNAs.</p>	F 725			

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F 725	Continued From page 14 -12/09/23 had 3 total staff for 143 residents on the overnight shift, required at least 10 total staff. -12/10/23 had 12 CNAs for 143 residents on the day shift, required at least 18 CNAs. -12/10/23 had 3 total staff for 143 residents on the overnight shift, required at least 10 total staff. -12/11/23 had 13 CNAs for 144 residents on the day shift, required at least 18 CNAs. -12/11/23 had 4 total staff for 144 residents on the overnight shift, required at least 10 total staff. -12/12/23 had 13 CNAs for 144 residents on the day shift, required at least 18 CNAs. -12/12/23 had 3 total staff for 144 residents on the overnight shift, required at least 10 total staff. -12/13/23 had 13 CNAs for 143 residents on the day shift, required at least 18 CNAs. -12/13/23 had 3 total staff for 143 residents on the overnight shift, required at least 10 total staff. -12/14/23 had 14 CNAs for 143 residents on the day shift, required at least 18 CNAs. -12/14/23 had 4 total staff for 143 residents on the overnight shift, required at least 10 total staff. -12/15/23 had 13 CNAs for 141 residents on the day shift, required at least 18 CNAs. -12/15/23 had 3 total staff for 141 residents on the overnight shift, required at least 10 total staff. -12/16/23 had 13 CNAs for 139 residents on the day shift, required at least 17 CNAs. -12/16/23 had 3 total staff for 139 residents on the overnight shift, required at least 10 total staff. -12/17/23 had 13 CNAs for 135 residents on the day shift, required at least 17 CNAs. -12/17/23 had 3 total staff for 135 residents on the overnight shift, required at least 10 total staff. -12/18/23 had 9 CNAs for 135 residents on the day shift, required at least 17 CNAs. -12/18/23 had 3 total staff for 135 residents on the overnight shift, required at least 10 total staff. -12/19/23 had 14 CNAs for 135 residents on the	F 725			

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F 725	<p>Continued From page 15</p> <p>day shift, required at least 17 CNAs. -12/19/23 had 3 total staff for 135 residents on the overnight shift, required at least 10 total staff. -12/20/23 had 12 CNAs for 135 residents on the day shift, required at least 17 CNAs. -12/20/23 had 3 total staff for 135 residents on the overnight shift, required at least 10 total staff. -12/21/23 had 14 CNAs for 141 residents on the day shift, required at least 18 CNAs. -12/21/23 had 3 total staff for 141 residents on the overnight shift, required at least 10 total staff. -12/22/23 had 11 CNAs for 139 residents on the day shift, required at least 17 CNAs. -12/22/23 had 3 total staff for 139 residents on the overnight shift, required at least 10 total staff. -12/23/23 had 14 CNAs for 135 residents on the day shift, required at least 17 CNAs. -12/23/23 had 10 CNAs to 23 total staff on the evening shift, required at least 11 CNAs. -12/23/23 had 3 total staff for 135 residents on the overnight shift, required at least 10 total staff.</p> <p>On 12/29/23 at 7:39 AM, the surveyor interviewed CNA #3 who stated CNAs are usually assigned to 11 to 14 residents because of being "short staffed often." The CNA further stated they will have "only" 9 resident assignment "if lucky."</p> <p>On 12/29 at 8:25 AM, the surveyor interviewed the Registered Nurse Unit Manager (RN/UM #1), who stated short staffing could be a potential cause of resident Ex.Order 26.4(b)(1) being affected.</p> <p>On 12/29/23 at 8:40 AM, the surveyor interviewed the Director of Nursing (DON) regarding staffing. The DON confirmed the required staffing ratio and stated she believed it was being met.</p>	F 725			

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F 725	<p>Continued From page 16</p> <p>On 12/29/23 at 9:52 AM, the surveyor interviewed the staffing coordinator. She stated the CNA staffing ratios for the 7 AM to 3 PM shift was 8 residents per CNA, for the 3 PM to 11 PM shift 10 residents per CNA, for the 11 PM to 7 AM shift 14 residents per CNA. She stated the facility meets these ratio requirements when there are no call outs but stated "we have a lot of those (meaning call outs)." She further stated since the facility runs on 12-hour nursing shifts, "it's tricky."</p> <p>b.) On 12/29/23 at 7:52 AM, the surveyor accompanied by Certified Nursing Assistants (CNA) completed an incontinence tour on the South Wing Nursing Unit. Three random residents who were identified by the CNAs as being dependent on staff for care, were observed for Ex.Order 26.4(b)(1). Surveyor #1, Surveyor #2 and CNA #3 entered Resident #13's room. Resident #13 was in bed wearing a hospital style gown. Resident #13's sheets were dry, and no odors were discovered. At that time, the resident granted permission for the surveyors to observe their Ex.Order 26.4(b)(1). Surveyor #1 observed an Ex.Order 26.4(b)(1) to the resident. The CNA opened that Ex.Order 26.4(b)(1) exposing an additional Ex.Order 26.4(b)(1) underneath. The addition Ex.Order 26.4(b)(1). At this time the CNA informed the surveyors that residents should not be Ex.Order 26.4(b)(1). He stated the reason the resident may have had Ex.Order 26.4(b)(1) put on was due to being a Ex.Order 26.4(b)(1)."</p> <p>On 12/29/23 at 8:05 AM, Survey# 1 and Surveyor #2 in the presence of CNA #4 observed Resident #14 in bed. Resident #14's sheets were dry, and no odor was discovered. At that time, the resident granted permission for surveyors to observe their Ex.Order 26.4(b)(1). Surveyor #1 observed an Ex.Order 26.4(b)(1) applied to resident. The CNA</p>	F 725			

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F 725	<p>Continued From page 17</p> <p>opened the ^{Ex.Order} exposing an additional ^{Ex.Order} underneath. The Ex.Order 26.4(b)(1). At that time, CNA #4 stated that residents should never be ^{Ex.Order 26.4(b)(1)} fed with two ^{Ex.Order 26.4(b)(1)} s. The resident then asked the CNA to be helped to the toilet so that they could use the commode.</p> <p>Review of the facility's provided staffing policy titled "Nursing Services" dated 2/1/2022 included but was not limited to, "...the facility will 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 accordance with the facility assessment ... providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident needs ..."</p> <p>Review of the facility's "Activities of Daily Living (ADLs)" policy (Updated 1/2023) indicated the following: "Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: a. hygiene (bathing, dressing, grooming, and oral care); b. mobility (transfer and ambulation, including walking); c. elimination (toileting); d. dining (meals and snacks); and</p>	F 725			

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F 725	Continued From page 18 e. communication (speech, language, and any functional communication systems)."	F 725			
F 919 SS=D	NJAC 8:39-5.1(a), 27.1 (a), 27.2 (h) Resident Call System CFR(s): 483.90(g)(1)(2) §483.90(g) Resident Call System The facility must be adequately equipped to allow residents to call for staff assistance through a communication system which relays the call directly to a staff member or to a centralized staff work area from- §483.90(g)(1) Each resident's bedside; and §483.90(g)(2) Toilet and bathing facilities. This REQUIREMENT is not met as evidenced by: Complaint # NJ00160024, NJ00160394, NJ00160202 Based on observation, interview, and review of pertinent facility documentation, it was determined that the facility failed to maintain the resident nurse call system to operate as designed for 3 of 5 call bells observed. This deficient practice was evidenced by the following: On 12/29/23 at 8:00 AM, the surveyor observed North Wing Unit, no resident rooms had a call bell light illuminated above room doors. On 12/29/23 at 8:12 AM, the surveyor entered the "Star Spa Bathroom" (shower room) on North Wing and observed three call systems. The call bell located next to the toilet was activated by the	F 919	Residents affected by deficient practice: The facility failed to maintain the nurse call system to operate as designed. This deficient practice was identified for 3 of 5 call bells observed. Star Spa Bathroom, Room 63, and Visitor's Bathroom in the main lobby. Identify those individuals who could be affected by the deficient practice: " All residents have the potential to be affected by the deficient practice. " All residents were monitored for any adverse effects of the deficient practice with none noted. What corrective action will be accomplished for those residents affected by the deficient practice:	1/26/24	

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F 919	<p>Continued From page 19</p> <p>surveyor at 8:12 am. The surveyor waited three minutes and exited the Star Spa Bathroom and notice no light was illuminated above the door.</p> <p>On 12/29/23 at 8:15 AM, the surveyor interviewed the Unit Clerk (UC). She indicated that if a call system is activated that the phone at the nurses station will sound and indicate what room it was triggered in, additionally the lights above the room will illuminate. She also stated that if it is a light to a resident room, it will illuminate a white flashing light and the bathroom will illuminate a red flashing light. The surveyor observed no flashing light outside the door of Star Spa Bathroom and no ringing of the call bell system at the nurses station.</p> <p>On 12/29/23 at 8:23 AM, the surveyor activated the call bell system of the visitor's bathroom near the entrance of the facility by the dining hall. Upon exit of the bathroom a white light was illuminated above the door. The surveyor proceeded to the East Wing call bell location indicator panel. The surveyor observed the call system was alarming but it did not indicate the location of the alarm.</p> <p>On 12/29/23 at 8:32 AM, the surveyor interviewed the Unit Manager Licensed Practical Nurse (UM/LPN). The surveyor requested the UM/LPN to pick a random unoccupied room to activate the call system. The UM/LPN activated the call system of room 63. The surveyor and UM/LPN observed a white call light illuminate above the entrance door of room 63, indicating the call bell alarm was activated in that room. At this time, the surveyor and UM/LPN proceeded to the nurses station where the Maintenance Director was present. The UM/LPN and the Maintenance Director confirmed the call bell indicator at the</p>	F 919	<p>" Star Spa Bathroom, Room 63, and Visitor's Bathroom were repaired.</p> <p>" Every call bell in the facility was audited for proper functioning.</p> <p>" Visitors' bathrooms and shower rooms were added to call bell audit tool.</p> <p>" All caregivers have been re-educated regarding call light policy, including functioning, placement, and ensuring that the call bell is in working order. All staff were re-educated to report any non-functioning call bell immediately to the Maintenance Department via our electronic preventative maintenance system to ensure timeliness.</p> <p>Measures or systemic changes to ensure that the deficiencies will not recur:</p> <p>" The Maintenance Director/designee will conduct compliance audits of the facility call bell system.</p> <p>" The duration of all audits will consist of completion one-time weekly x4 weeks then two-times monthly x2 months. Results of audits will be reviewed at the Monthly Quality Assurance Meeting and Quarterly at facility QAPI Committee Meeting over the duration of the audit process. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.</p>		

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F 919	<p>Continued From page 20</p> <p>nurses station did not indicate room 63's call bell had been activated.</p> <p>On 12/29/23 at 8:42 AM, on the East Wing, the surveyor interviewed the facility Maintenance Director. He confirmed the call bell system was alarming but could not identify the location of the alarm. At this time, the surveyor also interviewed Certified Nurses Assistants #1 (CNA #1) and CNA #2, both CNAs confirmed that the call system was triggered, and they "checked every room" but could not identify the location of the call alarm. At this time, the Maintenance Director accompanied by the surveyor proceeded to the visitor's bathroom near the entrance of the facility by the dining hall and turned the unanswered call system off.</p> <p>On 12/29/23 at 8:53 AM, the surveyor along with the Maintenance Director, proceeded to the Star Spa Bathroom, where the call bell was initially activated at 8:12 AM. The Maintenance Director confirmed that the call light next to the toilet is activated. The surveyor and the Maintenance Director exited the bathroom, and no flashing red light was illuminated above the door or alarming at the nurses station. The Maintenance Director confirmed that the call systems were not working properly and stated, "it is not working."</p> <p>On 12/29/23 at 10:20 AM, in the presence of the survey team, the surveyor interviewed the Licensed Nursing Home Administrator (LNHA) who stated the last time a call bell audit was completed was 10/31/23. The LNHA confirmed that all the call bell systems should be working, and it is "not acceptable" for any call alarm to not function properly.</p>	F 919			

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(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 919	Continued From page 21 A review of the facility provided policy on call lights last updated on 1/2022 included but was not limited to, "check lights when providing care to ensure that cord length is appropriate, and that light is in working order. Report defective call lights promptly to maintenance for immediate repair and arranges for alternate call system or change patients room and frequent checks on resident." Review of the facility call bell checklist included, "check call bells in facility once per quarter. Confirm bells, outdoor lights, and nurses stations are functioning for all beds." NJAC 8:39-31.2 (e), 31.8 (c)9	F 919			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060104	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/29/2023
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NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT LINWOOD, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 201 NEW ROAD AND CENTRAL AVE LINWOOD, NJ 08221
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(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	<p>Initial Comments</p> <p>Complaints: #NJ160202, NJ159616, NJ165150, NJ159215, NJ160024, NJ160394, NJ169450</p> <p>The facility was not in compliance with all of 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.</p>	S 000		
S 560	<p>8:39-5.1(a) Mandatory Access to Care</p> <p>(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.</p> <p>This REQUIREMENT is not met as evidenced by: NJ #00159215, NJ#00169450, NJ#00165150</p> <p>Based on observation, interview, and review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey.</p> <p>Refer to F677(D), F725(E)</p> <p>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</p>	S 560	<p>Residents affected by deficient practice:</p> <p>The facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratio as mandated by the State of New Jersey. Identify those individuals who could be affected by the deficient practice: " All residents have the potential to be affected by this deficient practice. " All residents monitored for any adverse effects of the deficient practice with none noted.</p>	1/26/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

01/12/24

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060104	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/29/2023
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NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT LINWOOD, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 201 NEW ROAD AND CENTRAL AVE LINWOOD, NJ 08221
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S 560	<p>Continued From page 1</p> <p>nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021:</p> <p>One (1) Certified Nurse Aide (CNA) to every eight (8) residents for the day shift.</p> <p>One (1) direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and</p> <p>One (1) 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.</p> <p>This deficient practice was evidenced by the following:</p> <p>As per the "Nurse Staffing Report" completed by the facility for the weeks listed, the staffing-to-resident ratio did not meet the minimum requirements and is documented below:</p> <p>For the week of Complaint staffing from 10/23/2022 to 10/29/2022, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts and deficient in total staff for residents on 7 of 7 overnight shifts as follows:</p> <p>-10/23/22 had 12 CNAs for 133 residents on the day shift, required at least 17 CNAs. -10/23/22 had 3 total staff for 144 residents on</p>	S 560	<p>What corrective action will be accomplished for those residents affected by the deficient practice:</p> <p>" The facility continues to actively fill all open CNA (Certified Nursing Assistant) shifts to comply with New Jersey State mandated ratios. Minimum staffing requirements were reviewed with Human Resource Director, who was able to reiterate minimum staffing requirements for nursing homes.</p> <p>" The facility will take the following measures to ensure this deficient practice does not occur. The facility will focus recruitment and retention strategies as following: identify vacant positions daily and attempt to fill positions with current CNA staff or agency; work diligently with Administrator, Director of Nursing and Corporate Recruiter to advertise, recruit and hire sufficient CNA staff; continue to develop programs to attract Nursing Assistants including sign-on bonuses', shift bonuses, etc.; work with CNA class instructors to identify potential students; promote in-house programs to increase retention of current staff.</p> <p>Measures or systemic changes to ensure that the deficiencies will not recur:</p> <p>" Administrator/designee to audit the effectiveness of hiring strategies to include open CNA and Licensed Nurse positions vs. new hires, reporting on successful strategies-to-hire based on percentages, and turnover rates.</p> <p>" The duration of all audits will consist of completion one-time weekly x 4 weeks</p>	
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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060104	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/29/2023
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NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT LINWOOD, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 201 NEW ROAD AND CENTRAL AVE LINWOOD, NJ 08221
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(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	<p>Continued From page 2</p> <p>the overnight shift, required at least 9 total staff. -10/24/22 had 13 CNAs for 132 residents on the day shift, required at least 16 CNAs. -10/24/22 had 3 total staff for 132 residents on the overnight shift, required at least 9 total staff. -10/25/22 had 14 CNAs for 132 residents on the day shift, required at least 16 CNAs. -10/25/22 had 3 total staff for 132 residents on the overnight shift, required at least 9 total staff. -10/26/22 had 13 CNAs for 132 residents on the day shift, required at least 16 CNAs. -10/26/22 had 3 total staff for 132 residents on the overnight shift, required at least 9 total staff. -10/27/22 had 12 CNAs for 132 residents on the day shift, required at least 16 CNAs. -10/27/22 had 3 total staff for 132 residents on the overnight shift, required at least 9 total staff. -10/28/22 had 13 CNAs for 139 residents on the day shift, required at least 17 CNAs. -10/28/22 had 3 total staff for 139 residents on the overnight shift, required at least 10 total staff. -10/29/22 had 9 CNAs for 138 residents on the day shift, required at least 17 CNAs. -10/29/22 had 7 total staff for 138 residents on the overnight shift, required at least 10 total staff.</p> <p>For the week of Complaint staffing from 12/11/2022 to 12/17/2022, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts, deficient in CNAs to total staff on 1 of 7 evening shifts, and deficient in total staff for residents on 7 of 7 overnight shifts as follows:</p> <p>-12/11/22 had 14 CNAs for 130 residents on the day shift, required at least 16 CNAs. -12/11/22 had 3 total staff for 130 residents on the overnight shift, required at least 9 total staff. -12/12/22 had 12 CNAs for 129 residents on the day shift, required at least 16 CNAs. -12/12/22 had 3 total staff for 129 residents on</p>	S 560	<p>then three times monthly x 2 months. Results of audits will be reviewed at the Monthly Quality Assurance Meeting and Quarterly at facility QAPI Committee Meeting over the duration of the audit process. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.</p>	

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060104	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/29/2023
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NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT LINWOOD, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 201 NEW ROAD AND CENTRAL AVE LINWOOD, NJ 08221
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S 560	<p>Continued From page 3</p> <p>the overnight shift, required at least 9 total staff. -12/13/22 had 13 CNAs for 129 residents on the day shift, required at least 16 CNAs. -12/13/22 had 9 CNAs to 20 total staff on the evening shift, required at least 10 CNAs. -12/13/22 had 4 total staff for 129 residents on the overnight shift, required at least 9 total staff. -12/14/22 had 12 CNAs for 129 residents on the day shift, required at least 16 CNAs. -12/14/22 had 4 total staff for 129 residents on the overnight shift, required at least 9 total staff. -12/15/22 had 13 CNAs for 129 residents on the day shift, required at least 16 CNAs. -12/15/22 had 4 total staff for 129 residents on the overnight shift, required at least 9 total staff. -12/16/22 had 13 CNAs for 137 residents on the day shift, required at least 17 CNAs. -12/16/22 had 3 total staff for 137 residents on the overnight shift, required at least 10 total staff. -12/17/22 had 13 CNAs for 137 residents on the day shift, required at least 17 CNAs. -12/17/22 had 3 total staff for 137 residents on the overnight shift, required at least 10 total staff.</p> <p>For the 3 weeks of Complaint staffing from 12/03/2023 to 12/23/2023, the facility was deficient in CNA staffing for residents on 21 of 21 day shifts, deficient in total staff for residents on 1 of 21 evening shifts, and deficient in total staff for residents on 21 of 21 overnight shifts as follows:</p> <p>-12/03/23 had 12 CNAs for 138 residents on the day shift, required at least 17 CNAs. -12/03/23 had 3 total staff for 138 residents on the overnight shift, required at least 10 total staff. -12/04/23 had 13 CNAs for 138 residents on the day shift, required at least 17 CNAs. -12/04/23 had 3 total staff for 138 residents on the overnight shift, required at least 10 total staff. -12/05/23 had 13 CNAs for 138 residents on the</p>	S 560		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060104	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/29/2023
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NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT LINWOOD, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 201 NEW ROAD AND CENTRAL AVE LINWOOD, NJ 08221
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S 560	<p>Continued From page 4</p> <p>day shift, required at least 17 CNAs.</p> <p>-12/05/23 had 4 total staff for 138 residents on the overnight shift, required at least 10 total staff.</p> <p>-12/06/23 had 14 CNAs for 138 residents on the day shift, required at least 17 CNAs.</p> <p>-12/06/23 had 3 total staff for 138 residents on the overnight shift, required at least 10 total staff.</p> <p>-12/07/23 had 13 CNAs for 143 residents on the day shift, required at least 18 CNAs.</p> <p>-12/07/23 had 3 total staff for 143 residents on the overnight shift, required at least 10 total staff.</p> <p>-12/08/23 had 14 CNAs for 143 residents on the day shift, required at least 18 CNAs.</p> <p>-12/08/23 had 3 total staff for 143 residents on the overnight shift, required at least 10 total staff.</p> <p>-12/09/23 had 12 CNAs for 143 residents on the day shift, required at least 18 CNAs.</p> <p>-12/09/23 had 3 total staff for 143 residents on the overnight shift, required at least 10 total staff.</p> <p>-12/10/23 had 12 CNAs for 143 residents on the day shift, required at least 18 CNAs.</p> <p>-12/10/23 had 3 total staff for 143 residents on the overnight shift, required at least 10 total staff.</p> <p>-12/11/23 had 13 CNAs for 144 residents on the day shift, required at least 18 CNAs.</p> <p>-12/11/23 had 4 total staff for 144 residents on the overnight shift, required at least 10 total staff.</p> <p>-12/12/23 had 13 CNAs for 144 residents on the day shift, required at least 18 CNAs.</p> <p>-12/12/23 had 3 total staff for 144 residents on the overnight shift, required at least 10 total staff.</p> <p>-12/13/23 had 13 CNAs for 143 residents on the day shift, required at least 18 CNAs.</p> <p>-12/13/23 had 3 total staff for 143 residents on the overnight shift, required at least 10 total staff.</p> <p>-12/14/23 had 14 CNAs for 143 residents on the day shift, required at least 18 CNAs.</p> <p>-12/14/23 had 4 total staff for 143 residents on the overnight shift, required at least 10 total staff.</p> <p>-12/15/23 had 13 CNAs for 141 residents on the</p>	S 560		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060104	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/29/2023
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NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT LINWOOD, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 201 NEW ROAD AND CENTRAL AVE LINWOOD, NJ 08221
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S 560	<p>Continued From page 5</p> <p>day shift, required at least 18 CNAs.</p> <p>-12/15/23 had 3 total staff for 141 residents on the overnight shift, required at least 10 total staff.</p> <p>-12/16/23 had 13 CNAs for 139 residents on the day shift, required at least 17 CNAs.</p> <p>-12/16/23 had 3 total staff for 139 residents on the overnight shift, required at least 10 total staff.</p> <p>-12/17/23 had 13 CNAs for 135 residents on the day shift, required at least 17 CNAs.</p> <p>-12/17/23 had 3 total staff for 135 residents on the overnight shift, required at least 10 total staff.</p> <p>-12/18/23 had 9 CNAs for 135 residents on the day shift, required at least 17 CNAs.</p> <p>-12/18/23 had 3 total staff for 135 residents on the overnight shift, required at least 10 total staff.</p> <p>-12/19/23 had 14 CNAs for 135 residents on the day shift, required at least 17 CNAs.</p> <p>-12/19/23 had 3 total staff for 135 residents on the overnight shift, required at least 10 total staff.</p> <p>-12/20/23 had 12 CNAs for 135 residents on the day shift, required at least 17 CNAs.</p> <p>-12/20/23 had 3 total staff for 135 residents on the overnight shift, required at least 10 total staff.</p> <p>-12/21/23 had 14 CNAs for 141 residents on the day shift, required at least 18 CNAs.</p> <p>-12/21/23 had 3 total staff for 141 residents on the overnight shift, required at least 10 total staff.</p> <p>-12/22/23 had 11 CNAs for 139 residents on the day shift, required at least 17 CNAs.</p> <p>-12/22/23 had 3 total staff for 139 residents on the overnight shift, required at least 10 total staff.</p> <p>-12/23/23 had 14 CNAs for 135 residents on the day shift, required at least 17 CNAs.</p> <p>-12/23/23 had 10 CNAs to 23 total staff on the evening shift, required at least 11 CNAs.</p> <p>-12/23/23 had 3 total staff for 135 residents on the overnight shift, required at least 10 total staff.</p> <p>On 12/29/23 at 7:39 AM, the surveyor interviewed CNA #3 who stated CNAs are usually assigned to</p>	S 560		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060104	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/29/2023
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NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT LINWOOD, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 201 NEW ROAD AND CENTRAL AVE LINWOOD, NJ 08221
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S 560	<p>Continued From page 6</p> <p>11 to 14 residents because of being "short staffed often." The CNA further stated they will have "only" 9 resident assignment "if lucky."</p> <p>On 12/29 at 8:25 AM, the surveyor interviewed the Registered Nurse Unit Manager (RN/UM #1), who stated short staffing could be a potential cause of resident Ex.Order 26.4(b)(1) being affected.</p> <p>On 12/29/23 at 8:40 AM, the surveyor interviewed the Director of Nursing (DON) regarding staffing. The DON confirmed the required staffing ratio and stated she believes it is being met.</p> <p>On 12/29/23 at 9:52 AM, the surveyor interviewed the staffing coordinator. She stated the CNA staffing ratios for the 7 AM to 3 PM shift was 8 residents per CNA, for the 3 PM to 11 PM shift 10 residents per CNA, for the 11 PM to 7 AM shift 14 residents per CNA. She stated the facility meets these ratio requirements when there are no call outs but stated "we have a lot of those (meaning call outs)." She further stated since the facility runs on 12-hour nursing shifts, "it's tricky."</p> <p>Review of the facility's provided staffing policy titled "Nursing Services" dated 2/1/2022 included but was not limited to, "...the facility will 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 accordance with the facility assessment ... providing care includes but is not limited to assessing, evaluating, planning and</p>	S 560		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060104	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/29/2023
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NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT LINWOOD, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 201 NEW ROAD AND CENTRAL AVE LINWOOD, NJ 08221
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S 560	Continued From page 7 implementing resident care plans and responding to resident needs ..." NJAC 8:39-5.1(a)	S 560		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315185	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 2/7/2024	Y3
NAME OF FACILITY COMPLETE CARE AT LINWOOD, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 201 NEW ROAD AND CENTRAL AVE LINWOOD, NJ 08221		

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 F0677	Correction	ID Prefix F0690	Correction	ID Prefix F0725	Correction
Reg. # 483.24(a)(2)	Completed	Reg. # 483.25(e)(1)-(3)	Completed	Reg. # 483.35(a)(1)(2)	Completed
LSC	01/26/2024	LSC	01/26/2024	LSC	01/26/2024
ID Prefix F0919	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.90(g)(1)(2)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	01/26/2024	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	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 12/29/2023		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 060104	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 2/7/2024
NAME OF FACILITY COMPLETE CARE AT LINWOOD, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 201 NEW ROAD AND CENTRAL AVE LINWOOD, NJ 08221	

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	01/26/2024	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 <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 12/29/2023		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO 		