

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

PRINTED: 03/05/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315349	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/03/2024
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT INGLEMOOR, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 333 GRAND AVE ENGLEWOOD, NJ 07631		
(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 #: NJ00180296 Census: 56 Sample Size: 3 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 603 SS=D	Free from Involuntary Seclusion CFR(s): 483.12(a)(1) §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Complaint # NJ00180296 Based on interviews, record review, and review of pertinent facility documents on 12/03/2024, it was determined that the facility failed to ensure that a resident (Resident #1) was free from NJ Ex Order 26.4(b)(1) [REDACTED] when or NJ Ex Order 26.4(b)(1) a nurse on duty	F 603	1. Resident #1 was not affected by this deficient practice. 2. All Residents have the potential to be affected by this deficient practice. 3. All staff received training on the		12/4/24

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

TITLE

(X6) DATE

Electronically Signed

01/09/2025

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 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 603	<p>Continued From page 1</p> <p>in night shift [redacted] a [redacted] on the Resident's [redacted] and [redacted] to the [redacted] outside of Resident's room after the Resident in her/his wheelchair was brought back to her/his room from [redacted]. The deficient practice was observed in one of three residents and was evidenced as follows:</p> <p>A review of the facility's Reportable Event Record/Report (RER), a document submitted by the facility to the New Jersey Department of Health (NJDOH), dated [redacted], completed by the facility [redacted] U.S. FOIA (b) (6) [redacted], indicated that on [redacted] it was reported to the [redacted] U.S. FOIA (b) (6) [redacted] by another resident that the [Resident #'s name] [redacted] in a way to prevent the resident from [redacted] [redacted] [the other resident] notified the nurse and she [nurse] then opened the door.</p> <p>Further review of the RER included a "SUMMARY AND CONCLUSION OF REPORTABLE EVENT/RECORD/REPORT" that on [redacted] at 7:45 am [morning], a resident informed [redacted] U.S. FOIA (b) (6) [redacted] that the [redacted] to [Resident #1]'s room was [redacted] in such a way that the resident [redacted] on the overnight shift. [redacted] [other resident] reports alerting the nurse and the [redacted] was then [redacted]. The nurse assigned was suspended pending investigation. A complete body assessment of [Resident #1] was completed with [redacted]. A [redacted] assessment was also completed with [redacted] findings ... The nurse reported that she [redacted] in a manner so as not to let the resident [redacted] as she felt it would [redacted] from [redacted] the unit during the shift. When the other resident notified her that the</p>	F 603	<p>Identifying Involuntary Seclusion and Abuse, Neglect, Exploitation Policy which outlines types of abuse and reporting responsibilities and procedures to follow. In-services were completed on 09/18/2024. This education was started by the Director of Nursing, LNHA, and Regional Nurse.</p> <p>4. DON/Designee to conduct a weekly audit x4 weeks, monthly x2 months thereafter to ensure that no residents are in any form of involuntary seclusion. All findings will be reported in the QAPI meeting. All negative findings to be corrected immediately and reported monthly in the QAPI Meeting.</p>		

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F 603	<p>Continued From page 2</p> <p>NJ Ex Order 26.4(b)(1) should not NJ Ex Order 26.4(b)(1) she did NJ Ex Order 26.4(b)(1), and the resident was asleep at that time." The RER further revealed under "Conclusion: The nurse reports that there was no intent to harm the resident. She reports wanting to keep the resident safe throughout the night which is why she NJ Ex Order 26.4(b)(1) in a manner that NJ Ex Order 26.4(b)(1). In-servicing done with nurse. The nurse was terminated for failure to follow facility protocols."</p> <p>A review of the Admission Record (AR), Resident #1 was admitted to the facility with the following diagnoses that included but not limited to: NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1).</p> <p>A review of Resident #1's Minimum Data Set (MDS), an assessment tool that provides a comprehensive assessment of a resident's functional capabilities, dated NJ Ex Order 26.4(b)(1), indicated Resident #1's Brief Interview for Mental Status (BIMS) Score was NJ Ex Order 26.4(b)(1) revealing Resident #1's cognition was NJ Ex Order 26.4(b)(1). The MDS further revealed in Section NJ Ex Order 26.4(b)(1) that Resident #1 required NJ Ex Order 26.4(b)(1) in his/her completion of Activities of Daily Living (ADLs) such NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) but NJ Ex Order 26.4(b)(1) in NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) while in bed and was able to NJ Ex Order 26.4(b)(1) while in wheelchair.</p> <p>A review of Resident #1's Care Plan (CP), initiated on NJ Ex Order 26.4(b)(1) revealed under "Focus" [Resident #1's name] is at risk for NJ Ex Order 26.4(b)(1) related to: has made attempts to NJ Ex Order 26.4(b)(1) during NJ Ex Order 26.4(b)(1) stay in facility. Under</p>	F 603			

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F 603	<p>Continued From page 3</p> <p>"Goal" [Resident #1's name] will not attempt to [redacted] without [redacted]. Under "Interventions", it included: "Monitor the nature and circumstances (1.e., [redacted] of attempted [redacted] during specific activities, involvement of others with resident/patient, patterned etc. and adjust care delivery.. [redacted] [Resident's name] by giving alternative objects or activities such as snacks and jigsaw puzzles."</p> <p>A review of the statement document obtained by the [redacted] from the nurse, Licensed Practical Nurse (LPN #1), involved in the incident from the night shift on [redacted], LPN #1 in her statement informed [redacted] that a resident, [redacted] [resident's name] in [room [redacted]], informed the nursing staff that resident [Resident #1's name], who resides in [room [redacted]] was in her/his room during the previous evening. She [LPN #1] then described how the other night nurse, LPN #2 [name] went to [redacted] to [redacted] [Resident #1's name] [redacted] her/his room. LPN #2 informed LPN #1 of what transpired. Later that evening, LPN #1 went to check on [Resident #1] who was in her/his room and upon checking saw that Resident #1 was getting into bed. LPN #1 stated that when she left Resident #1's room she [redacted] to the [redacted] and [redacted] in the hallway. She then moved down the hallway and was observing the door to Resident #1's room. She [LPN #1] went back to sit back at the nurse's station. LPN #1 then stated that [redacted] came to the nurse's station and informed LPN #1 that the doors should [redacted] and that the [redacted] [Resident #1's] [redacted] should not be [redacted] LPN #1 told the [redacted] that she then went to [redacted] at [Resident #1's] room [redacted]</p>	F 603			

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F 603	<p>Continued From page 4</p> <p>On 12/03/2024 at 1:25 pm [afternoon], the Surveyor placed a call to LPN #1 who did not return the call.</p> <p>On 12/03/2024 at 11:07 am [morning], during the Surveyor's tour in [NJ Ex Order 26.4b(1)] nursing unit, Resident #1 was noted in her/his room [NJ Ex Order 26.4(b)(1)] and in her/his wheelchair with a Certified Nursing Assistant (CNA #1). Resident #1 was observed [NJ Ex Order 26.4b(1)] in her/his wheelchair. Surveyor attempted to interview Resident #1. Resident #1 was noted [NJ Ex Order 26.4(b)(1)]. In the interview of the Surveyor with CNA#1, CNA stated she was a floater in this assignment. CNA#1 further stated Resident #1 was [NJ Ex Order 26.4(b)(1)] and could go around when she/he was in wheelchair. She stated that Resident #1 had no [NJ Ex Order 26.4(b)(1)] but at times [NJ Ex Order 26.4(b)(1)] during care. CNA1 stated Resident #1 [NJ Ex Order 26.4(b)(1)] in while in her/his wheelchair that was "why we always put [NJ Ex Order 26.4(b)(1)] in the dayroom for activities during the day."</p> <p>On 12/03/2024 at 11:31 am [morning], the Surveyor observed Resident #1 in the dayroom/activity room with other residents in activities with [US FOIA (b)(6)]. Surveyor observed no residents [NJ Ex Order 26.4(b)(1)] ambulatory or non-ambulatory in the hallways.</p> <p>On 12/03/2024 at 12:23 pm [afternoon], the Surveyor interviewed Resident #1's roommate (unsampled). Resident #1's roommate was [NJ Ex Order 26.4(b)(1)] with [NJ Ex Order 26.4(b)(1)]. According to Resident's roommate when asked by Surveyor regarding the [NJ Ex Order 26.4(b)(1)] incident, Resident's roommate stated she/he never heard of anything or knew of incident during that time.</p> <p>On 12/03/2024 at 1:38 pm [afternoon], during the</p>	F 603			

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F 603	<p>Continued From page 5</p> <p>Surveyor interview with the [U.S. FOIA (b) [redacted] and [U.S. FOIA (b) [redacted] the [NJ Ex Order [redacted]] stated in the investigation that he conducted and statements from other staff in that shift, staff did not know or saw what happened. He further stated that LPN #1 said she [NJ Ex Order 26. [redacted]] and she knew after the fact that it was wrong". [NJ Ex Order [redacted]] told her it was wrong and then in- serviced her. [NJ Ex Order [redacted]] stated there was no camera in the hallways when the Surveyor asked. [NJ Ex Order [redacted]] stated "staff did body assessment on the Resident immediately and [U.S. FOIA (b) (6) [redacted]] talked to other residents."</p> <p>A review of the facility's document on "Abuse, Neglect, Exploitation Policy", revised on July 2024, under Policy: It is the policy of this facility to provide protections for the health, welfare, and rights of each resident by developing abd implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation, and misappropriation of resident property ...Definitions: ...Involuntary Seclusion refers to separation of a resident from other residents or from his/her room or confinement to his/her room against the resident's will or the will of the resident's legal representative ..."</p> <p>A review of the facility's undated document provided by facility on "Complete Care Residents Rights" under "FREEDOM FROM ABUSE AND RESTRAINTS: The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat symptoms and not authorized by a physician or APN for a limited period of time to protect others ..."</p>	F 603			

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F 603	Continued From page 6 N.J.A.C. 8:39 4.1(a)6	F 603			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060210	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/03/2024
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

COMPLETE CARE AT INGLEMOOR, LLC **333 GRAND AVE**
ENGLEWOOD, NJ 07631

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments The facility was 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 The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Based on facility document review on 12/03/2024, it was determined that 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 for 1 of 14 day shifts. This deficient practice was evidenced by the following: 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	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/ 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	1/9/25

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

Electronically Signed

TITLE

(X6) DATE

01/09/25

New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift.</p> <p>One 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 certified nurse aide and shall perform nurse aide duties; and</p> <p>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.</p> <p>The surveyor requested staffing for the weeks of 11/17/2024 to 11/23/2024 and 11/24/2024 to 11/30/2024.</p> <p>The facility was deficient in CNA staffing for residents on 1 of 14 day shifts as follows:</p> <p>-11/17/24 had 6 CNAs for 57 residents on the day shift, required at least 7 CNAs.</p>	S 560	<p>has contracts with nursing staffing agencies.</p> <p>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.</p>	

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315349	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/16/2025
NAME OF FACILITY COMPLETE CARE AT INGLEMOOR, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 333 GRAND AVE ENGLEWOOD, NJ 07631	

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 F0603	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.12(a)(1)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	12/04/2024	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 12/3/2024		<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 060210	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/16/2025
NAME OF FACILITY COMPLETE CARE AT INGLEMOOR, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 333 GRAND AVE ENGLEWOOD, NJ 07631	

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	01/09/2025	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	
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 12/3/2024		<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			