STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315295	A. BUILDING _____ B. WING _____	06/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT REGENT LLC	50 POLIFLY ROAD HACKENSACK, NJ 07601

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS Survey date: 6/14/22 Census: 136 Sample: 28 + 2 Closed Records A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.	F 000		
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of facility documentation, it was determined that the facility failed to follow a Physician's Order (PO) for the use of [NJAC 8:43E-2.1 and] (O2). This deficient practice was identified for one (1) of two (2) residents reviewed, (Resident #67) for [NJAC 8:43E-2.1 and Exec Order 26: 4.] and was evidenced by the following: On 6/06/22 at 11:16 AM, the surveyor observed Resident #67 in their room watching the news on his/her [redacted]. The resident was observed wearing	F 695	Resident receiving [NJ Exec. Order 26:4.b.1] have potential to be affected by this practice. Nursing clarified #67 orders for [NJ Exec. Order 26:4.] use. #67 [NJ Exec. Order 26:4.] to be administered at 2 liters PRN. #67's [NJ Exec. Order 26:4.b.1] was set to 2 liters. Orders were carried over to the treatment administration record. Resident and family notified of the clarification order. A root cause analysis was completed.	7/30/22

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

Electronically Signed | 06/29/2022

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 695	Continued From page 1 NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. (LPM) via NJAC 8:43E-2.1 and Exec Order 26. The surveyor asked the resident how much NJAC 8 he/she needed to use to help him/her not feel [redacted] and the resident stated, "whatever they put it on." On 6/08/22 at 11:20 AM, the surveyor observed the resident in his/her room conversing with his/her roommate and another resident. The resident was not observed wearing NJAC 8.4 at the time of the surveyor's observation. On 6/09/22 at 10:37 AM, the surveyor observed the resident seated in his/her room seated on a wheelchair not wearing the NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. The resident stated that he/she didn't wear NJAC 8.4 all the time and was not currently [redacted]. The resident told the surveyor that he/she used the NJAC 8.4 at bedtime while sleeping. The surveyor observed the resident's concentrator and saw that the flow rate (amount of NJAC 8 that flows from the concentrator) was set a NJAC 8 43E-2.1 and LPM. On 6/09/22 at 12:06 PM, the surveyor was in the resident's room conversing with the resident and the resident's roommate and observed the resident put on his/her NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. The surveyor observed that the NJAC 8.4 flow rate was four (NJAC 8.43E-2.1 and On 6/10/22 at 12:18 PM, the surveyor observed Resident #67 seated in the hallway in his/her wheelchair. The surveyor observed that the resident was not wearing his/he NJAC 8.43E-2.1 and Exec Order NJAC 8.43E-2.1 and and had an NJAC 8.4 canister NJAC 8.43E-2.1 and Exec Order 26, 4 NJAC 8.43E-2.1 and Exec Orde) attached to the back of his/her wheelchair. The resident stated that the surveyor could enter his/her room. The surveyor observed	F 695	Nurses identified were re educated #67's NJ Exec. Order 26:4.b.1 and proper settings of NJ Exec. Order 26:4.b.1 [redacted]. All residents on NJ Exec. Order 26:4.b were assessed for orders and settings. No other residents were affected by this deficient practice. Facility educator will in service all nurses on proper transcriptions of NJ Exec. Order 26:4.b orders and proper settings on concentrator. Director of Nursing or Nursing Designee will conduct audits, using an audit tool on all residents placed on NJ Exec. Order 26:4.b to access appropriate transcription of physician orders to treatment administration record, care plan and NJ Exec. Order 26:4.b.1 settings on the NJ Exec. Order 26:4.b.1. A minimal of 10 observations will be made monthly for 3 consecutive months and then quarterly for the next two quarters. Director of Nursing will address any concerns immediately and report to the QAPI team monthly.	

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F 695	Continued From page 2 that the resident's [NJAC 8:43E-2.1 and Exec Order 26, 4. b.] was set at [NJAC 8:43E-2.1 and Exec Orde]. On 6/10/22 at 12:14 PM, the surveyor interviewed the resident's Certified Nursing Aide (CNA) who stated the resident was a very pleasant, was an "awesome" person. The resident was [NJ Exec. Order 26:4.b.1] [NJ Exec. Order 26:4.b.1], and was a [NJ Exec. Order 26:4.b.1] with activities of daily living. The CNA explained to the surveyor that the resident used [NJAC 8] and had an [NJAC 8:43E-2.1 and Exec Order 26, 4.b] in his/her room and an [NJAC 8] canister attached to the back of the his/her wheelchair. The CNA further stated that the resident would apply the [NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1] tubing on by himself/herself and never adjusted the flow rate of the [NJAC 8:4] because the nurse was responsible setting the [NJAC 8:4] flow rate. The CNA told the surveyor that if she observed the [NJ Exec. Order 26:4] [NJ Exec. Order 26:4.b.1] was soiled, she would let the nurse know, but other than that she did not touch the flow rate on the residents [NJ Exec. Order 26:4.b.1] On 6/10/22 at 12:25 PM, the surveyor entered Resident #67's room with the resident's Licensed Practical Nurse (LPN) and observed the resident's [NJAC 8:43E-2.1 and Exec Order 26, 4. b] in the presence of the LPN. The LPN stated that the [NJ Exec. Order 26:4.b.1] was currently set at a flow rate of [NJAC 8:43E-2.1 and Exec Orde] and the PO for the [NJAC 8] was [NJAC 8:43E-2.1 and Exec Order 26] as needed. The surveyor reviewed the medical record for Resident #67. A review of the resident's Face Sheet (An Admission Summary) reflected that the resident had resided at the facility for over [NJAC 8:43E-2.1 and Exec] and	F 695		

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F 695	Continued From page 3	F 695		

had diagnoses which included but were not limited to NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. (a NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.), NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. NJAC 8:43E-2.1 and Exec Orde NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. NJAC 8:43E-2.1 NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.

A review of the resident's most recent quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care dated NJAC 8:43E-2.1 and E reflected that the resident had a Brief Interview for Mental Status (BIMS) score of NJAC 8 which indicated the resident was NJAC 8:43E-2.1 and E NJAC 8:43E-2.1 and Exec Order 26, 4. b. . A further review of the resident's MDS, Section O - NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.

A review of the resident's EX Order 26.4B1 Physician Order Sheet (POS) reflected a PO dated EX Order 26.4B1 for NJAC 8:4 at NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. at bedtime.

A review of the resident's EX Order 26.4B1 Treatment Administration Record (TAR) indicated that the nurses were signing for the resident's use of the NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. at bedtime on the 11:00 PM - 7:00 AM shift.

A review of the resident's Care Plan revised on EX Order 26.4B1 reflected a focus area that the resident had an NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. . The goal of the resident's Care Plan was the resident would demonstrate an effective NJ Exec. Order 26:4.b.1

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F 695	Continued From page 4 depth, and pattern. The interventions on the resident's Care Plan included the use of [NJAC 8] as needed when feeling [NJAC 8 43E-2.1 and Exec Order 26] and [NJAC 8:4] at NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. at bedtime. On 6/13/22 at 12:21 PM, the surveyor interviewed the Director of Nursing (DON) who stated that the resident used the [NJAC 8] when it when feeling [NJAC 8 43E-2.1 and Exec Order 26] and the PO for the use of the [NJAC 8] was for [NJAC 8 43E-2.1 and Exec Order]. The DON further stated that she educated the nurses to make sure the resident's [NJAC 8] [NJ Exec. Order 26:4.b.1] was appropriately set at two [NJAC 8 43E-2.1 and] as the PO indicated. A review of the facility's Oxygen Administration Policy reviewed 04/2022 indicated that the PO for the O2 was obtained and documented where the PO would reflect the liter flow rate, the method of delivery, and the indication to use as needed. The facility's Oxygen Administration Policy further revealed, "Nursing staff is to monitor the liter flow and saturation levels as ordered by the physician." NJAC 8:39-27.1(a)	F 695		
F 759 SS=D	Free of Medication Error Rts 5 Prcnt or More CFR(s): 483.45(f)(1) §483.45(f) Medication Errors. The facility must ensure that its- §483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to	F 759	All residents receiving [NJ Exec. Order 26:4.b.1] management are at risk of this practice.	7/30/22

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F 759	Continued From page 5 ensure that all medications were administered without error of 5% or more. During the medication administration observation performed on 6/6/22 and 6/7/22, the surveyor observed two (2) nurses administer medications to four (4) residents. There were 33 opportunities, and four (4) errors were observed which calculated to a medication administration error rate of 12.12 %. This deficient practice was identified for two (2) of four (4) residents, (Residents #47 and #57), that were administered medications by one (1) of two (2) nurses. The deficient practice was evidenced as follows: 1. On 6/7/22 at 8:30 AM, the surveyor observed a Certified Nursing Assistant (CNA) carrying food trays to a food cart. The CNA stated that he was returning the empty breakfast trays to the food cart and that "Breakfast was pretty much over." On 6/7/22 at 8:32 AM, the surveyor interviewed the Licensed Practical Nurse (LPN) who stated that she was preparing to administer medications and that the residents were done with breakfast. At that time, the surveyor observed the LPN preparing to administer eight (8) medications to Resident #47 which included [redacted] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. used to NJ Exec. Order 26:4.b.1 On 6/7/22 at 8:35 AM, the surveyor observed the LPN obtain a [redacted] result of [redacted] and stated that Resident #47 had a physician's order (PO) for a sliding scale coverage of [redacted] meaning that certain [redacted] results corresponded to the amount of [redacted] to be administered. There was no observation of a breakfast tray in the	F 759	A root cause analysis was completed. The nurse identified were re-inserviced to prioritize residents on EX Order 26.4B1 for the first treatment. Nurses were re-inserviced on administration times and recommended cautionaries. Nursing clarified resident #47 and #57 medication administration time of [redacted] coverage and cautionary assigned. MD was notified. Resident #47 and #57 had no adverse reactions. Nurses identified were re-inservice on [redacted] NJ Exec. Order 26:4.b.1 with a return demonstration. Identified nurses will be med passed again by the consulting pharmacist to include observation of [redacted] management and priming of [redacted] NJ Exec. Order 26:4.b.1 Facility will update policy and med pass observation to include priming of the [redacted] NJ Exec. Order 26:4.b.1 Facility educator will re inservice all nurses on facility policy and procedure for NJ Exec. Order 26:4.b.1 [redacted] NJ Exec. Order 26:4.b.1 and priming [redacted] NJ Exec. Order 26:4.b.1 All residents on [redacted] NJ Exec. Order 26:4.b.1 management orders clarified for timing and cautionary. Facility educator, DON, and consulting pharmacy will conduct minimum of 10 random medication observations monthly for 3 months, and the quarterly for two quarters. Facility educator, DON, and consulting pharmacy will specifically assess for timing of [redacted] and cautionary	

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F 759	Continued From page 6 resident's room. Upon returning to the medication cart, the surveyor with the LPN reviewed the medication administration record (MAR). The LPN stated that according to the PO on the MAR, the resident was not to receive any [NJAC 8:43E-2.1 a] because the [redacted] result was [redacted] [NJAC 8:43E-2.1 a]. At that time, the surveyor asked the LPN what was the procedure if the resident had had a higher [NJAC 8:43E-2.1 a] result then [NJAC 8:43E-2.1 a] The LPN stated that she would have followed the PO for the [NJ Exec. Order 26] sliding scale coverage and administered the correct amount of insulin. On 6/7/22 at 9:10 AM, at the medication cart, the surveyor interviewed the LPN who stated that she would usually take [NJ Exec. Order 26] results and administer [NJ Exec. Order 26] before the resident ate breakfast. The surveyor with the LPN reviewed the MAR for Resident #47 which revealed the PO that indicated to administer [NJAC 8:43E-2.1 and Exec Order 26, 4. b.]) before breakfast and had a time plotted for 7:30 AM. The LPN stated, "I have on this side six (6) [redacted] results to take and sometimes it is hard to get to everyone before breakfast." ERROR#1 The surveyor reviewed the medical record for Resident #47. A review of the Admission Record revealed diagnoses which included [NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.] [redacted] A review of the admission Minimum Data Set (MDS), an assessment tool used to facilitate the management of care dated [redacted], reflected the	F 759	assigned to assure compliance. Finding will be addressed immediately with identified staff and results will be reported to the QAPI committee monthly.	

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F 759	Continued From page 7 resident had a brief interview for mental status (BIMS) score of [redacted], indicating that the resident had an [redacted] A review of the June 2022 Physician's Order form reflected a PO with a start date of [redacted] for [redacted] y before meals & at bedtime, [redacted] A review of the June 2022 MAR revealed a PO with a start date of 4/7/22 for [redacted] before meals & at bedtime, use per sliding scale: 0-150 =0 U, 151-200=2 U, 201-250= 4 U, 251-300 = 6 U, 301-350 =8 U, 351-400 = 10 U [redacted] less than [redacted] a diagnosis of [redacted] On 6/9/22 at 11:05 AM, the surveyor interviewed the Assistant Director of Nursing/Staff Development (ADON/SD) who stated that she was responsible for education of the staff and had been in the position for six (6) months. The ADON/SD stated that [redacted] should usually be administered 30 minutes before a meal. The ADON also stated that she would expect the nurses to follow the PO and that the [redacted] should be obtained before a meal so that the [redacted] results were done before the resident ate anything and then the [redacted] would be administered. The ADON added that she, along with another ADON, Director of Nursing (DON) and Consultant Pharmacist (CP) had completed med pass	F 759		

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F 759	Continued From page 8 observations with the nurses and in-services had been provided to the nurses. On 6/7/22 at 12:11 PM, the surveyor interviewed CP via telephone who stated that she does medication observations and in-services as needed for the facility. The CP also stated that she would recommend fast-acting [NJ Exec. Order 26:4] be administered 15 minutes before a meal and regular [NJ Exec. Order 26:4] could be 30 minutes before a meal. The CP added that if the nurse was unable to follow the PO, meaning that the [NJ Exec. Order 26:4] could not be administered before a meal, then the nurse should call and notify the physician and follow any orders from the physician. On 6/9/22 at 10:44 AM, the surveyor interviewed Resident #47 via an interpreter, who stated that the nurses took his/her [NJ Exec. O] several times a day and thought it was usually done before a meal. The resident also stated that the day the surveyor had observed medication observation that he/she had finished breakfast already but was unable to recall if that had occurred other than that day. On 6/10/22 at 1:03 PM, the survey team met with the administrative team. The DON acknowledged that medications should be administered as ordered by the physician. The DON added that the time of 7:30 AM on the MAR indicated that the medication should be administered before breakfast. A review of the facility policy provided by the DON and dated 10/2021 as last reviewed and approved for "Medication and Treatment Record Administration" revealed that the medications	F 759		

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F 759	Continued From page 9 are to be administered as prescribed. A review of the facility policy provided by the DON and dated 4/2021 as last reviewed and approved for [NJ Exec. Order 26:4.b.] revealed that the medications are to be administered as prescribed. According to information from the American Diabetes Association on [NJ Exec. Order 26:4.] Basics" reflected that rapid acting [NJ Exec. Order 26:] begins to work about 15 minutes after injection. In addition, information on [NJ Exec. Order 26:4.] Routines" reflected that [NJ Exec. Order 26:4.b.1] are most effective when you take them so that [NJ Exec. Order 26] goes to work when glucose from your food starts to enter your blood. For example, regular [NJ Exec. Order 26] works best if you take it 30 minutes before you eat." 2. On 6/7/22 at 8:30 AM, the surveyor observed a CNA carrying food trays to a food cart. The CNA stated that he was returning the empty breakfast trays to the food cart and that "Breakfast was pretty much over." On 6/7/22 at 8:32 AM, the surveyor interviewed the LPN who stated that she was preparing to administer medications and that the residents were done with breakfast. On 6/7/22 at 8:54 AM, The surveyor observed the LPN preparing to administer nine (9) medications to Resident #57 which included [NJ Exec. Order 26:4] At that time, the surveyor observed the LPN obtain a [NJ Exec. C] result of [redacted] and stated that Resident #57 had a PO for [NJ Exec. Order 26] sliding scale	F 759		

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F 759	Continued From page 10 coverage. There was no observation of a breakfast tray in the resident's room. Upon returning to the medication cart, the surveyor with the LPN reviewed the MAR. The LPN stated that according to the PO on the MAR, the resident was to receive six (6) units of the [redacted]). On 6/7/22 at 9:09 AM, the surveyor observed the LPN administer the [redacted]) subcutaneously to the resident's [redacted] EX Order 26.4B1 using the EX Order 26.4B1 On 6/7/22 at 9:10 AM, at the medication cart, the surveyor interviewed the LPN who stated that the usual [redacted] NJ Exec. Order 26:4.b echnique would be to administer [redacted] NJ Exec. Order 26:4 before the residents ate breakfast. The surveyor with the LPN reviewed the MAR for Resident #57 which revealed the PO to administer before breakfast and had a time plotted for 7:30 AM. The LPN stated, "I have on this side 6 [redacted] NJ Exec results to obtain and sometimes it is hard to get to everyone before breakfast." ERROR#2 The surveyor reviewed the medical record for Resident #57. A review of the Admission Record revealed diagnoses which included [redacted] NJ Exec. Order A review of the quarterly MDS, an assessment tool used to facilitate the management of care dated 5/25/22, reflected the resident had a BIMS score of [redacted] out of [redacted] indicating that the resident had an [redacted].	F 759		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315295	A. BUILDING _____ B. WING _____	06/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT REGENT LLC	50 POLIFLY ROAD HACKENSACK, NJ 07601

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 759	Continued From page 11 A review of the [EX Order 26.4B1] Physician's Order reflected a physician's order (PO) with a start date of [EX Order 26.4B1] for [redacted] per sliding scale: 0-150 =0 U, 151-200=2 U, 201-250= 4 U, 251-300 = 6 U, 301-350 =8 U, 351-400 = 10 U, call MD if greater than [NJ Exec. Ord.] less than [NJ Exec. O] for a diagnosis of [NJ Exec. Orde] A review of the [EX Order 26.4B1] MAR revealed a PO with a start date of [redacted] for [redacted] meals & at bedtime use per sliding scale: 0-150 =0 U, 151-200=2 U, 201-250= 4 U, 251-300 = 6 U, 301-350 =8 U, 351-400 = 10 U, call MD if greater than [NJ Exec. Orde] less than [NJ Exec.] for a diagnosis of [NJ Exec. Ord] On 6/9/22 at 11:05 AM, the surveyor interviewed the ADON/SD who stated that she was responsible for education of the staff and had been in the position for 6 months. The ADON/SD stated that [NJ Exec. Order 26:4] medication should be administered 30 minutes before a meal. The ADON also stated that she would expect that nurse to follow the PO and that the [NJ Exec. O] should be obtained before a meal to obtain the [NJ Exec.] results before the resident ate anything and then the [NJ Exec. Order 26:4] would be administered. The ADON added that she, along with another ADON, DON and CP had completed med pass observations with the nurses and in-services had been provided to the nurses. On 6/7/22 at 12:11 PM, the surveyor interviewed CP via telephone who stated that she does med passes and in-services as needed for the facility.	F 759		

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F 759	Continued From page 12 The CP also stated that she would recommend fast-acting [NJ Exec. Order 26:4] medications be administered 15 minutes before a meal and regular [NJ Exec. Order 26:4] medications could be 30 minutes before a meal. The CP added that if the nurse was unable to follow the PO, meaning that the [NJ Exec. Order 26:2] could not be administered before a meal, then the nurse should call the physician for instructions. On 6/9/22 at 10:34 AM, the surveyor interviewed Resident #57 via an interpreter who stated that the nurses take his/her [EX Order] before or when he/she gets his/her food. The resident also stated that when the nurses take his/her [EX Order] then he/she gets medication. The resident was unable to speak to the specific timing of the [EX Order 26:4B] administration. On 6/10/22 at 1:03 PM, the survey team met with the administrative team. The DON acknowledged that medications should be administered as ordered by the physician. The DON added that the time of 7:30 AM on the MAR indicated that the medication should be administered before breakfast. A review of the facility policy provided by the DON and dated 10/2021 as last reviewed and approved for "Medication and Treatment Record Administration" revealed that the medications are to be administered as prescribed. A review of the facility policy provided by the DON and dated 4/2021 as last reviewed and approved for [NJ Exec. Order 26:4]" revealed that the medications are to be administered as prescribed.	F 759		

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F 759	Continued From page 13 According to information from the American Diabetes Association on "[NJ Exec. Order 26:4.b] Basics" reflected that rapid acting [NJ Exec. Order 26:4.b] begins to work about 15 minutes after injection. In addition, information on [NJ Exec. Order 26:4.b] Routines" reflected that [NJ Exec. Order 26:4.b.1]s are most effective when you take them so tha[NJ Exec. Order 26:4.b.1] goes to work when glucose from your food starts to enter your blood. For example, regular [NJ Exec. Order 26:4.b] works best if you take it 30 minutes before you eat." 3. On 6/7/22 at 8:54 AM, during the medication observation, the surveyor observed the LPN preparing to administer [redacted] medications to Resident #57 which included [redacted] [EX Order 26.4B] using an EX Order 26.4B1. At that time, the surveyor observed the LPN obtain a [EX Order] result of [redacted] and stated that Resident #57 had a PO for [EX Order 26.4B] sliding scale coverage. Upon returning to the medication cart, the surveyor with the LPN reviewed the MAR. The LPN stated that according to the PO on the MAR, the resident was to receive six (6) units of the [redacted] The LPN then showed the surveyor that she had dialed the [NJ Exec. Order 26:4.b] dose to 6 U in the dose indicator on the NJ Exec. Order 26:4.b.1. On 6/7/22 at 9:09 AM, the surveyor observed the LPN administer the [redacted] 6 U subcutaneously to the resident's [redacted] using the NJ Exec. Order 26:4.b.1 On 6/7/22 at 9:10 AM, at the medication cart, the surveyor interviewed the LPN who stated that the usua[EX Order 26.4B] technique using a EX Order 26.4B1 was to	F 759		

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F 759	Continued From page 14 dial the correct dose according to the PO and when injecting with the pen device had held the device in the site for at least 5 seconds because if she released too fast the medication could leak out. The LPN stated that she had followed that technique for the [NJ Exec. Order 26:4.b.1] pen device during the medication observation for Resident #57. The LPN was unable to speak to whether the [NJ Exec. Order 26:4.b.1] pen device should be primed. ERROR #3 The surveyor reviewed the medical record for Resident #57. A review of the Admission Record revealed diagnoses which included [NJ Exec. Order 2] A review of the quarterly MDS, an assessment tool used to facilitate the management of care dated 5/25/22, reflected the resident had a BIMS score of [redacted] out of [redacted] indicating that the resident had an [redacted] cognition. A review of the [EX Order 26.4B1] Physician's Order form reflected a PO with a start date of [EX Order 26.4B] for [redacted] before meals & at bedtime use per sliding scale: 0-150 =0 U, 151-200=2 U, 201-250= 4 U, 251-300 = 6 U, 301-350 =8 U, 351-400 = 10 U [redacted]". A review of the [EX Order 26.4B1] MAR revealed a PO with a start date of [EX Order 26.4B1] for [redacted] before meals & at bedtime, use per sliding scale: 0-150 =0 U, 151-200=2 U, 201-250= 4 U, 251-300 = 6 U, 301-350 =8 U, 351-400 = 10 U, [redacted]	F 759		

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F 759	Continued From page 15 than [redacted] for a diagnosis of [redacted]" On 6/9/22 at 11:05 AM, the surveyor interviewed the ADON/SD who stated that she was responsible for education of the staff and had been in the position for six (6) months. The ADON added that she, along with another ADON, DON and CP had completed med pass observations with the nurses and in-services had been provided to the nurses. The ADON/SD stated that "I briefly go over the [redacted] technique." The ADON/SD added that she also asks the nurses if they need any information on medications or medication pass techniques that she can provide them with the information. The ADON/SD was unsure if there was a policy for [redacted] devices. On 6/7/22 at 12:11 PM, the surveyor interviewed the CP via telephone who stated that she does med passes and in-services as needed for the facility. The CP also stated that she has not done in-services or instructions on [redacted] techniques. The CP stated that there are pharmaceutical representatives that can do in-services on the [redacted] technique for the nurses. The CP then stated that if she were to observe an [redacted] being used during a medication observation, she would expect the nurse to prime the [redacted] first. On 6/10/22 at 12:28 PM, the surveyor interviewed the DON regarding the Medication and Treatment Record Administration policy dated 10/2021 as last reviewed and approved. The surveyor with the DON reviewed the policy which reflected "Administer medication according	F 759		

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F 759	Continued From page 16 to policies and procedures on medications." The DON explained that there was no other medication administration policies and what was meant was that a nurse was to administer medications according to what the procedures were for that specific medication. On 6/10/22 at 12:45 PM, the ADON/SD provided the surveyor with the facility "[NJ Exec. Order 26:4] Policy" dated 4/2021 as last reviewed and approved which reflected "The nurse administering [NJ Exec. Order 26:4] has the responsibility to understand the recommended dose range, expected therapeutic effect, safe administration practice and common side effects." In addition, the ADON/SD provided the surveyor with an instruction sheet for "How to use a FlexPen" which reflected in the instructions for the third step to "Check the [NJ Exec. Order 26:4.b] flow. Turn the dose selector to select 2 units. Press the push button all the way in. The dose selector returns to zero (0). A drop of [NJ Exec. Order 26:4.b] should appear at the needle tip." Then, the fourth step instructed to select the dose needed to be administered. On 6/13/22 at 9:36 AM, the DON provided the surveyor with a facility information sheet on "[redacted]" which reflected that "[redacted] is recommended before each injection to remove air from the cartridge and needle to ensure full dose administration." The DON stated that the nurses should be following the [NJ Exec. Order 26:4.b.1] instructions and [NJ Exec. Order 26:4.b.1] must be primed before administration of a dose. The DON acknowledged that the provided Medication and Treatment Record Administration Policy and [NJ Exec. Order 26:4] Policy had not included any policy or procedure for [NJ Exec. Order 26:4.b.1] administration.	F 759		

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F 759	Continued From page 17	F 759		

A review of the manufacturer's instructions for [redacted] reflected that the pen device must be primed before each injection. Priming was defined as removing air from the needle and cartridge that may be collected during normal use and ensures that the pen is working correctly. In addition, the manufacturer's instructions included "If you do not prime before each injection, you may get too much or too little [redacted]

4. On 6/7/22 at 8:30 AM, the surveyor observed a CNA carrying food trays to a food cart. The CNA stated that he was returning the empty breakfast trays to the food cart and that "Breakfast was pretty much over."

On 6/7/22 at 8:32 AM, the surveyor interviewed the LPN who stated that she was preparing to administer medications and that the residents were done with breakfast.

On 6/7/22 at 8:54 AM, the surveyor observed the LPN preparing to administer [redacted] medications to Resident #57 which included [redacted] .

On 6/7/22 at 9:07 AM, the surveyor observed the LPN administer the [redacted] tablet to Resident #57.

On 6/7/22 at 9:10 AM, at the medication cart, the surveyor with the LPN reviewed the MAR for Resident #57 which revealed the PO to administer the [redacted] before breakfast and had a time of administration plotted for 7:30 AM. In

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F 759	Continued From page 18	F 759		

addition, the MAR also had a cautionary statement for [redacted] that indicated to "Administer with a meal." The LPN stated the 7:30 AM time of administration was supposed to be before breakfast. The LPN added that she was unable to administer the resident's medications before breakfast. The LPN could not speak to the discrepancy with the PO and cautionary statement. ERROR#4

The surveyor reviewed the medical record for Resident #57.

A review of the Admission Record revealed diagnoses which included [redacted]

A review of the quarterly MDS, an assessment tool used to facilitate the management of care dated [redacted], reflected the resident had a BIMS score of [redacted] out of [redacted] indicating that the resident had an [redacted] cognition.

A review of the [redacted] Physician's Order form reflected a PO with a start date of [redacted] for [redacted] of [redacted]

A review of the [redacted] MAR revealed a PO with a start date of [redacted] for [redacted]" with a time of administration indicated for 7:30 AM.

On 6/9/22 at 11:05 AM, the surveyor interviewed the ADON/SD who stated that she was responsible for education of the staff and had been in the position for six (6) months. The

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F 759	Continued From page 19 surveyor with the ADON/SD reviewed the MAR for Resident #57 regarding the [redacted] PO that indicated to administer before breakfast and the cautionary statement that indicated to administer with a meal. The ADON/SD stated that if there was a discrepancy in the PO and cautionary statement on the MAR then the nurse should have called the physician and clarified the PO. The ADON/SD also stated that the nurses should follow the PO for [redacted] and the time of administration of 7:30 AM for before breakfast. The ADON added that she, along with another ADON, DON and CP had completed med pass observations with the nurses and in-services had been provided to the nurses. On 6/7/22 at 12:11 PM, the surveyor interviewed the CP via telephone who stated that she does med passes and in-services as needed for the facility. The CP stated that the medication [redacted] can be administered with a meal as per the cautionary statement but if the physician specified in the PO to administer before breakfast, then the nurses were to follow the PO. On 6/10/22 at 1:03 PM, the survey team met with the administrative team. The DON acknowledged that medications should be administered as ordered by the physician. The DON added that the time of 7:30 AM on the MAR indicated that the medication should be administered before breakfast. A review of the Medication Administration Observation form dated 3/15/22 observed by and provided by the ADON/SD for the LPN revealed that a medication administration observation was completed with a zero (0) % medication error	F 759		

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F 759	Continued From page 20 rate. In addition, the form reflected that "Medication pass is completed 1 hour before or after designated time. With meals-within 15 minutes of resident's meal. With food-within 1/2 hour of meal. Give food or milk on cart. Before meals-is 1/2 hour before a meal." A review of an Inservice Education Form provided by the ADON/SD dated 4/29/22 with the program title of "Med Pass Review/Mock Survey Findings" was performed by the ADON/SD and the LPN was in attendance. A review of the facility policy dated 10/2021 as last reviewed and approved for "Medication and Treatment Record Administration" provided by the DON revealed that the medications are to be administered as prescribed. NJAC 8:39-11.2(b), 29.2(d)	F 759		

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315295 Y1	A. Building B. Wing Y2	8/24/2022 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT REGENT LLC	50 POLIFLY ROAD HACKENSACK, NJ 07601

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 F0695	Correction	ID Prefix F0759	Correction	ID Prefix	Correction
Reg. # 483.25(i)	Completed	Reg. # 483.45(f)(1)	Completed	Reg. #	Completed
LSC	07/30/2022	LSC	07/30/2022	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	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
6/14/2022	☐ YES ☐ NO

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	315295	A. BUILDING **01** B. WING _____	**06/14/2022**

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COMPLETE CARE AT REGENT LLC	**50 POLIFLY ROAD** **HACKENSACK, NJ 07601**

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E 000	Initial Comments This facility is in substantial compliance with Appendix Z-Emergency Preparedness for All Provider and Supplier Types Interpretive Guidance 483.73, Requirements for Long Term Care (LTC) Facilities.	E 000		
K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 06/03/2022 and 06/07/2022, and Hackensack Meridian Health Nursing and Rehabilitation was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancies. Hackensack Meridian Health Nursing and Rehabilitation is a five story, Type II Protected building that was built in January 1986. The facility is divided into 13 smoke zones.	K 000		
K 291 SS=F	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 6/07/2022, in the presence of facility management, it was determined that the facility failed to provide a battery backup emergency	K 291	The facility is at risk for this practice. A root cause analysis was done. During the quarterly inspection with contracted	7/20/22

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

Electronically Signed | 06/29/2022

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315295	A. BUILDING **01** B. WING _____	**06/14/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT REGENT LLC	**50 POLIFLY ROAD** **HACKENSACK, NJ 07601**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 291	Continued From page 1 light above one (1) of one (1) emergency generator's transfer switch, independent of the building's electrical system and emergency generator in accordance with NFPA 101:2012 - 7.9, 19.2.9.1. This deficient practice was evidenced by the following: On 6/07/2022 (day two of survey), during the building tour with the facility's Maintenance Director (MD) an inspection of the building was conducted. During the tour at 1:08 PM, an inspection inside the Main Electrical room where the generator's transfer switch is located was performed. The surveyor observed no evidence of a battery back up emergency light inside the main Electrical room for the generator's transfer switch. The surveyor asked the MD if there was a battery back up emergency light for the transfer switch. The MD stated, "No." The findings were verified and confirmed by the MD during the observations. The surveyor informed the Administrator of the deficiency at the Life Safety Code exit conference on 06/07/2022 at 1:50 PM. NJAC 8:39-31.2(e) NFPA 101:2012 - 19.2.9.1, 7.9	K 291	professionals, this was not identified. The maintenance team installed a battery-powered emergency light as an immediate response to this issue. A contracted outside vendor installed the emergency back up lights inside the main electrical room for the generators transfer switch. The contracted outside vendor installed a back up light around the generator outside. Installation was completed on 7/20/22 Maintenance team will assess that the lights turn on during weekly generating testing. using a battery tester and record on maintenance weekly log book. Findings to be addressed by the Maintenance Director immediately and report to the QAPI committee monthly performance	
K 341 SS=E	Fire Alarm System - Installation CFR(s): NFPA 101 Fire Alarm System - Installation A fire alarm system is installed with systems and	K 341		7/28/22

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K 341	Continued From page 2 components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 06/07/2022, in the presence of facility management, it was determined that the facility failed to provide notification by audible and visible signals for one (1) of one (1) outside fence enclosed courtyard in accordance with NFPA 101, 2012 LSC Edition , Section 19.3.4.3.1, 9.6.3, 9.6.3.2, 9.6.3.6 and NFPA 72, 2010 LSC Edition, Section 18.5, 18.5.2.4, 24.4.2.20.9 The deficient practice was evidenced by the following: On 06/07/2022 (day two of survey) starting at 8:45 AM with the facility's maintenance Director (MD), a tour of the facility was conducted. During the tour the surveyor observed no evidence of an audio and visual (horn and strobe) alarm connected the the buildings fire alarm and	K 341	The facility is at risk for this practice. A root cause analysis was done. During quarterly inspections with contracted professionals this was not identified. The facility will not be using the identified area for recreational activity until a visual and audio alarm is in placed. Maintenance Director worked with a contracted outside vendor to install the audio and visual alarm to the fire alarm panel and detection system. Alarm was installed on 7/28/22. Maintenance team will assess function of alarm during daily rounding and record on the maintenance daily log.	

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K 341	Continued From page 3 detection system to notify Residents in the event of an fire alarm going on in the following locations, 1. At 9:20 AM, the surveyor observed no evidence of a horn and strobe in the fenced enclosed area outside of the Resident's smoking area. At this time the surveyor asked the MD, do you have an audio and visual alarm for the fire alarm system out here. The MD looked around and stated, "No." The surveyor observed that the two gates to leave the fenced in area had keyed pad locks on the gates. At this time the surveyor asked the MD, who had the keys to the gates. The MD told the surveyor that the key was by the kitchen and when staff brought the Resident's out, they would bring the key. The findings were verified and confirmed by the MD during the observations. The surveyor informed the Administrator of the deficiency at the Life Safety Code exit conference on 06/07/2022 at 1:50 PM. NJAC 8:39-31.2(a)	K 341	Maintenance Director will continue to round quarterly with local Fire Department and Associated Fire. Quarterly inspection reports and findings during daily rounds will be reviewed and reported to the QAPI Committee monthly for 5 months.	
K 521 SS=E	HVAC CFR(s): NFPA 101 HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2	K 521		6/25/22

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K 521	Continued From page 4 This REQUIREMENT is not met as evidenced by: Based on observations and interview conducted on 06/03/2022 and 06/07/2022 in the presence of facility management, it was determined that the facility failed to ensure that the facility's ventilation systems were being properly maintained for two (2) of nine (9) resident bathroom exhaust systems and for one (1) of six (6) roof top exhaust fans as per the National Fire Protection Association (NFPA) 90A. This deficient practice was evidenced by the following: On 6/03/2022 (day one of survey) during the survey entrance at 9:30 AM, a request was made to the Administrator and Maintenance Director (MD) to provide a copy of the facility lay-out which identifies the various rooms and smoke compartments. Starting at 10:01 AM, in the presence of facility's MD an inspection of eight (8) Resident rooms and one (1) Resident shower room was performed. This inspection identified when the bathroom exhaust systems were tested (by placing a piece of single ply tissue paper across the grills to confirm ventilation is present), the exhaust did not function properly in two (2) of nine (9) resident bathrooms in the following locations: On 6/03/2022:	K 521	The facility is at risk for this practice. A root cause analysis was done. Maintenance assistant identified this concern during morning rounds prior to the survey inspection. A contracted outside vendor replaced the fan motor on 06/25/2022. Maintenance team will continue to check the exhaust fans during their daily rounds and continue to document on daily round sheets. Findings will be addressed immediately by maintenance team and report to the QAPI committee monthly for 4 months by the Maintenance Director.	

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K 521	Continued From page 5 1. At 10:40 AM, inside Resident room [redacted] bathroom, when tested the exhaust system did not function properly. At this time, the surveyor informed the MD that the exhaust system did not function properly. The MD told the surveyor that he had asked his Assistant about the bathroom exhaust system and was told by his Assistant that one of the exhaust motors was not working. 2. At 10:50 AM, the MD and surveyor went onto the facility's roof and confirmed that one (1) of six (6) roof top exhaust fans was not working. At that time the surveyor observed that the motor had been removed from the exhaust system. 3. At 11:32 AM, inside Resident room [redacted] bathroom, when tested the exhaust system did not function properly. All the bathrooms had no windows with an area that would open. The bathrooms would rely on mechanical ventilation. The MD confirmed the findings at the time of the observation. The surveyor informed the Administrator of the deficiency at the Life Safety Code exit conference on 06/07/2022 at 1:50 PM. NFPA 90A. NJAC 8:39- 31.2 (e).	K 521		
K 918 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source	K 918		8/17/22

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K 918	Continued From page 6 and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on observation and interview on 6/07/2022, it was determined that the facility did not ensure a remote manual stop station for one (1) of one (1) generator, which was provided in accordance with the requirements of NFPA 110,	K 918	The facility is at risk of this practice. A root cause analysis was done. During the quarterly inspections with contracted professionals, this was not identified.	

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K 918	Continued From page 7 2010 Edition, Section 5.6.5.6 and 5.6.5.6.1. The deficient practice could effect all residents and was evidenced by the following: During the building tour in the presence of the facility's Maintenance Director (MD) at 1:13 PM, an inspection outside of the building where the emergency generator was located was performed. The surveyor observed the emergency stop button was located on the generators metal housing and not located in a remote location away from the generator, to prevent inadvertent or unintentional operation of the emergency generator. An interview was conducted during the observation with the MD, where he stated that at the time of observation, the exterior generator was observed to not have a remote manual stop station. The surveyor informed the Administrator of the deficiency at the Life Safety Code exit conference on 06/07/2022 at 1:50 PM. NJAC 8:39-31.2(e), 31.2(g) NFPA 110, 2010 Edition, Section 5.6.5.6 and 5.6.5.6.1.	K 918	The facility will worked the contractor outside vendor to relocate the current emergency stop button of the generator surface to a remote location. Installation completed on 8/17/22. Maintenance team will assess the function of the emergency stop button during weekly generator test. Any findings will be immediately addressed and reported to the QAPI committee monthly for the next 4 months.	

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315295 Y1	A. Building 01 - MAIN BUILDING 01 B. Wing Y2	8/24/2022 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT REGENT LLC	50 POLIFLY ROAD HACKENSACK, NJ 07601

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	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed
LSC K0291	07/20/2022	LSC K0341	07/28/2022	LSC K0521	06/25/2022
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # NFPA 101	Completed	Reg. #	Completed	Reg. #	Completed
LSC K0918	08/17/2022	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	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
6/14/2022	☐ YES ☐ NO