STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315216	A. BUILDING _____ B. WING _____	C 11/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT CEDAR GROVE	**536 RIDGE ROAD CEDAR GROVE, NJ 07009**

(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 #s NJ 167942, 169146, 170266, 170525, 174465, 174531, 174713, 176577 STANDARD SURVEY: 11/12-11/19/24 CENSUS: 175 SAMPLE SIZE: 35+3 closed records A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long-Term Care Facilities. Complaint investigations were also completed during this survey. Deficiencies were cited for this survey.	F 000		
F 558 SS=D	Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3) §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to maintain the call bell within reach of residents. This deficient practice was identified for 3 of 35 residents reviewed for the accommodation of needs (Resident #108, #128, and #116), and was evidenced by the following: 1. On 11/12/24 at 11:55 AM, the surveyor observed Resident #108 in bed on a [redacted]	F 558	F558 Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3) 483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. 1. Residents #108, #128 and #116 were all observed to be found to have their call	12/12/24

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

Electronically Signed | 01/10/2025

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F 558	Continued From page 1 mattress with NJ Ex Order 26.4(b)(1) . The surveyor observed the resident's call bell (a bell used to summon staff for assistance) was affixed to the right upper enabler and dangling down towards the floor, not within his/her reach. The surveyor reviewed the medical record for Resident #108. A review of the resident's Admission Record reflected that Resident #108 was admitted to the facility with diagnoses that included but were not limited to NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1)) and 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) NJ Ex Order 26.4(b)(1) . A review of Resident #108's Annual Minimum Data Set (MDS) an assessment tool dated NJ Ex Order 26.4(revealed Resident #108 had a NJ Ex Order and NJ Ex Order 26.4(b)(1) and a NJ Ex Order 26.4 The MDS further revealed that the resident was dependent on staff for NJ Ex Order 26.4(b)(1). A review of Resident 108's Individualized Care Plan (CP) included a focus that indicated the resident had NJ Ex Order 26.4(b)(1) with interventions to tell the resident where items are placed; and to be consistent. 2. On 11/13/24 at 12:00 PM, the surveyor observed Resident #128 in bed on NJ Ex Order 26.4(b)(1) mattress with the call bell dangling down on the right side of the bed between the upper enabler and the mattress, not within the Resident's reach.	F 558	bells not within the reach of the residents. All three residents had their call bell placement corrected immediately so that the bell was within their reach. 2. All residents have the potential to be affected by this deficient practice 3. A full audit of all residents was conducted to ensure there were no other residents with their call bells not properly placed within their reach. No other deficient practices were found. DON/ designee educated all facility staff on proper call bell placement. 4. Director of nursing or designee will complete audits on call bell placement weekly for 4 weeks, then twice a month for 4 months, and then monthly for 4 months. Findings will be discussed with the QAPI team during QAPI meetings. QAPI committee will determine if any further action is needed.	

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F 558	Continued From page 2 A review of Resident #128's Admission Record reflected that the Resident was admitted to the facility with diagnoses that included but were not limited to NJ Ex Order 26.4(b)(1) , NJ Ex Order 26.4(b)(and NJ Ex Order 26.4(b)(1) A review of Resident #128's quarterly MDS dated NJ Ex Order 26.4(revealed Resident #128 had NJ Ex Order 2 , NJ Ex Order and NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) . The MDS further revealed that the resident was dependent on staff for NJ Ex Order 26.4(b)(1). A review of Resident 128's CP included a focus that indicated the resident had a NJ Ex Order 26.4(b)) affecting the NJ Ex Order 26.4(b)(1) with interventions to keep the call bell on the NJ Exec NJ Exec C of the resident where his/her NJ Ex Order 26.4(b)(1). On 11/13/24 at 12:10 PM, the surveyor and Certified Nursing Assistant (CNA #1) assigned to Resident #128's care, entered the resident's room and observed the call bell dangling down on the right side of the bed between the upper enabler and the mattress, not within the Resident's reach. The CNA stated that she should have placed the call bell within the resident's reach as the resident was unable to speak and the call bell was their only means of summoning staff assistance. 3. On 11/13/24 at 12:05 PM, the surveyor observed Resident #116 in bed on NJ Ex Order 26.4(b)(1) mattress with the call bell on the floor under the resident's bed. The surveyor interviewed Resident #116 who stated that he/she would usually use their call bell to call for staff assistance, but they were unable to locate it	F 558		

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F 558	Continued From page 3 today. Resident #116 further stated, "NJ Ex Order 26.4(b)(1) [redacted]." A review of Resident #116's Admission Record reflected that the Resident was admitted to the facility with diagnoses that included but were not limited to NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1). A review of Resident #116's quarterly MDS dated [redacted] revealed Resident #116's [redacted] was NJ Ex Order 26.4(b)(1). The MDS further assessed resident #116 had a BIMS score of "[redacted] out of 15" which indicated the resident's [redacted] was [redacted] A review of Resident 116's CPs included a focus that indicated the resident was at [redacted] for [redacted] with interventions to keep the call bell within their reach and a CP which included a focus that indicated Resident #116 had NJ Ex Order 26.4(b)(1) with interventions to place the call bell near the resident's [redacted] and to move the resident's [redacted] so that he/she could feel the call bell was within reach. On 11/13/24 at 12:22 PM, the surveyor accompanied by the US FOIA (b)(6) [redacted] entered Resident #116's room. The [redacted] observed the call bell on the floor and confirmed that the call bell should always be kept within the resident's reach. On 11/13/24 at 12:33 PM, the surveyor interviewed the CNA (CNA #2) assigned to Resident #116's care who confirmed she should have ensured the call bell was placed within the resident's reach.	F 558		

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F 558	Continued From page 4 On 11/15/24 at 1:14 PM, the surveyor discussed the above observations and concerns with the Administration. The [U.S. FOIA (b) (6)]) confirmed that the call bells should be placed within the residents' reach.	F 558		
F 658 SS=D	NJAC 8:39- 31.8 (c)(9) Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to maintain professional standards of nursing practice for not following physician orders for medications with parameters for 1 of 1 residents reviewed (Resident # 148). The deficient practice was evidenced by the following: Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of casefinding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."	F 658	F658 Services Provided Meet Professional Standards F658 CFR(s): 483.21(b)(3)(i) 483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. 1. Based on observation, interview, and record review, it was determined that the facility failed to maintain professional standards of nursing practice for not following physician orders for medications with parameters for 1 of 1 resident reviewed (Resident # 148). There were [NJ Ex] to the resident due to this deficient practice. A review was conducted of all residents in-house on medications with parameters. No additional deficient	12/12/24

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F 658	Continued From page 5 The surveyor reviewed the medical records for Resident #148 that revealed the following: According to the Order Summary Report Resident # 148 had an order dated [redacted] for [redacted] (NJ Ex Order 26.4(b)(1) [redacted], give 1 tablet by mouth two times a day. Hold if NJ Ex Order 26.4(b)(1) [redacted]) is [redacted]. The NJ Ex Order 26.4(b)(1) Electronic Medication Administration Records revealed there were several dates that the nurse gave the [redacted] medication when the resident's [redacted] was [redacted]. NJ Ex Order 26.4(b)(1) was given when the [redacted] was [redacted] by the 3-11 nurse on [redacted], and [redacted]. The surveyor interviewed the U.S. FOIA (b) (6) [redacted] on 11/15/24 at 11:47 AM, who stated that the medication should have been held for the dates of [redacted], when the resident's [redacted] was NJ Ex Order 26.4(b)(1). She stated that there were NJ Ex Order 26.4(b)(1) after that medication was administered. At 12:35 PM, the [redacted] stated that the facility did not have a specific policy regarding following a physician's order. NJAC 8:39-27.1(a)	F 658	practices were identified. The [redacted] who did not follow the physician□s orders was in-serviced and re-educated on administering medications with parameters. 2. All residents on medications with parameters have the potential to be affected by this deficient practice. 3. Director of nursing/ designee educated all nurses on following physicians orders and administering medications with parameters. 4. Director of nursing or designee with conduct audits reviewing all physicians□ orders to ensure they are being followed correctly. Audits will be conducted weekly for 4 weeks, then twice a month for 4 months, and then monthly for 4 months. Findings will be reviewed with the QAPI team during the QAPI meetings. The QAPI committee will determine the need for any further action.	
F 695 SS=E	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	F 695		12/12/24

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F 695	Continued From page 6 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 pertinent facility documents, it was determined that the facility failed to: a.) ensure NJ Ex Order 26.4(b)(1) was stored in accordance with infection control measures for 1 of 4 residents, (Resident #55) and b.) administer NJ Ex Order 26.4(b)(1) according to the physician's order for 3 of 4 residents, Resident #28, #160 and #273). This deficient practice was evidenced by the following: Reference: New Jersey Statutes Annotated, Title 45. Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case-finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist." Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical	F 695	F695 Respiratory care, including tracheostomy care and tracheal suctioning. F695 CFR 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. 1. Resident #55 NJ Ex Order 26.4(b)(1) along with NJ Ex Order 26.4(b) was removed from room. Residents #28,160 along with #273 NJ Ex order were checked and nurse adjusted to the correct NJ Ex Orde as prescribe in the mar. The NJ Ex Order 26.4(administration settings for the affected residents were immediately adjusted to match the physician□s order. The residents were assessed for any adverse effects related to the incorrect NJ Ex Order 26.4(administration. 2. All residents have the potential to be affected by the deficient practice. 3. Director of Nursing/Designee educated	

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F 695	Continued From page 7 nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling, and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist." 1. On 11/12/24 at 12:00 PM, the surveyor observed Resident #55 in bed with a NJ Ex Order 26.4(b) at bedside, not in use. The surveyor observed a NJ Ex Order 26.4(b)(1) dated NJ Ex Order 26.4(, NJ Ex Order 26.4(b)(1) the NJ Ex Order suspending down onto the floor. The NJ Ex Order 26 was not stored in a bag. Resident #55 stated that he/she used the NJ Ex Order 26.4(mostly at night for NJ Ex Order 26.4(b)(1). The surveyor reviewed the medical record for Resident #55. According to the Admission Record, the resident was admitted to the facility with diagnoses that included but were not limited to NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) The quarterly Minimum Data Set (MDS), an assessment tool, dated NJ Ex Order 26.4(, reflected a Brief Interview for Mental Status (BIMS) score of 'NJ Ex out of 15" which indicated Resident #55's NJ Exec Order 26.4b1 was NJ Ex Order 26 A review of the resident's Individual Care plan (CP) included a focus area initiated on NJ Ex Order 26.4(that indicated the resident used NJ Ex Order 26.4(NJ Exec Order 26.4 as needed for NJ Ex Order 26.4(b)(1) . The interventions included monitoring for signs and symptoms of NJ Ex Order 26.4(b)(1) and reporting to US FOIA b	F 695	all nurses regarding active physician orders and proper storage of respiratory equipment when not in use. All licensed nurses educated on the administering oxygen therapy and verifying physician orders. 4. Director of Nursing/Designee will audit physician orders for 4 residents with oxygen orders weekly x 4 weeks and monthly x 3. The results of these findings will be presented to the Administrator at the QAPI meetings.	

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F 695	Continued From page 8 A review of the NJ Ex Order 26.4(b)(1) Order Summary Report (OSR) reflected an order for NJ Ex Order 26.4(b)(1) as needed (PRN) for NJ Ex Order 26.4(b)(1). On 11/13/24 at 11:30 AM, the surveyor observed Resident #55 in his/her room seated in a wheelchair. The surveyor observed the NJ Ex Order 26.4(b) not in use with the NJ Ex Order 26.4(b)(1) stored in a plastic bag dated NJ Ex Order 26.4(. On 11/13/24 at 11:40 AM the surveyor accompanied by the Licensed Practical Nurse (LPN #1) entered the resident's room and observed that the NJ Ex Order 26.4(b)(1) stored in a plastic bag was dated NJ Ex Order 26.4(b)(LPN #1 stated that the facility policy was for the NJ Ex Order 26.4(b)(1) to be changed every Wednesday by the night nurses. LPN #1 acknowledged that she should have checked it earlier and then discarded the NJ Ex Order 26.4 2. On 11/12/24 at 12:20 PM, the surveyor observed Resident #28 in bed with their eyes closed. The surveyor observed the NJ Ex Order 26.4(b)(1) undated and suspending off the back of the NJ Ex Ord not stored in a plastic bag. The surveyor reviewed the medical record for Resident #28. According to the Admission Record, the resident was admitted to the facility with diagnoses that included but were not limited to 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) NJ Ex Order 26.4(b)(1) The quarterly MDS dated NJ Ex Order 26.4(reflected a	F 695		

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F 695	Continued From page 9	F 695		

BIMS score of '[redacted] out of 15" which indicated Resident #55 had NJ Ex Order 26.4(b)(1) [redacted]

A review of the resident's CP included a focus area that indicated the resident used [redacted] as needed. The interventions included monitor for signs and symptoms of [redacted] and report to [redacted] initiated on [redacted]

A review of the [redacted] OSR reflected an order for NJ Ex Order 26.4(b)(1) as needed (PRN) for NJ Ex Order 26.4(b)(1).

3. On 11/14/24 at 10:25 AM, the surveyor observed Resident #160 in their room, seated in a wheelchair. The surveyor observed the resident wearing a [redacted] with the NJ Ex Order 26.4(b)(1) [redacted] set at [redacted]

The surveyor reviewed the medical record for Resident #160.

According to the Admission Record, the resident was admitted to the facility with diagnoses that included but were not limited to NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1)

The quarterly MDS dated [redacted] reflected a BIMS score of '[redacted] out of 15" which indicated Resident #55's cognition was [redacted]

A review of the resident's CP included a focus area that indicated the resident was receiving [redacted] therapy for [redacted] initiated on [redacted]. The interventions included administering [redacted] as ordered, monitoring for signs and symptoms of NJ Ex Order 26.4(b)(1), and reporting to [redacted]

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F 695	Continued From page 10	F 695		

A review of the NJ Ex Order 26.4(b)(1) reflected an order for NJ Ex Order 26.4(b)(1)) every shift for NJ Ex Order 26.4(b)(1)) with a start date of NJ Ex Order 26.4(.

On 11/14/24 at 10:30 AM, the surveyor accompanied by LPN #2 entered Resident #160's room. LPN #2 confirmed that the NJ Ex Order 26.4 was set at NJ Ex Order 26.4(b)(1 At that time LPN #2 reviewed the PO, which reflected an order for NJ Ex Order 26. . LPN#2 stated that he usually checked the NJ Ex Order 26.4(b)(1) for accuracy during his morning rounds, but was so busy that he had neglected to check it this morning.

On 11/15/24 at 1:14 PM, the surveyor discussed the above observations and concerns with the Administration. The U.S. FOIA (b) (6)) confirmed that the Physician orders should be followed, NJ Ex Order 26 should be changed and dated weekly, and should be stored in a plastic bag for infection control prevention.

4.) On 11/13/24 at 11:05 AM, the surveyor observed Resident #273 in bed receiving NJ Ex Order 26.4( ) that was connected to an NJ Ex Order 26.4(b)(1) that was set to NJ Ex Order 26.4(b)(1) The resident was awake and NJ Ex Order 26.4(b)(1)

On 11/14/24 at 1:17 PM, the surveyor observed the resident lying in bed NJ Exec Order 26 and NJ Exec Orde The NJ Ex O was on and set to NJ Ex Order 26.4

The surveyor reviewed the medical record for Resident #273.

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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 695	Continued From page 11 According to the Admission Record (AR; or face sheet, an admission summary), the resident was admitted to the facility with diagnoses that included NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1)), and NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1)). The Comprehensive Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated NJ Ex Order 26.4(b)(, reflected a Brief Interview for Mental Status (BIMS) score of NJ Ex out of 15, which indicated that the resident was NJ Ex Order 26.4(b)(1). Further review of the MDS revealed the resident required NJ Ex Order 26.4(b)(1) treatment and received NJ Ex Order 26.4(b)(1). A review of the electronic Medication Administration Record (eMAR) for NJ Ex Order 26.4(b)(1) reflected the following orders: -NJ Ex Order 26.4(b)(1) every shift NJ Ex Order 2 . The order was initiated on NJ Ex Order 26.4(and discontinued on NJ Ex Order 26.4(b)(. The eMAR was not signed as checked or administered on the night shift on NJ Ex Order 26.4(b)(. -NJ Ex Order 26.4(b)(1) every shift for NJ Ex Order 26.4(b)(1) . The order was initiated on NJ Ex Order 26.4(b)(1) and discontinued on NJ Ex Order 26.4(b)(1) at 2:06 PM. The eMAR was signed checked or administered on all three shifts on NJ Ex Order 26.4(b)(and was not signed checked or administered NJ Ex Order 26.4(b)(on the day shift. A review of the ongoing Care Plan (CP) reflected a focus that included, the resident's required NJ Ex (which was initiated on NJ Ex Order 26.4(b)(. An intervention dated NJ Ex Order 26.4(b)(, included to	F 695		

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	315216	A. BUILDING _____ B. WING _____	C 11/22/2024

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F 695	Continued From page 12 administer [NJ Exec Order 26] as ordered. On 11/14/24 at 1:20 PM, the surveyor and the U.S. FOIA (b) (6)) entered Resident #273's room to observe the resident's NJ Ex Order 26.4(b)(1), greeted the resident and walked out of the resident's room. At that time, the U.S. FOIA (b) (6) confirmed with the surveyor that the NJ Ex Order 26.4(b)(1) was set to [NJ]. The U.S. FOIA (b) (6) and the surveyor reviewed the eMAR together which reflected an order for [NJ Ex Order 2]. The U.S. FOIA (b) (6) stated that the expectation was that the nurse should have checked during the morning visit of each room and ensured the [NJ Ex O] was set according to the physician's order. At 1:23 PM, the surveyor and the U.S. FOIA (b) (6) walked back into the resident's room. The U.S. FOIA (b) (6) explained to the resident that she had to [NJ Ex Order 2] the NJ Ex Order 26.4(b)(1) as per physician's order, and used a NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1)) which reflected NJ Ex Order 26.4(b)(1) without a [NJ Ex Order 26.4(b)(1)] (NJ Ex Order 26.4(b)(1) An [US FOIA (b)] walked in with another NJ Ex Order 26.4(b)(1) that reflected the same result, NJ Ex Order 26.4(b)(1) without a NJ Ex Order 26.4(b)(1). At 1:30 PM, the U.S. FOIA (b) (6) stated that all nurses on all shifts were responsible to ensure the resident's [NJ Ex Order 26.4] orders were followed. The U.S. FOIA (b) (6) stated that she would inform the physician and the [NJ Ex Order 26.4(b] nurse to request for Resident #273 to be evaluated. On 11/14/24 at 1:14 PM, in the presence of the survey team, the U.S. FOIA (b) (6)	F 695		

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F 695	Continued From page 13	F 695		

U.S. FOIA (b) (6)), the U.S. FOIA (b) (6) , the U.S. FOIA (b) (6) and the U.S. FOIA (b) (6) , the surveyor discussed the concerns regarding the failure to follow the physician's order for the [redacted] and to maintain the NJ Ex Order 26.4(b)(1) services for Residents #55, #28, #160 and #273.

On 11/18/24 at 12:17 PM, in the presence of the survey team, the U.S. FOIA (b) (6) the U.S. FOIA (b) and the U.S. FOIA (b) (6) the U.S. FOIA (b) stated that the nurse who received the order from the physician should have adjusted the NJ Ex Order 26.4(b)(1) for the resident and the nurses should have ensured the physician's orders were followed.

A review of the facility provided policy, Administering Medication, updated on 1/2024 included the following:
Policy Statement: Medications are administered in a safe and timely manner, and as prescribed.
Policy Interpretation and Implementation:
2. medications must be administered in accordance with the orders, including any required time.

A review of the provided facility policy Oxygen Administration, dated/revised 11/2018 included the following:
The purpose of this procedure is to provide guidelines for safe oxygen administration.
Preparation
1.Verify that there is a physician's order for this procedure. Review the physician's orders or facility protocol for oxygen administration.
2. Review the resident's care plan to assess for any special needs of the resident.

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F 695	Continued From page 14 NJAC 8:39-11.2(b) 27.1(a)	F 695		
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(f). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record	F 755	F755 Pharmacy Services	12/12/24

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F 755	Continued From page 15 review, it was determined that the facility failed to provide pharmaceutical services in accordance with professional standards to assure that a.) NJ Ex Order 26.4(b)(1) were stored in a tamper and contaminant resistant packaging, b) accurate dispensing and administration of NJ Ex Ord medication c.) a NJ Ex Order 26.4(b) medication that was ordered by the physician was available for administration. The deficient practices were identified for one (1) of two (2) medication rooms and two (2) of four (4) medication carts inspected during the medication storage and observation and was evidenced as follows: Reference: New Jersey Statutes Annotated, Title 45. Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist." Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a	F 755	1. The opened NJ Ex Order 26.4(b)(1) was immediately removed and discarded. No residents were found to be affected by this deficient practice. LPN #2 was educated on the importance of administering NJ Ex Order 26.4(b)(1) and all medications as per MD orders and within the protocol time frame. LPN #3 was educated on the importance of administering NJ Ex Order 26.4(b)(1) and all medications as per the MD order and ordered dosage. The residents were assessed for any adverse effects due to the early administration of the medication and the medication not being administered as the MD order. The physician was notified of the occurrences. The residents were not harm or affected by this deficient practice. 2. All residents have the potential to be affected by the deficient practice. 3. Director of nursing and/or designee will Inservice all staff on timely med administration and correct dosing. The director of nurses will Inservice all the nurses on Federal Regulation F-755 related to pharmacy services, procedures and records. 4.The director of nursing/ designee will do random weekly med passes for 2 nurses x 1 month. Then monthly med passes x 3	

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F 755	Continued From page 16 registered nurse or licensed or otherwise legally authorized physician or dentist." 1. On 11/15/22 at 9:27 AM, during the inspection of the medication room located on the [NJ Exec Order 26.4b1] the surveyor with the Licensed Practical Nurse#1 (LPN #1) observed the following [NJ Ex Order 26.4(b)(1)] : -[NJ Ex Order 26.4(b)(1)] without an outer packaging or seal -[NJ Ex Order 26.4(b)(1)], without an outer packaging or seal. On 11/15/24 at 9:27 AM, during an interview with the surveyor, the [U.S. FOIA (b) (6)]) stated that the [NJ Ex Order 26.4(b)(1)] products should have had an outer covering to ensure against tampering and contaminants. 2. On 11/15/24 at 9:36 AM, in the presence of LPN #2, the surveyor began the [NJ Ex Order 26.4(b)] medication inspection, which was stored in a mounted, double locked portion of the medication cart B (narcotic box) located on [NJ Ex Order 26.4(b)(1)]. At that time, the surveyor and LPN #2 observed Resident #135's [NJ Ex Order 26.4(b)(1)] Immediate Release [NJ Ex Order 26.4(b)(1)] bingo card (a multidose card containing individually packaged medications) contained [NJ Ex] tablets. At that time, the surveyor compared the count of the bingo card against the Individual Patient [NJ Ex Order 26.4(b)(1)] Administration Record (declining inventory log) for Resident #135's	F 755	months. The director of nursing will submit data in the QAPI meeting.	

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F 755	Continued From page 17	F 755		

NJ Ex Order 26.4(b)(1) tablet which reflected a balance of [redacted] tablets and was last signed by the administering nurse on 11/15/24 at 6:00 AM.

At that time, the surveyor and LPN #2 reviewed the electronic Medication Administration Record (eMAR) together which revealed an order for NJ Ex Order 26.4(b)(1), give 1 tablet four times a day for [redacted] and [redacted], and was started on [redacted]. The administration schedule was for 6:00 AM, 11:00 AM, 4:00 PM and 10:00 PM.

At that time, the surveyor questioned the one (1) tablet discrepancy of the count. LPN #2 stated that the resident had requested for their [redacted] earlier than scheduled and it was the resident's right to receive their medication when requested. LPN #2 administered the medication at 9:00 AM (3 hours after the scheduled dose at 6:00 AM) as opposed to the physician's scheduled order of 11:00 AM. LPN #2 also stated that she had not informed the physician. LPN #2 explained that since she administered the [redacted] at 9:00 AM, which was earlier than the physician's order, the eMAR would not allow her to sign for the administration.

At that time, The LPN acknowledged that she should have should have informed the physician prior to the administration of the [redacted] medication earlier than scheduled for the resident to be properly assessed for [redacted] and that the declining inventory log should have been signed immediately after she removed the [redacted] from the [redacted] for dispensing and administration.

3.) On 11/15/24 at 9:56 AM, the surveyor began the

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F 755	Continued From page 18 in the presence of LPN #3, the surveyor began the NJ Ex Order 26.4(b) medication inspection, which was stored in the NJ Ex Order 26.4(b) box located on NJ Ex Order 26.4(b)(1) At that time, the surveyor and LPN #3 observed Resident #70's declining inventory log for NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1)). The declining inventory log reflected the following: -on NJ Ex Order 26.4(b) at 12:59 PM, two (2) tablets were removed. -on NJ Ex Order 26.4(b) at 9:00 PM, two (2) tablets were removed. -on NJ Ex Order 26.4(b) at 1:00 PM, two (2) tablets were removed. -on NJ Ex Order 26.4(b) at 9:00 PM, two (2) tablets were removed. At that time, the surveyor and LPN #3 reviewed the eMAR which revealed the following orders: NJ Ex Order 26.4(b)(1), give 1 tablet by mouth one time a day for NJ Ex Order 26.4(b) and was started on NJ Ex Order 26.4(b). The administration time was for 9:00 PM. -NJ Ex Order 26.4(b)(1), give 1 tablet by mouth one time a day for NJ Ex Order 26.4(b) and was started on NJ Ex Order 26.4(b). The administration time was for 1:00 PM. --NJ Ex Order 26.4(b)(1), give 1 tablet by mouth one time a day for NJ Ex Order 26.4(b) and was started on NJ Ex Order 26.4(b). The administration time was for 9:00 PM. At that time, LPN #3 confirmed with the surveyor that she had administered two (2) tablets of the	F 755		

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F 755	Continued From page 19	F 755		

NJ Ex Order 26.4(b)(1) on NJ Ex Order 26.4(to for the NJ Ex Order order since the pharmacy had not sent the supply. The LPN #3 stated she was unsure if the medication was available as part of the emergency back-up supply. LPN #3 stated she did not call the physician for an order to administer double of the dose of NJ Ex Order 26.4(b)(1) .

On 11/15/24 at 10:27 AM, during an interview with the surveyor, the U.S. FOIA (b) (6)) stated that the nurses should not have been administering double the dose against the physician order which caused the inventory for NJ Ex Order 26.4(b)(1) to be cut shorter, that would result in the resident to not have enough medication before the next refill. The surveyor requested for the receipt of the NJ Ex Order 26.4(b)(1)

On 11/14/24 at 1:14 PM, in the presence of the survey team, the U.S. FOIA (b) (6) the U.S. FOIA (b) (6)), the U.S. FOIA (b) (6)) and the U.S. FOIA (b) (6) , the surveyor discussed the concerns regarding the storage of the NJ Ex Order 26.4(b)(1) medications found that was not in a standard packaging that protected against tampering and contamination, the administration of Resident #135's medication ahead of the physician's scheduled order and the facility's failure to ensure that Resident #70's medication ordered by the physician was available for administration.

On 11/18/24 at 12:17 PM, in the presence of the survey team, the U.S. FOIA (b) (6) the U.S. FOIA (b) and the U.S. FOIA (b) (6

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F 755	Continued From page 20 the [U.S. FOIA (b)] stated that the nurse who administered Resident #135's medication was given an education to inform and obtain a physician's order for early administration of the [NJ Ex Order 26.4(b)(1)] when appropriate. Additionally, the [U.S. FOIA (b)] stated that regarding Resident #70's [NJ Ex Order 26.4(b)(1)] the nurses were educated to call the pharmacy when an order was not available for administration and were instructed to escalate the issue to the supervisors after having to call the pharmacy more than once. No further information was provided. A review of the provided facility policy, Medication Storage dated/reviewed on 1/2024, reflected under policy that the facility shall store all medications and biologicals in a safe, secure and orderly manner and that medications and biologicals shall be stored in the packaging, containers, or other dispensing system in which they are received. A review of the facility provided policy, Administering Medication, updated on 1/2024 included the following: Policy Statement: Medications are administered in a safe and timely manner, and as prescribed. Policy Interpretation and Implementation: 2. medications must be administered in accordance with the orders, including any required time. NJAC 8:39-29.2 (d), 29.4(f)(g) (h)(l) 29.6(a)29.7(c)	F 755		
F 759 SS=D	Free of Medication Error Rts 5 Prcnt or More CFR(s): 483.45(f)(1)	F 759		12/12/24

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F 759	Continued From page 21 §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 ensure that all medications were administered without error of 5% or more. During the medication observation conducted on 11/14/24, the surveyor observed four (4) nurses administer medications to four (4) residents. There were 27 opportunities, and two errors were observed which resulted in a medication error rate of 7.41%. This deficient practice was identified for one (1) of three (3) residents, that was administered by one (1) of three (3) nurses. and was evidenced by the following: On 11/14/23 at 9:01 AM, the surveyor observed the U.S. FOIA (b) (6)) prepare medications for Resident #64. The medications included the following: - NJ Ex Order 26.4(b)(1)), give 1 tablet by mouth two times a day for NJ Ex Order 26.4(b)(1) . Give with food. The order was started on NJ Ex Order 26.4(b) NJ Ex Order 26.4(b)(1) , 1 tablet by mouth one time a day for NJ Ex Order 26.4(b)(1) Give with food. The order was started on of NJ Ex Order 26.4(b At 9:06 AM, the U.S. FOIA confirmed she had five (5) medications in the cup and was ready to administer the medications to Resident #64. The	F 759	F759 1. LPN 1 administered to resident #64 NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) without food. Per the MD order both should have been given with food. The nurse was immediately educated on the importance of following the physician orders. The resident was immediately assessed for potential adverse effects from the medication being administered without food. The resident was not affected by this deficient practice. 2. All residents have the potential to be affected by the deficient practice. 3. The director of nursing/designee educated all licensed nurses on meds that need to be given with food. A list of common medications requiring food has been provided to all nurses. 4. The nurse identified with the deficient practice will be med passed by the Director of Nursing or designee 2 times per month x1 month then once a month x 3 months. Med Pass results will be reviewed in QAPI with IDT team and will recommend if any further action is	

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F 759	Continued From page 22 U.S. FOIA was observed with a cup of medications and a cup of water. At that time, the breakfast truck was not in the hallway. At 9:07 AM, the U.S. FOIA and the surveyor entered the resident's room. Resident #64 informed the surveyor that they had not eaten breakfast that morning, and the breakfast tray was not in the resident's room. The U.S. FOIA proceeded towards the resident to administer the medications to the resident. The surveyor stopped the U.S. FOIA and asked to speak with the U.S. FOIA outside the resident's room. At 9:11 AM, the surveyor, and the U.S. FOIA reviewed the resident's electronic Medication Administration Record (eMAR) and the bingo card (a multidose card containing individually packaged medications) together. The eMAR revealed that NJ Ex Order 26.4(b)(1) was scheduled to be administered at 8:30 AM and 5:30 PM and had instructions for administration that included "Take with food". The bingo card had an affixed cautionary label that indicated "take with food". The eMAR also revealed that NJ Ex Order 26.4(b)(1) was scheduled to be administered at 8:30 AM and had instructions for administration that included "Take with food ". At that time, after reviewing the eMAR and the bingo cards with the surveyor, the U.S. FOIA stated that the NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) should not be administered on an empty stomach because it could have caused NJ Ex Order 26.4(b)(1), and that the NJ Ex Order 26.4(b)(1) could have caused NJ Ex Order 26.4(b)(1).	F 759	needed.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315216	A. BUILDING _____ B. WING _____	C 11/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT CEDAR GROVE	**536 RIDGE ROAD CEDAR GROVE, NJ 07009**

(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 23 On 11/14/24 at 1:14 PM, in the presence of the survey team, the U.S. FOIA (b) (6) [redacted] the U.S. FOIA (b) (6) [redacted], the U.S. FOIA (b) (6) [redacted]) and the U.S. FOIA (b) (6) [redacted], the surveyor discussed the concerns regarding the medication pass errors observed. On 11/18/24 at 12:17 PM, in the presence of the survey team, the U.S. FOIA (b) (6) the U.S. FOIA (b) and the U.S. FOIA (b) (6) the U.S. FOIA (b) stated that the U.S. FOIA was educated on proper administration of medications that were required to be administered with food. The U.S. FOIA (b) acknowledged that the medications should have been administered as ordered and the U.S. FOIA should have followed the cautionary that was part of the physician's order. A review of the facility provided policy, Administering Medication, updated on 1/2024 included the following: Policy Statement: Medications are administered in a safe and timely manner, and as prescribed. Policy Interpretation and Implementation: 2. medications must be administered in accordance with the orders, including any required time. N.J.A.C. 8:39-29.2 (d)	F 759		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	060720	A. BUILDING: _____ B. WING _____	C 11/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT CEDAR GROVE	536 RIDGE ROAD CEDAR GROVE, NJ 07009

(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 is 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 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. This deficient practice was evidenced by the following: Reference: NJ State requirement, CHAPTER 112. An Act concerning staffing requirements for nursing homes and supplementing Title 30 of the Revised Statutes. Be It Enacted by the Senate and General Assembly of the State of New Jersey: C.30:13-18	S 560	S Tag 560 1. No residents were identified nor immediately affected by the failure to provide minimum staffing levels. 2. All residents have the potential to be affected by this deficient practice. 3. The Staffing coordinator will inform Director of nursing or designee of any issues that result in insufficient staffing levels. This will be reported as soon as	12/13/24

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

Electronically Signed | 01/10/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S 560	Continued From page 1 Minimum staffing requirements for nursing homes effective 2/1/21. 1. a. Notwithstanding any other staffing requirements as may be established by law, every nursing home as defined in section 2 of P.L.1976, c.120 (C.30:13-2) or licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall maintain the following minimum direct care staff -to-resident ratios: (1) one certified nurse aide to every eight residents for the day shift; (2) 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 certified nurse aides, and each staff member shall be signed in to work as a certified nurse aide and shall perform certified nurse aide duties; and (3) 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 certified nurse aide and perform certified nurse aide duties b. Upon any expansion of resident census by the nursing home, the nursing home shall be exempt from any increase in direct care staffing ratios for a period of nine consecutive shifts from the date of the expansion of the resident census. c. (1) The computation of minimum direct care staffing ratios shall be carried to the hundredth place. (2) If the application of the ratios listed in subsection a. of this section results in other than	S 560	possible. Any staffing deficiencies will be filled prior to the start of the shift with other associates or agency as needed. The facility is holding monthly job fairs to increase available staff pools and offering referral bonuses to staff for referral's.The facility also has hired a recruitment company to help increase our staff pools. 4. The Director of Nursing or designee will report any staffing issues daily to the administrator or designee. Any findings will be followed up and documented on and then reported during the QAPI meetings for one year.	

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT CEDAR GROVE	536 RIDGE ROAD CEDAR GROVE, NJ 07009

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S 560	Continued From page 2 a whole number of direct care staff, including certified nurse aides, for a shift, the number of required direct care staff members shall be rounded to the next higher whole number when the resulting ratio, carried to the hundredth place, is fifty-one hundredths or higher. (3) All computations shall be based on the midnight census for the day in which the shift begins. d. Nothing in this section shall be construed to affect any minimum staffing requirements for nursing homes as may be required by the Commissioner of Health for staff other than direct care staff, including certified nurse aides, or to restrict the ability of a nursing home to increase staffing levels, at any time, beyond the established minimum ... A review of New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Reports (AAS-11 and AAS-12) for the 11/19/2024 Standard survey at Complete Care at Cedar Grove revealed the following: There were no deficient practices identified for RN staffing as submitted for the 2 weeks of AAS-12 staffing from 10/20/24 to 11/2/24. The facility was deficient in CNA staffing for residents on 14 of 14 day shifts for the 2 weeks of AAS-11 staffing from 10/20/2024 to 11/2/2024, as follows: -10/20/24 had 19 CNAs for 169 residents on the day shift, required at least 21 CNAs. -10/21/24 had 19 CNAs for 169 residents on the day shift, required at least 21 CNAs.	S 560		

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	060720	A. BUILDING: _____ B. WING _____	C 11/22/2024

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COMPLETE CARE AT CEDAR GROVE	536 RIDGE ROAD CEDAR GROVE, NJ 07009

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S 560	Continued From page 3 -10/22/24 had 19 CNAs for 169 residents on the day shift, required at least 21 CNAs. -10/23/24 had 20 CNAs for 169 residents on the day shift, required at least 21 CNAs. -10/24/24 had 19 CNAs for 173 residents on the day shift, required at least 22 CNAs. -10/25/24 had 19 CNAs for 173 residents on the day shift, required at least 22 CNAs. -10/26/24 had 18 CNAs for 173 residents on the day shift, required at least 22 CNAs. -10/27/24 had 17 CNAs for 174 residents on the day shift, required at least 22 CNAs. -10/28/24 had 17 CNAs for 172 residents on the day shift, required at least 21 CNAs. -10/29/24 had 19 CNAs for 172 residents on the day shift, required at least 21 CNAs. -10/30/24 had 19 CNAs for 169 residents on the day shift, required at least 21 CNAs. -10/31/24 had 19 CNAs for 169 residents on the day shift, required at least 21 CNAs. -11/01/24 had 20 CNAs for 169 residents on the day shift, required at least 21 CNAs. -11/02/24 had 20 CNAs for 169 residents on the day shift, required at least 21 CNAs. The surveyor informed the Licensed Nursing Home Administrator of the staffing ratio concerns on 11/20/24. No further information was provided to the surveyor by the facility administration.	S 560		
S1350	8:39-19.4(d) Mandatory Infection Control and Sanitation The infection control coordinator shall provide continuous collection and analysis of data, including determination of nosocomial infections, epidemics, clusters of infections, infections due to unusual pathogens or multiple antibiotic resistant	S1350		12/12/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S1350	Continued From page 4 bacteria, and any occurrence of nosocomial infection that exceeds the usual baseline levels. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of pertinent facility documentation, it was identified that the facility failed to adhere to the Executive Directive No. 20-0261 issued by the New Jersey Commissioner in response to the NJ Ex Order 26.4(b)(1) [redacted] by failing to hire a full-time Infection Control Preventionist for the facility. This deficient practice is as follows: On 11/12/24 at 10:45 AM, the Team Coordinator conducted the entrance conference with the Licensed Nursing Home Administrator (LNHA), the Director of Nursing (DON), the Assocate Regional Clinical Supervisor, and the Regional Director of Operations. At that time, the LNHA and DON acknowledged the facility had a full time employed Infection Preventionist (IP). On 11/12/24 at 12:55 PM, a unit nurse identified to the surveyor another employee on the unit as the Assistant Director of Nursing (ADON). The employee stated to the surveyor, "I am the ADON" and she showed the surveyor her identification badge. The identification badge identified the employee as the ADON. When asked if she is the IP, she stated she was. The surveyor attempted to clear up the confusion by asking the employee again what her title was. She stated, "what did they tell you." On 11/12/24 at 12:59 PM the surveyor interviewed the DON and LNHA questioning the role of the ADON. The LNHA stated "We had a	S1350	S1350 1.No resident was affected by the deficient practice. 2. All residents have the potential to be affected by the deficient practice. 3. The regional nurse reeducated the administrator of the state□s regulation for facilities with census or licensed bed capacity of 100 or more shall have FT Infection preventionist nurse. Advertisement was placed on the facility lawn in front of the building with an open house invitation for IP position. Utilize Multiple search engines and platform for suitable candidates. The Administrator or designee will conduct interviews for any potential candidates. 4.The Administrator or designee will analyze trends and report outcomes to the QAPI committee.	

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S1350	Continued From page 5 lot of turnover, she left and then came back and is working as both ADON and IP." The DON confirmed she fulfilled both roles. The LNHA stated, "we are looking to hire an ADON." On 11/13/24 at 10:33 AM, the surveyor interviewed the employee who stated, "I am the ADON and I cover for the IP." The surveyor reviewed the (undated) Infection Preventionist Job Description provided by the DON on 11/13/24. The job description failed to address the necessity of a full time IP as required by the NJ Department of Health.	S1350		

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
315216 Y1	A. Building B. Wing Y2	1/10/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT CEDAR GROVE	536 RIDGE ROAD CEDAR GROVE, NJ 07009

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 F0558	Correction	ID Prefix F0658	Correction	ID Prefix F0695	Correction
Reg. # 483.10(e)(3)	Completed	Reg. # 483.21(b)(3)(i)	Completed	Reg. # 483.25(i)	Completed
LSC	12/12/2024	LSC	12/12/2024	LSC	12/12/2024
ID Prefix F0755	Correction	ID Prefix F0759	Correction	ID Prefix	Correction
Reg. # 483.45(a)(b)(1)-(3)	Completed	Reg. # 483.45(f)(1)	Completed	Reg. #	Completed
LSC	12/12/2024	LSC	12/12/2024	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?
11/22/2024	☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
060720	A. Building B. Wing	1/10/2025

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT CEDAR GROVE	536 RIDGE ROAD CEDAR GROVE, NJ 07009

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 Reg. # 8:39-5.1(a) LSC	Correction Completed 12/13/2024	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**
FOLLOWUP TO SURVEY COMPLETED ON 11/22/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315216	A. BUILDING **01** B. WING _____	**11/22/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT CEDAR GROVE	**536 RIDGE ROAD** **CEDAR GROVE, NJ 07009**

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E 000	Initial Comments An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH), Health Facility Survey and Field Operations on 11/22/24. The facility was found to be in compliance with 42 CFR 483.73.	E 000		
K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH), Health Facility Survey and Field Operations on 11/22/24 and 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 Occupancy. Complete Care at Cedar Grove is a two-story building with a basement built in the 1970's. It is composed of Type III protected construction. The facility is divided into 12 - smoke zones. The generator powers approximately 100 % of the building per the Maintenance Director. The current occupied beds are 175 of 190.	K 000		
K 311 SS=F	Vertical Openings - Enclosure CFR(s): NFPA 101 Vertical Openings - Enclosure 2012 EXISTING Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6.	K 311		12/12/24

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

Electronically Signed | 12/12/2024

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315216	A. BUILDING **01** B. WING _____	**11/22/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT CEDAR GROVE	**536 RIDGE ROAD** **CEDAR GROVE, NJ 07009**

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K 311	Continued From page 1 19.3.1.1 through 19.3.1.6 If all vertical openings are properly enclosed with construction providing at least a 2-hour fire resistance rating, also check this box. This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to ensure stairway fire rated door assemblies latched when closed in accordance with NFPA 101 Life Safety Code (2012 Edition) Section 8.6.5. This deficient practice had the potential to affect all 175 residents in the facility. Findings include: Observations on 11/22/24 at 12:33 PM revealed 12 out of 12 stairways exit access doors would not latch when closed. The positive latching mechanisms were ground off on all the doors. The doors were equipped with magnets that released all the doors when the fire alarm is activated or when the power is interrupted thus allowing the doors to swing open freely and would not provide the required fire protection. During an interview at the time of the observations, the U.S. FOIA (b) (6) confirmed the stairway door latches were grinded off when the magnets were installed. NJAC 8:39-31.1(c), 31.2(e) NFPA 80	K 311	K311 1. All exit doors were inspected, and the magnets were removed and replaced with positive latching mechanisms. 2. All residents have the potential to be affected by this deficient practice. 3. The U.S. FOIA (b) (6) was educated on correct fire-rated door assemblies that latch, and to ensure any further corrections to facility fire doors receive proper hardware. 4. The administrator or designee will audit all facility fire doors to ensure the correct fire-rated door assemblies which latch are in place weekly for four weeks, then monthly for two months. All findings will be reported at the facility's quarterly QAPI meeting.	
K 761 SS=F	Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101 Maintenance, Inspection & Testing - Doors	K 761		12/12/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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COMPLETE CARE AT CEDAR GROVE	536 RIDGE ROAD CEDAR GROVE, NJ 07009

(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 761	Continued From page 2 Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80) This REQUIREMENT is not met as evidenced by: Based on observations and interviews, the facility failed to ensure fire doors were inspected annually by an individual who could demonstrate the knowledge and understanding of the operating components in accordance with NFPA 101 Life Safety Code (2012 Edition) Section 7.2.1.15. This deficient practice had the potential to affect all 175 residents in the facility. Findings include: A review of the facility's untitled fire safety binder provided by the facility revealed no documented evidence that the facility's fire doors were inspected. Observations on 11/22/24 from 11:30 AM to 2:00 PM of the facility's fire doors, revealed the doors lacked the required inspection tags to be placed on the doors after completed inspections. During an interview at the time of each observation, the U.S. FOIA (b) (6) confirmed	K 761	K761- Fire door inspection 1. Fire door audits were immediately completed. All fire rating labels on doors were inspected and paint removed to make visible. 2. All residents have the potential to be affected by this deficient practice. 3.The U.S. FOIA (b) (6) was educated to ensure fire doors are inspected annually and that inspection tags are then placed on the doors after completed inspections. 4.The administrator or designee will audit all facility fire doors to ensure the inspections were done and the inspection tags are all visible. Audits will be done	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315216	A. BUILDING **01** B. WING _____	**11/22/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT CEDAR GROVE	**536 RIDGE ROAD** **CEDAR GROVE, NJ 07009**

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K 761	Continued From page 3 the fire doors had not been inspected annually. NJAC 8:39-31.1(c), 31.2(e) NFPA 80	K 761	once a month for six months. All findings will be reported at the facility's quaterly QAPI meetings.	

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
315216 Y1	A. Building 01 - MAIN BUILDING 01 B. Wing Y2	1/10/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT CEDAR GROVE	536 RIDGE ROAD CEDAR GROVE, NJ 07009

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 Reg. # NFPA 101 LSC K0311	Correction Completed 12/12/2024	ID Prefix Reg. # NFPA 101 LSC K0761	Correction Completed 12/12/2024	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

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 11/22/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			