

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315038	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/20/2025
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT SUMMIT RIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 20 SUMMIT STREET , WEST ORANGE, New Jersey, 07052	
(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
F0000	INITIAL COMMENTS COMPLAINT #: 2661084 CENSUS: 137 SAMPLE SIZE: 6 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F0000		12/02/2025
F0609 SS = D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is NOT MET as evidenced by:	F0609	Resident #3 incident was called in to Department of Health on 12/2/25. Full investigation was completed 11/10/25. All residents have the potential to be affected by this deficient practice An initial interview of alert and oriented residents was conducted by Social Services/designee on every unit to ensure that no other residents had reported verbal abuse in the center. Re-education on recognizing and reporting abuse allegations to the DOH promptly was provided to facility staff and residents by the Administrator/Designee. To monitor and maintain ongoing compliance, the Social Services dept/designee will conduct an interview of 5 Randomly selected alert and oriented residents to ensure that no other residents have reported verbal abuse in the center weekly x4, monthly x3 then quarterly x4 . In addition DON/designee will monitor 24 hour report daily Needed corrections/reporting will be addressed as they are discovered. Results of these audits will be presented monthly to QAPI team for review and revision as needed, x3 months and then quarterly x3 quarters.	12/02/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F0609 SS = D	<p>Continued from page 1</p> <p>Complaint #: 2661084</p> <p>Based on interviews, medical record review, and review of other pertinent facility documentation on 11/17/2025 and 11/20/2025, it was determined that the facility failed to report a NJ Ex Order 26.4(b)(1) that a resident's representative (RR) reported to the facility's staff and to the Department of Health (DOH) for 1 of 3 residents reviewed for NJ Ex Order.</p> <p>The deficient practice was identified for 1 of 3 residents reviewed (Resident #3) and was evidenced by the following:</p> <p>According to the Admission Record (AR), Resident #3 was admitted to the facility with diagnoses which included but were not limited to: NJ Ex Order 26.4(b)(1), NJ Ex Order, NJ Ex Order, and NJ Ex Order 26.4.</p> <p>According to the Comprehensive Minimum Data Set (MDS), an assessment tool dated NJ Ex Order 26.4(b)(1), Resident #3 had a Brief Interview for Mental Status (BIMS) score of NJ Ex Order out of 15, which indicated the resident's cognition was NJ Ex Order.</p> <p>A review of the facility's document titled "Summary of Investigation" dated NJ Ex Order 26.4(b)(1) revealed that the RR reported to the facility that a nurse told Resident #3 NJ Ex Order 26.4(b)(1).</p> <p>On 11/17/2025 at 12:40 PM, the surveyor conducted a phone interview with RR who stated that Resident #3 had told her that a staff member had told the resident to NJ Ex Order 26.4(b)(1). The RR further stated that the resident was unsure of the staff member's name. The RR stated she reported what was told to her to the facility's NJ Ex Order but could not remember the date she reported the incident to the NJ Ex Order.</p> <p>On 11/20/2025 at 10:29 AM, the surveyor interviewed the U.S. FOIA (b) (6) who stated that the NJ Ex Order 26.4(b)(1) was not reported to the NJ Ex Order because the resident said there was no NJ Ex Order 26.4(b)(1) that had occurred. The U.S. FOIA (b) (6) stated that the resident denied the NJ Ex Order 26.4(b)(1) and was NJ Ex Order 26.4(b)(1). U.S. FOIA (b) (6) further stated that staff were interviewed and nothing was able to be proven. The U.S. FOIA (b) (6) further stated that she would call the DOH about the NJ Ex Order 26.4(b)(1). There was not evidence that facility fully investigated the NJ Ex Order 26.4(b)(1) or called the NJ Ex Order to the</p>	F0609		

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F0609 SS = D	Continued from page 2 DOH. A review of the facility's policy titled "Abuse, Neglect, and Exploitation" with a revised date of 5/1/2025 revealed under "VII. Reporting/Response," "1. Reporting of all alleged violations to the administrator, state agency, adult protective services and to all other required agencies within specified timeframes: a. Immediately, but no later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury. B. The Administrator will follow up with government agencies, during business hours, to confirm the initial report was received, and to report the results of the investigation when final within 5 working days of the incident, as required by state agencies." NJAC 8:39-9.4	F0609		
F0677 SS = D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is NOT MET as evidenced by: Complaint: 2661084 Based on interviews, medical record review, and review of other pertinent facility documents on 11/17/2025 and 11/20/2025, it was determined that the facility failed to provide documented evidence that care was provided to a resident who required NJ Ex Order 26.4(b)(1) for NJ Ex Order 26.4(b)(1). This deficient practice occurred for 1 of 3 residents (Resident #3) reviewed. The deficient practice was evidenced by the following: According to the Admission Record (AR), Resident #3 was admitted to the facility with diagnoses which included but were not limited to: NJ Ex Order 26.4(b)(1) (redacted), NJ Ex Order 26.4(b)(1) (redacted), and NJ Ex Order 26.4 (redacted). According to the Comprehensive Minimum Data Set (MDS), an assessment tool dated NJ Ex Order 26.4(b)(1) (redacted), Resident #3 had a Brief Interview for Mental Status (BIMS) score of NJ Ex Order 26.4(b)(1) (redacted).	F0677	Resident #3 poc was corrected to appropriate coding for NJ Ex Order 26.4(b)(1) care on 12/2/25. NJ Ex Order 26.4(b)(1) and nursing staff were immediately re-in serviced by ADON on documentation for NJ Ex Order 26.4(b)(1) care on POC. All dependent residents that require incontinence care documentation needs have the potential to be affected. An audit was completed by the DON on all dependent residents in facility that require incontinence care and ensuring documentation in POC completed appropriately. To maintain and monitor ongoing compliance, the DON/designee will audit all residents that are dependent in incontinence care for appropriate POC documentation daily x5 weekly x4 and monthly x4 to ensure that all residents dependent for incontinence care have appropriate documentation in POC. Needed corrections will be addressed as they are discovered. Findings to be reported monthly x3 then quarterly x 1year to Quality Assurance Performance Improvement team for review and action as necessary. Date of Compliance 12/2/25	12/02/2025

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F0677 SS = D	<p>Continued from page 3 out of 15, which indicated the resident's ^{NJ Exec Order 26.4b1} was ^{NJ Ex Order 26.4(b)(1)}. The MDS further revealed that the resident needed ^{NJ Ex Order 26.4(b)(1)} and ^{NJ Ex Order 26.4(b)(1)} with ^{NJ Ex Order 26.4(b)(1)} and was frequently ^{NJ Ex Order 26.4(b)(1)}.</p> <p>A review of the facility's grievance forms dated ^{NJ Ex Order 26.4(b)(1)} revealed the following: Resident #3 reported they had concerns in the timeliness of having ^{NJ Ex Order 26.4(b)(1)} care completed on ^{NJ Ex Order 26.4(b)(1)} and ^{NJ Ex Order 26.4(b)(1)}.</p> <p>A review of Resident #3's Documentation Survey Report, a form utilized for documentation of ^{NJ Ex Order 26.4(b)(1)} care by the Certified Nursing Assistants (CNAs) for ^{NJ Ex Order 26.4(b)(1)}, revealed "NA" on the following dates for ^{NJ Ex Order 26.4(b)(1)}:</p> <p>^{NJ Ex Order 26.4(b)(1)} on day shift (7-3) and evening shift (3-11)</p> <p>^{NJ Ex Order 26.4(b)(1)} on day shift (7-3) and evening shift (3-11)</p> <p>A review of Resident #3's Progress Notes (PNs) for ^{NJ Ex Order 26.4(b)(1)}, did not reveal that ^{NJ Ex Order 26.4(b)(1)} care was provided on the aforementioned dates.</p> <p>On 11/17/2025 at 9:45 AM, the surveyor conducted an interview with Resident #3. Resident #3 stated that there was one time when they ^{NJ Ex Order 26.4(b)(1)}. The resident was unable to tell the surveyor the date or time and no additional information.</p> <p>On 11/18/2025 at 9:54 AM, the surveyor conducted a telephone interview with Social Worker #2 (SW#2) who stated that Resident #3 and their representative complained within the ^{NJ Exec Order 26.4b1} about the resident not being provided with ^{NJ Ex Order 26.4(b)(1)} care prior to eating.</p> <p>On 11/20/2025 at 9:45 AM, the surveyor conducted an interview with the ^{U.S. FOIA (b) (6)} and asked about "NA". ^{U.S.} stated that she believed "NA" meant it was non-applicable. She further stated she did not know why it was documented unless the resident was out of the building which would be documented in the chart as part of the facility. The ^{U.S.} further stated she would not be able to speak on whether Resident #3's care was provided on ^{NJ Ex Order 26.4(b)(1)}. The ^{U.S.} stated the unit managers and supervisors were responsible for checking the ^{NJ Ex Order 26.4(b)(1)} documentation for completeness not the codes documented. The ^{U.S.} further stated it was important to document ^{NJ Ex Order 26.4(b)(1)} every shift to ensure care was given.</p> <p>On 11/20/2025 at 9:48 AM, the surveyor conducted an interview with Certified Nursing Assistant #1 (CNA #1)</p>	F0677		

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F0677 SS = D	<p>Continued from page 4 who confirmed that Resident #3 was [redacted] NJ Ex Order 26.4(b)(1) She stated that she provided [redacted] NJ Ex Order 26.4(b)(1) for Resident #3 in addition to [redacted] NJ Ex Order 26.4(b)(1) care. CNA #1 stated she documents "NA" in the [redacted] NJ Ex Order 26.4(b)(1) documentation sheet if the resident did not have [redacted] NJ Ex Order 26.4(b)(1) under the [redacted] NJ Ex Order 26.4(b)(1) section.</p> <p>A review of the facility's policy titled "Charting and Documentation" with an updated date of 1/2022 revealed under "Policy Interpretation and Implementation," "2. The following information is to be documented in the resident medical record: c: "Treatments or services provided." The documentation of "NA" in the facility's Documentation Survey Report indicates "not attempted..."</p> <p>NJAC 8:39-27.1 (a)</p>	F0677		
F0686 SS = D	<p>Treatment/Svcs to Prevent/Heal Pressure Ulcer</p> <p>CFR(s): 483.25(b)(1)(i)(ii)</p> <p>§483.25(b) Skin Integrity</p> <p>§483.25(b)(1) Pressure ulcers.</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that-</p> <p>(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and</p> <p>(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Complaint #: 2661084</p> <p>Based on interviews, medical record review, and review of other pertinent facility documents on 11/17/2025 and 11/20/2025, it was determined that the facility failed provide evidence that a physician's order for wound care was carried out and documented for two days to treat a facility acquired pressure injury in accordance with professional standards. This deficient practice occurred for 1 of 3 residents reviewed for wound.</p> <p>The deficient practice was evidenced by the following:</p>	F0686	<p>Resident R3 has a physician's order for [redacted] NJ Ex Order care to treat [redacted] NJ Ex Order 26.4(b)(1) in accordance with professional standards placed on 11/6/25.</p> <p>No resident was harmed by the deficient practice.</p> <p>All residents have the potential to be affected by this deficient practice</p> <p>Re-education regarding the need to obtain physician orders and document the treatments or services residents receive includes care-specific details, including the date and time the procedure/treatment was provided to nursing staff by the ADON.</p> <p>To maintain and monitor ongoing compliance, Unit Manager /designee completed an audit on all residents requiring wound care services as a baseline for appropriate orders, needed corrections if applicable, were made at time of audit(12/1/25). Thereafter UM/designee will audit all residents requiring wound care weekly x4, monthly x3 then quarterly x4 to ensure that all residents have physician orders and documentation reflecting the care-specific details, including date and time the procedure or treatment was performed by nursing personnel</p> <p>Needed corrections will be addressed as they are discovered.</p> <p>Findings to be reported monthly x3 then quarterly x 1year to Quality Assurance Improvement team for review and action as necessary.</p>	12/02/2025

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F0686 SS = D	<p>Continued from page 5</p> <p>According to the Admission Record (AR), Resident #3 was admitted to the facility with diagnoses which included but were not limited to: NJ Ex Order 26.4(b)(1) [redacted], NJ Ex Order 26.4(b)(1) [redacted], NJ Ex Order 26.4(b)(1) [redacted], and NJ Ex Order 26.4(b)(1) [redacted].</p> <p>According to the Comprehensive Minimum Data Set (MDS), an assessment tool dated NJ Ex Order 26.4(b)(1) [redacted], Resident #3 had a Brief Interview for Mental Status (BIMS) score of NJ Ex Order 26.4(b)(1) [redacted] out of 15, which indicated the resident's NJ Ex Order 26.4(b)(1) [redacted] was NJ Ex Order 26.4(b)(1) [redacted].</p> <p>A review of the facility's document titled NJ Ex Order 26.4(b)(1) [redacted] " dated NJ Ex Order 26.4(b)(1) [redacted], revealed that Resident #3 was noted with an NJ Ex Order 26.4(b)(1) [redacted] on their NJ Ex Order 26.4(b)(1) [redacted] during care.</p> <p>A review of Resident #3's Progress Notes (PNs) dated NJ Ex Order 26.4(b)(1) [redacted] revealed the following written by Licensed Practical Nurse (LPN #1): NJ Ex Order 26.4(b)(1) [redacted] with NJ Ex Order 26.4(b)(1) [redacted] apply and NJ Ex Order 26.4(b)(1) [redacted] U.S. FOIA (b) (6) [redacted] and family member made aware.</p> <p>A review of Resident #3's NJ Ex Order 26.4(b)(1) [redacted] assessment report with date of service of NJ Ex Order 26.4(b)(1) [redacted] revealed the following:</p> <p>NJ Ex Order 26.4(b)(1) [redacted]</p> <p>[redacted]</p> <p>[redacted]</p> <p>[redacted]</p> <p>Observations:</p> <p>NJ Ex Order 26.4(b)(1) [redacted]</p> <p>[redacted]</p> <p>[redacted]</p> <p>[redacted]</p> <p>Treatment:</p> <p>NJ Ex Order 26.4(b)(1) [redacted] frequency: BID (twice per day), and PRN (as needed)</p> <p>NJ Ex Order 26.4(b)(1) [redacted]</p>	F0686	Continued from page 5 Date of Compliance 12/2/25	

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F0686 SS = D	<p>Continued from page 6</p> <p>Primary treatment: NJ Ex Order 26.4(b)(1)</p> <p>Other NJ Ex Order 26.4(b)(1)</p> <p>A review of Resident #3's Order Summary Report (OSR) and Treatment Administration Record (TAR) revealed no evidence of physician's orders and no evidence the NJ Ex Order 26.4(b)(1) care to the resident's NJ Ex Order 26.4(b)(1) was provided on NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1).</p> <p>A further review of Resident #3's OSR with an order date NJ Ex Order 26.4(b)(1), revealed the following physician's order: NJ Ex Order 26.4(b)(1). Apply to NJ Ex Order 26.4(b)(1) every day and evening shift for NJ Ex Order 26.4(b)(1) care. Clean with NJ Ex Order 26.4(b)(1), apply NJ Ex Order 26.4(b)(1).</p> <p>A review of Resident #3's TAR dated NJ Ex Order 26.4(b)(1) revealed the aforementioned order for NJ Ex Order 26.4(b)(1) care.</p> <p>On 11/17//2025 at 1:52PM, the surveyor conducted an interview with the U.S. FOIA (b) (6) who stated that if a NJ Ex Order 26.4(b)(1) was discovered, the nurse should call the doctor for treatment orders and put the orders in the computer. The U.S. FOIA (b) (6) stated he did not see a NJ Ex Order 26.4(b)(1) care order for Resident #3's NJ Ex Order 26.4(b)(1) on NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1). The U.S. FOIA (b) (6) further stated that a NJ Ex Order 26.4(b)(1) care order should have been initiated on NJ Ex Order 26.4(b)(1). The U.S. FOIA (b) (6) confirmed that Resident #3's NJ Ex Order 26.4(b)(1) care orders were initiated on NJ Ex Order 26.4(b)(1). The U.S. FOIA (b) (6) stated it was important to get treatment orders as soon as possible and put them into the computer so the NJ Ex Order 26.4(b)(1) would not get worse.</p> <p>On 11/20/2025 at 11:23 AM, the surveyor conducted an interview with LPN #1 who stated the U.S. FOIA (b) (6) made her aware of Resident #3's NJ Ex Order 26.4(b)(1) but was unable to recall the exact date. She stated that she and the supervisor wrote an incident report and that she notified the doctor. LPN #1 stated she was unsure of which doctor she notified. LPN #1 further stated if she wrote the note for NJ Ex Order 26.4(b)(1), it meant she got the order for the NJ Ex Order 26.4(b)(1) treatment on the same day. LPN #1 stated that when she got an order from the doctor, she would be responsible for putting it in the computer. LPN #1 stated she did not know why Resident #3's NJ Ex Order 26.4(b)(1) order was not put in the computer until NJ Ex Order 26.4(b)(1).</p> <p>A review of the facility's policy titled "Wound Treatment Management" with an implemented date of 6/1/2025 revealed under "Policy Explanation and Compliance Guidelines," "7. Treatments will be</p>	F0686		

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F0686 SS = D	Continued from page 7 documented on the Treatment Administration Record or in the electronic health record." A review of the facility's policy titled "Charting and Documentation" with an updated date of 1/2022 revealed under "Policy Interpretation and Implementation," "2. The following information is to be documented in the resident medical record: c. Treatments or services performed." "7. Documentation of procedures and treatments will include care-specific details, including: a. The date and time the procedure/treatment was provided." NJAC 8:39-27.1 (a)	F0686		

New Jersey State Department of Health

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S0000	Initial Comments The facility was not in compliance with the standards in the New Jersey Administrative code, 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.	S0000		12/02/2025
S0560	Mandatory Access to Care CFR(s): 8:39-5.1(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Complaint #: 2661084 Based on review of facility documents on 11/17/2025 and 11/20/2025, it was determined that the facility failed to ensure staffing ratios were met for 3 of 14-day shifts reviewed. This deficient practice had the potential to affect all residents. Findings include: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021: One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each	S0560	No residents were identified nor immediately affected by the failure to provide minimum staffing levels. All residents have the potential to be affected by this deficient practice. Staffing coordinator will inform DON or designee of any issues that result in insufficient staffing levels. This will be reported as soon as possible. Any staffing deficiencies will be filled prior to the start of the shift with other associates or agencies as needed. Facility has signed multiple Agency contracts to assist in meeting the required staffing. In addition, monthly job fairs are being held to assist in recruitment. Large company wide job fair was held on 9/10/25. Summit Ridge successfully hired 6 C.N.A.'s, 1 LPNs, and 1 R.N. Monthly DON meetings to discuss concerns, needed items and updates on facility to aid communication and early detection of potential employee concerns. Any concerns identified at DON monthly meetings will be addressed with appropriate parties and Human Resources to mitigate any staff members' concerns. To maintain and monitor ongoing compliance: The DON or designee will report any staffing issues	12/02/2025

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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New Jersey State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060739	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/20/2025
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT SUMMIT RIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 20 SUMMIT STREET , WEST ORANGE, New Jersey, 07052	
(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
S0560	<p>Continued from page 1 direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.</p> <p>For the 2 weeks of AAS-11 staffing, the facility was deficient in CNA staffing for residents on 3 of 14 day shifts as follows:</p> <p>On 11/02/25, the facility had 16 CNAs for 139 residents on the day shift, required at least 17 CNAs.</p> <p>On 11/04/25, the facility had 16 CNAs for 137 residents on the day shift, required at least 17 CNAs.</p> <p>On 11/10/25, the facility had 16 CNAs for 137 residents on the day shift, required at least 17 CNAs.</p>	S0560	<p>Continued from page 1 daily to the Administrator or designee.</p> <p>Any concerns identified at DON monthly meetings will be addressed with appropriate parties and Human Resources to mitigate any staff members' concerns.</p> <p>Findings to be reported monthly x 12 to Quality Assurance Performance Improvement team for review and action as necessary.</p> <p>Date of Compliance: 12/2/25</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315038	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/04/2025
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT SUMMIT RIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 20 SUMMIT STREET , WEST ORANGE, New Jersey, 07052	
(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
F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 12/04/2025 in relation to the 11/20/2025 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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New Jersey State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060739	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/04/2025
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT SUMMIT RIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 20 SUMMIT STREET , WEST ORANGE, New Jersey, 07052	
(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
S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 12/4/2025 in relation to the 11/20/2025 State of New Jersey Complaint survey. The facility was found to be in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities.	S0000		

Office of Primary Care and Health Systems Management

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