

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315307	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/08/2024
--	---	--	---

NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT HARBORAGE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7600 RIVER RD NORTH BERGEN, NJ 07047
---	--

(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	<p>INITIAL COMMENTS</p> <p>Covid-19 Focused Infection Control Survey</p> <p>A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health on 1/3/24, 1/5/24, and 1/8/24, the facility was found to be not in compliance with 42 CFR §483.80 infection control regulations and has not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.</p> <p>Census: 186</p> <p>Sample Size: 16</p> <p>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.</p> <p>The following immediate jeopardy (IJ) situations were identified for F880.</p> <p>During a Focused Infection Control Survey conducted 1/3/24 through 1/8/24, the survey team identified the following:</p> <p>F880 scope and severity (s/s) of K:</p> <p>The facility was notified of the IJ situation on 1/3/24. The IJ ran from NJ ex order 26.4b1, once the survey team received an acceptable Removal Plan (RP), which was verified by the survey team on 1/8/24, lifting the immediacy.</p>	F 000		
-------	--	-------	--	--

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

TITLE

(X6) DATE

Electronically Signed

01/29/2024

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: 315307	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/08/2024
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT HARBORAGE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 7600 RIVER RD NORTH BERGEN, NJ 07047	
(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	<p>Continued From page 1</p> <p>The facility failed to ensure that Centers for Disease Control and Prevention (CDC) and Centers for Medicare and Medicaid Services (CMS) guidance was implemented to limit the spread of infectious disease.</p> <p>The facility, who had been in an active ^{NJ Ex Order 26.4(b)(1)} status since ^{NJ ex order 26.4}, failed to prevent the spread of ^{NJ Ex Order 26.4(b)(1)}, a NJ Ex Order 26.4(b)(1), by failing to consistently implement ^{NJ Ex Order 26.4(b)(1)} for the employees and residents and to consistently ^{NJ Ex Order 26.4(b)(1)} residents and employees who were ^{NJ Ex Order 26.4(b)(1)} from ^{NJ Ex Order 26.4(b)(1)}.</p> <p>The facility failed to implement the Centers for Disease Control and Prevention (CDC) and Centers for Medicare and Medicaid Services (CMS) guidance and to implement their facility policy titled "Emergent Infectious Disease (COVID-19) Outbreak Plan V11" to prevent the spread of ^{NJ Ex Order 26.4(b)(1)} which is a ^{NJ Ex Order 26.4(b)(1)}.</p> <p>The IJ situation began on ^{NJ ex order 26.4}, when nine staff members who were ^{NJ Exec Order 26.4} to Resident #1 who NJ ex order 26.4b1 exhibited ^{NJ Exec Order 26.4}, and no ^{NJ Exec Order 26.4} did not complete the ^{NJ Exec Order 26.4b1} after ^{NJ Exec Ord} Resident #1.</p> <p>The facility failure to complete the recommended ^{NJ Exec Order 26.4b1}, NJ ex order 26.4b1 to prevent the ^{NJ Ex Order 26.4} of ^{NJ Ex Order 26.4(b)(1)}, a NJ Ex Order 26.4(b)(1) posed a serious and immediate risk to the health and well-being of all staff and residents for</p>	F 000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315307	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/08/2024
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT HARBORAGE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 7600 RIVER RD NORTH BERGEN, NJ 07047		
(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	Continued From page 2 NJ Ex Order 26.4(b)(1) . A NJ Exec Order 26.4b1 was likely to occur as the identified non-compliance resulted in an IJ situation that was identified on 1/3/24 at 6:30 p.m. The removal plan was accepted and verified as implemented by the survey team during an onsite visit on 1/8/24.	F 000			
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(g). 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	F 755		1/30/24	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315307	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/08/2024
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT HARBORAGE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 7600 RIVER RD NORTH BERGEN, NJ 07047		
(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 755	<p>Continued From page 3 reconciliation; and</p> <p>§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 interviews and record review, as well as review of pertinent facility documents on 1/3/24, 1/5/24, and 1/8/24 it was determined that the facility failed to administer medication as ordered and to follow the facility's policy titled "Administering Medication" for 1 of 8 residents (Resident #6), reviewed for medication administration. This deficient practice was evidenced by the following:</p> <p>According to the "ADMISSION RECORD," Resident #6 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).</p> <p>According to the resident's Minimum Data Set (MDS), an assessment tool dated NJ ex order 26.4b1 Resident #6 had a Brief Interview for Mental Status (BIMS) score of NJ ex order 26.4b1 indicating that the resident NJ ex order 26.4b1.</p> <p>A review of the form "Order Summary Report (OSR)," dated NJ Exec Order 26.4b1 revealed an order initiated on NJ Exec Order 26.4b1 Tablet NJ Exec milligrams (mg), give NJ tablet by mouth every 12 hours for NJ Exec Order 26.4b1) to be given until NJ Exec Order 26.4b1.</p> <p>A review of Resident #6's "Medication Administration Record (MAR)," for NJ ex order 26.4b1</p>	F 755	<p>1) Resident #6 was affected by this deficient practice. Resident #6 was immediately assessed, and physician notified that order for NJ Ex Order 26.4(b)(1) was not followed on NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) at 9PM. Nurse assigned on NJ ex order 26.4b1 no longer works at facility.</p> <p>2) All residents that have medication orders have the potential to be affected by this deficient practice.</p> <p>3) All Licensed nursing staff were re-educated on medication administration.</p> <p>4) The DON or designee will audit medication administration record for 10 residents weekly for 4 weeks, then monthly for 2 months. The results of the audit will be presented at the monthly QAPI meeting.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315307	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/08/2024
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT HARBORAGE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 7600 RIVER RD NORTH BERGEN, NJ 07047		
(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 755	Continued From page 4 confirmed that the NJ Exec Order 26.4b1 tablet by mouth every 12 hours was scheduled to be given at 9:00 a.m. and 9:00 p.m. The MAR revealed that on NJ ex order 26.4b1 at 9:00 p.m., there was no documentation to indicate on those dates and time that the NJ Exec Order 26.4b1 was administered. Additionally, there was no documentation in the medical record indicating that the medication was administered, or the US FOIA (B) (6) was notified on NJ ex order 26.4b1 and NJ ex order 26.4b1 at 9:00 p.m. During an interview with the surveyors on 1/5/24 and 1/8/24, the US FOIA (B) (6) stated that nurses were expected to follow the Physician's order. The US FOIA (B) (6) further stated that if the medication was not administered, the nurses were to call the residents US FOIA (B) (6) and document in the resident's medical record. She agreed that this was not done for Resident #6. A review of the facility policy titled, "Administering Medications," updated on 10/2023, under Policy Interpretation and Implementation...2. Medications must be administered in accordance with the orders, including the required time frame... 11. If a drug is withheld, refused, or given at a different time other than the scheduled time, the individual administering the medication will document in the administration record..."	F 755			
F 880 SS=K	N.J.A.C 8:39-29.2(d) Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an	F 880		2/16/24	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315307	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/08/2024
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT HARBORAGE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 7600 RIVER RD NORTH BERGEN, NJ 07047		
(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 880	<p>Continued From page 5</p> <p>infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism</p>	F 880			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315307	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/08/2024
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT HARBORAGE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 7600 RIVER RD NORTH BERGEN, NJ 07047	
(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 880	<p>Continued From page 6</p> <p>involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of pertinent documentation on 01/03/24, 01/05/24, and 01/08/24, it was determined that the facility was in an NJ Ex Order 26.4(b)(1) status on NJ Ex Order 26.4(b)(1), failed to prevent the NJ Ex Order 26.4(b)(1), a NJ Ex Order 26.4(b)(1) for the following: a.) failing to perform NJ Ex Order 26.4(b)(1) of the employees and residents who were NJ Ex Order 26.4(b)(1) to NJ Ex Order 26.4(b)(1), b.) failing to NJ Ex Order 26.4(b)(1) residents and employees. c.) failing to ensure that the Centers for Disease Control and Prevention (CDC) and Centers for Medicare and</p>	F 880	<p>1. Residents and staff members who were NJ Ex Order 26.4(b)(1) to NJ Ex Order 26.4(b)(1) and resident #6 were affected by this deficient practice. NJ Exec Order 26.4b1 was immediately done for current NJ Exec Order 26.4b1 residents and staff. Resident #6 was immediately assessed and NJ Exec Order 26.4b1 with a NJ Exec Order 26.4b1 result. US PG immediately NJ Exec Order 26.4b1 with a NJ ex order 26.4b1. NJ Exec Order 26.4b1 per CDC guidance was initiated for all residents and staff. Residents #1, #2, #3, #4, #5, #6 #11 #12</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315307	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/08/2024
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT HARBORAGE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 7600 RIVER RD NORTH BERGEN, NJ 07047	
(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 880	<p>Continued From page 7</p> <p>Medicaid Services (CMS) guidance were implemented to limit the [redacted] of the [redacted] and to put into effect the facility's policy titled "Emergent Infectious Disease (COVID-19) Outbreak Plan V11" to prevent the spread of [redacted] which is a [redacted] NJ Ex Order 26.4(b)(1).</p> <p>Reference: CDC, COVID-19, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, Updated May 8, 2023, indicated the following...Perform SARS-CoV-2 Viral Testing, Asymptomatic patients with close contact with someone with SARS-CoV-2 infection should have a series of three viral tests for SARS-CoV-2 infection. Testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5. Due to challenges in interpreting the result, testing is generally not recommended for asymptomatic people who have recovered from SARS-CoV-2 infection in the prior 30 days. Testing should be considered for those who have recovered in the prior 31-90 days; however, an antigen test [rapid test] instead of a nucleic acid amplification test (NAAT) is recommended. This is because some people may remain NAAT positive but not be infectious during this period...</p> <p>Testing considerations for healthcare facilities with an outbreak of SARS-CoV-2 are described below. The yield of screening testing for identifying asymptomatic infection is likely lower when</p>	F 880	<p>#14, LPNs #3, #4 and Rehab #1 have all [redacted] NJ Exec Order 26.4b1 and are being [redacted] NJ Exec Order 26.4b1 as part of [redacted] NJ Exec Order 26.4b1 within the facility. Residents #7, #8, #9 and #14 [redacted] NJ ex order 26.4b1 LPNs #2, #3, #5 and CNAs #2, #3, #4, #5, #6 and #7 [redacted] NJ ex order 26.4b1 as per CDC guidelines.</p> <p>2. All residents have the potential to be affected by this deficient practice.</p> <p>3. All staff were educated on CDC guidance titled Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic with an emphasis on contact tracing and Covid-19 testing guidance as well as the facility policy Emergent Infectious Disease (COVID-19) Outbreak Plan V11. Licensed nurses educated on the criteria for Covid-19 testing of residents that develop symptoms regardless of vaccination status. DPOC received and Root Causes Analysis completed in conjunction with Island Peer Review Organization (IPRO) a Quality Management Services organization contracted out with Centers for Medicare and Medicaid Services. Education provided on use of binders created for process for contact tracing and testing when there is a positive Covid case, as well as how to enter testing orders.</p> <p>4. DON or designee will conduct audits of</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315307	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/08/2024
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT HARBORAGE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 7600 RIVER RD NORTH BERGEN, NJ 07047		
(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 880	<p>Continued From page 8</p> <p>performed on those in areas with lower levels of SARS-CoV-2 community transmission. However, these results might continue to be useful in some situations (e.g., when performing higher-risk procedures, admitting/caring for patients who are moderately to severely immunocompromised, or for the HCP [Health Care Provider] caring for such patients) to inform the type of infection control precautions used (e.g., room assignment/cohorting, or PPE used) and prevent unprotected exposures. If implementing a screening testing program, testing decisions should not be based on the vaccination status of the individual being screened. To provide the greatest assurance that someone does not have SARS-CoV-2 infection, if using an antigen test instead of a NAAT, facilities should use 3 tests, spaced 48 hours apart, in line with FDA recommendations. In general, performance of pre-procedure or pre-admission testing is at the discretion of the facility. Performance of expanded screening testing of asymptomatic HCP without known exposures is at the discretion of the facility...</p> <p>Create a Process to Respond to SARS-CoV-2 Exposures Among HCP and Others Healthcare facilities should have a plan for how SARS-CoV-2 exposures in a healthcare facility will be investigated and managed and how contact tracing will be performed. If healthcare-associated transmission is suspected or identified, facilities might consider expanded testing of HCP and patients as determined by the distribution and number of cases throughout the facility and ability to identify close contacts. For example, in an outpatient dialysis facility with an open treatment</p>	F 880	<p>contact tracing documentation and Covid-19 testing logs 3 times a week for 3 months. The results of this audit will be reviewed during monthly QAPI. DON or designee will audit nursing 24 hour report daily to identify any resident with symptoms consistent with Covid-19 for 4 weeks, then weekly for 4 weeks, then monthly for 2 months. DON or designee will monitor the completion of the entry of testing orders when in outbreak weekly for 4 weeks, then monthly for 3 months. The results of this audit will be reviewed during monthly QAPI.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315307	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/08/2024
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT HARBORAGE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 7600 RIVER RD NORTH BERGEN, NJ 07047		
(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 880	<p>Continued From page 9</p> <p>area, testing should ideally include all patients and HCP. Depending on testing resources available or the likelihood of healthcare-associated transmission, facilities may elect to initially expand testing only to HCP and patients on the affected units or departments, or a particular treatment schedule or shift, as opposed to the entire facility. If an expanded testing approach is taken and testing identifies additional infections, testing should be expanded more broadly. If possible, testing should be repeated every 3-7 days until no new cases are identified for at least 14 days. Guidance for outbreak response in nursing homes is described in setting-specific considerations below. Healthcare facilities responding to SARS-CoV-2 transmission within the facility should always notify and follow the recommendations of public health authorities...</p> <p>Nursing Homes...The approach to an outbreak investigation could involve either contact tracing or a broad-based approach; however, a broad-based (e.g., unit, floor, or other specific area(s) of the facility) approach is preferred if all potential contacts cannot be identified or managed with contact tracing or if contact tracing fails to halt transmission. Perform testing for all residents and HCP identified as close contacts or on the affected unit(s) if using a broad-based approach, regardless of vaccination status. Testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5. Due to challenges in interpreting the result, testing is generally not recommended for</p>	F 880			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315307	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/08/2024
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT HARBORAGE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 7600 RIVER RD NORTH BERGEN, NJ 07047	
(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 880	<p>Continued From page 10</p> <p>asymptomatic people who have recovered from SARS-CoV-2 infection in the prior 30 days. Testing should be considered for those who have recovered in the prior 31-90 days; however, an antigen test instead of a nucleic acid amplification test (NAAT) is recommended. This is because some people may remain NAAT positive but not be infectious during this period..."</p> <p>According to the progress note in the medical record, it revealed that on [redacted], Resident #1, who resided on the [redacted] NJ ex order 26.4b1 [redacted]. The resident was given a [redacted] NJ ex order 2 [redacted] and the result was [redacted] NJ ex order 26.4b1 [redacted]. According to the CDC guidelines and the Local Health Department (LHD) facility was to [redacted] NJ ex order 26.4b1 [redacted].</p> <p>a.) The facility's Infection Control Preventionist (ICP#1) identified that nine staff members were [redacted] NJ Exec Order 26.4b1 [redacted] to Resident #1 prior to the resident testing [redacted] NJ ex order 26.4b1 [redacted]. The staff members were Licensed Practical Nurses (LPNs) #2, #3, and #5, and Certified Nursing Assistants (CNA) #2, #3, #4, #5, #6, and #7. All 9 staff members [redacted] NJ ex order 26.4b1 [redacted] for [redacted] NJ Ex Order 26.4(b)(1) [redacted] on [redacted] NJ ex order 26.4b1 [redacted], however, [redacted] NJ ex order 26.4b1 [redacted] and so the 9 staff members continued to provide care to other residents.</p> <p>On [redacted] NJ Exec Order 26.4b1 [redacted], facility conducted [redacted] NJ Exec Order 26.4b1 [redacted] but failed to complete the [redacted] NJ Exec Order 26.4b1 [redacted] recommendations for all residents on [redacted] NJ Exec Order 26.4b1 [redacted] for [redacted] NJ Ex Order 26.4(b)(1) [redacted].</p>	F 880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315307	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/08/2024
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT HARBORAGE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 7600 RIVER RD NORTH BERGEN, NJ 07047	
(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 880	<p>Continued From page 11</p> <p>b.) When Residents #2 , #3, #4, #5, and #6 tested NJ ex order 26.4b1 on NJ ex order 26.4b1, NJ ex order 26.4b1, the facility failed to initiate NJ Ex Order 26.4(b)(1) to identify staff who provided care for 5 residents on the NJ Ex Order 26.4(b)(1) floor to prevent the NJ Ex Order 26.4(b)(1) of NJ Ex Order 26.4(b)(1),</p> <p>In addition, the facility failed to NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) residents from NJ Ex Order 26.4(b)(1) when on NJ ex order 26.4b1 2 staff members, LPN #3 and #4, who provided care on the NJ Ex Order 26.4(b)(1) floor and one rehab staff (Rehab #1) NJ ex order 26.4b1</p> <p>The facility had a total of NJ Ex Order 26.4(b)(1) residents and NJ Ex Order 26.4(b)(1) staff who NJ ex order 26.4b1 that started on NJ ex order 26.4b1</p> <p>The facility failure to complete the recommended series of NJ Ex Order 26.4(b)(1), conduct NJ Ex Order 26.4(b)(1) upon the identification of NJ Ex Order 26.4(b)(1) for staff and residents to prevent the NJ Ex Order 26.4(b)(1) a NJ Ex Order 26.4(b)(1), posed a serious and immediate risk to the health and well-being of all staff and residents for NJ Ex Order 26.4(b)(1). A NJ Ex Order 26.4(b)(1) was likely to occur as the identified non-compliance resulted in an Immediate Jeopardy (IJ) situation that was identified on 1/3/24 at 6:30 p.m. The removal plan was accepted and verified as implemented by the survey team during an onsite visit on 1/8/24.</p> <p>The IJ situation began on NJ ex order 26.4b1, when nine staff members who were NJ Ex Order 26.4(b)(1) from Resident #1 NJ ex order 26.4b1</p>	F 880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315307	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/08/2024
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT HARBORAGE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 7600 RIVER RD NORTH BERGEN, NJ 07047		
(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 880	<p>Continued From page 12</p> <p>NJ ex order 26.4b1</p> <p>The non-compliance remained on 1/3/24 for F880 at level E, with no actual harm with the potential for more than minimum harm that is not immediate jeopardy.</p> <p>On 1/3/24 at 8:51 a.m., during the entrance conference, the US FOIA (B) (6) and US FOIA (B) (6) informed the surveyors that the facility was experiencing an NJ Ex Order 26.4(b)(1) which began on NJ Ex Order 26.4(b)(1). The facility currently had NJ Ex Order 26.4(b)(1) residents. The US FOIA (B) (6) stated that the facility had been communicating with the LHD and had been receiving and following the LHD's recommendation.</p> <p>The surveyors were provided with the facility's ongoing line listing (LL), a document that is transmitted to the Department of Health and lists all NJ Ex Order 26.4(b)(1) during an NJ Ex Order 26.4(b)(1) and a copy of the NJ Ex Order 26.4(b)(1) for Resident #1 who NJ ex order 26.4b1. The LL indicated a total of NJ Ex Order 26.4(b)(1) residents and NJ Ex Order 26.4(b)(1) employees were NJ Ex Order 26.4(b)(1) for NJ Ex Order 26.4(b)(1).</p> <p>The surveyors reviewed the NJ Ex Order 26.4(b)(1) provided by the facility on NJ ex order 26.4(b)(1). The NJ Ex Order 26.4(b)(1) revealed that LPNs #2, #3, and #5, CNAs #2, #3, #4, #5, #6, and #7 NJ ex order 26.4b1 from Resident #1 and NJ ex order 26.4b1. The NJ Ex Order 26.4(b)(1) did not indicate that the aforementioned CNAs and LPNs continued to be NJ Ex Order 26.4(b)(1) and this was not in accordance with the LHD recommendation, CDC guidelines, and facility policy.</p>	F 880			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315307	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/08/2024
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT HARBORAGE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 7600 RIVER RD NORTH BERGEN, NJ 07047		
(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 880	<p>Continued From page 13</p> <p>The surveyors conducted an interview with the US FOIA (B) (6) and ICP #2 on 01/3/24 at 4:08 p.m., the ICP #2 stated that she started working with facility on the first week of NJ ex order 26.4b1 in the title of a staff nurse and started in the present title as an ICP on NJ ex order 26.4b1 after she took Infection Control classes from NJ ex order 26.4b1. ICP #2 further stated that ICP #1 last day was NJ ex order 26.4b1. US FOIA (B) stated that she was ICP certified and that she was overseeing the infection control and prevention after ICP #1 left NJ ex order 26.4b1. The US FOIA (B) and ICP #2 stated that the NJ Ex was initiated on NJ ex order 26.4b1 by ICP #1. The US FOIA (B) and ICP #2 were unable to explain the reason why the NJ Exec Order 26.4b1 of NJ Ex Order 26.4b1 was not completed to the NJ Ex Order 26.4b1 staff from US FOIA (B) (6). The US FOIA (B) and ICP #2 revealed that the NJ Ex was not performed when Residents #2, Resident #3, Resident #4, Resident #5, and Resident #6 NJ ex order 26.4b1, NJ ex order 26.4b1, NJ ex order 26.4b1, and when NJ staff members on NJ ex order 26.4b1, and NJ ex order 26.4b1 NJ Ex Order 26.4(b)(1). According to the US FOIA (B) "everything fell into the cracks, I thought the staff, Unit Managers would know and would do the NJ Ex Order 26.4b1 and NJ Ex Order 26.4(b)(1)." The US FOIA (B) admitted that when the staff who were NJ Ex Order 26.4b1 on NJ ex order 26.4b1 were NJ Ex Order 26.4b1 on day 1, there were no further NJ Ex Order 26.4b1 was done. In addition, the U.S. FOIA stated that there was no documented evidence that the NJ Ex was done when 5 residents (Residents #2, #3, #4, #5 and #6) NJ ex order 26.4b1 and NJ ex order 26.4b1. The US FOIA (B) and U.S. FOIA (B) stated it is important to NJ Ex and to NJ Ex the identified resident/staff to stop further NJ Ex Order 26.4(b) and eliminate NJ Ex Order 26.4(b)(1) among residents and staff." The US FOIA (B) and ICP #2 were</p>	F 880			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315307	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/08/2024
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT HARBORAGE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 7600 RIVER RD NORTH BERGEN, NJ 07047	
(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 880	<p>Continued From page 14</p> <p>aware that on NJ ex order 26.4b1 NJ Exec Or facility employees respectively NJ Ex Order 26.4(b)(1) for NJ Ex Order 26.4(b), the U.S. FOIA stated, NJ Exec Order 26.4b1 was done but there's no documentation to prove that it was done."</p> <p>The surveyors conducted an interview with ICP #2 on 1/3/24 and 1/5/24. The ICP confirmed the aforementioned cases of NJ Ex Order 26.4(b)(1). The ICP was unable to provide documented evidence that the staff who were NJ ex order 26.4b1 from Resident #2, Resident #3, Resident #4, Resident #5, and Resident #6 were NJ Ex and NJ ex order 26.4b1 in the accordance with the CDC guidelines and the facility policy. In addition, during the interview with the ICP on 1/5/23 at 10:05 a.m., she explained that NJ Ex Order was initiated for the whole building (for all staff and residents) because they were unable to perform NJ Ex C NJ ex order 26.4b1, there were many staff and residents who NJ Ex Order 26.4(b)(1), so NJ Ex was not done at this time. According to the ICP, the staff had been educated to NJ Ex Order 26.4(b)(1), however, the NJ Ex Order 26 was not consistently done to NJ Ex Order 26.4b1 before providing care to the residents.</p> <p>The electronic-mail (e-mail) communication from LHD on NJ ex order 26.4b1 at 11:16 a.m. indicated that the facility NJ ex order 26.4b1. The LHD email was sent to ICP #1, DON, ICP #2, and the U.S. FOIA (b) (6). The LHD instructed the facility to "Conduct NJ Ex Order 26.4(b)(1) on all resident and staff cases. Conduct NJ Ex Order 26 of NJ Ex Order 26.4(b)(1) as appropriate (on NJ Exec Order 26.4b1). Be sure to follow all applicable federal and state directives." Included in the email was an NJ Ex Order 26.4(b) Management Checklist for NJ Ex Order 26.4(b)(1) in Nursing Homes and other Post-acute Care Settings" The</p>	F 880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315307	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/08/2024
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT HARBORAGE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 7600 RIVER RD NORTH BERGEN, NJ 07047		
(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 880	Continued From page 15 checklist under "Screening, Testing, & Response Outbreak Intervention 1. Review outbreak response plans for SARS-CoV-2 and other respiratory pathogens to support containment and response efforts..." Under "Contact Tracing or Broad-based Approach Outbreak Intervention 1. Facilities should perform contact tracing to identify all high-risk staff exposures and close contact encounters with patients/residents...2. Contact tracing approach: Perform SARS-CoV-2 viral testing for all patients/residents identified as close contacts and all staff who have higher-risk exposures, regardless of vaccination status, who have not been previously positive within the past 30 days. Asymptomatic patients/residents and staff with close contact or higher-risk exposures should have a series of three viral tests for SARS-CoV-2 infection. Testing is recommended immediately but not earlier than 24 hours after exposure and, if negative, 48 hours after the first negative test. If negative, again 48 hours after the second negative test. This will typically be on days 1, 3, and 5 (where the day of exposure is day 0). 3. Continue performing contact tracing if testing reveals additional cases...5. Broad-based approach: Perform SARS-CoV-2 testing for all patients/residents and staff on the affected unit(s), regardless of vaccination status, who have not been previously positive within the past 30 days, immediately and, if negative, again 48 hours after first negative test, and if negative, again 48 hours after second negative test. 6. If additional cases are identified, testing should continue on the affected unit(s) or facility-wide every 3-7 days until there are no new cases for 14 days. If antigen testing is used, more frequent testing (every 3 days) should be considered..."	F 880			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315307	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/08/2024
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT HARBORAGE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 7600 RIVER RD NORTH BERGEN, NJ 07047	
(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 880	<p>Continued From page 16</p> <p>The LL for [redacted] from [redacted] through [redacted] revealed the following medical records (MR),</p> <p>Resident #2, who resided on the [redacted] NJ ex order 26.4b1</p> <p>Resident #3, who resided on the [redacted] NJ ex order 26.4b1</p> <p>Resident #4, who resided on the [redacted] NJ ex order 26.4b1</p> <p>Resident #5, who resided on the [redacted] NJ ex order 26.4b1</p> <p>There was no documentation to indicate that Residents #2, #3, #4, and #5 [redacted] when the facility performed [redacted] for all staff and residents.</p> <p>The medical records revealed the following:</p> <p>Resident #6, who resided on the [redacted] NJ ex order 26.4b1</p> <p>On [redacted] at 11:24 a.m., documented by the [redacted] NJ Ex Order 26.4(b)(1) that Resident #6 [redacted] at 11:25 a.m., documented by LPN #2 [redacted] NJ ex order 26.4b1</p> <p>Temp: [redacted] [Nurse Practitioner] informed. Order received for [redacted] NJ Exec Order 26.4b1 at 3:36 pm, documented by LPN #2 [redacted] NJ ex order 26.4b1."</p> <p>On [redacted] at 10:24 a.m., documented by [redacted] USFC that Resident #6's [redacted] NJ ex order 26.4b1 [redacted] at 3:06 p.m., documented by LPN #2 that</p>	F 880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315307	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/08/2024
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT HARBORAGE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 7600 RIVER RD NORTH BERGEN, NJ 07047	
(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 880	<p>Continued From page 17</p> <p>the ^{NJ ex order} results was NJ ex order 26.4b1 and NP was made aware.</p> <p>On ^{NJ ex order 26.4b1} at 12:55 p.m., documented by a LPN #1 that Resident #6 NJ ex order 26.4b1</p> <p>On ^{NJ ex order 26.4b1} at 3:53 p.m., documented by LPN #2 that the Resident NJ ex order 26.4b1.</p> <p>On ^{NJ ex order 26.4b1} documented by the Residents ^{US FOIA (b) (6)} that "NJ Exec Order 26.4b1 reported by nursing home staff."</p> <p>On ^{NJ Exec Order} at 9:12 a.m., documented by Unit Manager/LPN (UM/LPN #1) that Resident ^{NJ ex order} the NP NJ ex order 26.4b1.</p> <p>On ^{NJ Exec Order} Resident #6 NJ ex order 26.4b1 at 7:04 p.m., the facility received an order for NJ ex order 26.4b1</p> <p>On ^{NJ ex order 26.4b1} at 12:49 p.m., documented by the NP to start NJ Exec Order 26.4b1. At 3:26 p.m., documented by LPN #2 that Resident #6 ^{NJ ex order 26.4b1}</p> <p>. At 4:07 p.m., documented by LPN #2 ^{NJ ex order 26.4b1}</p> <p>"</p> <p>On ^{NJ ex order 26.4b1} at 4:40 p.m., the resident was ^{NJ Ex Order 26.4b1} NJ ex order 26.4b1 at 11:15 p.m., Resident #6 NJ ex order 26.4b1</p>	F 880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315307	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/08/2024
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT HARBORAGE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 7600 RIVER RD NORTH BERGEN, NJ 07047		
(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 880	<p>Continued From page 18</p> <p>NJ ex order 26.4b1 . Resident #6 NJ ex order 26.4b1</p> <p>The facility failed to perform NJ Ex on the staff who provided care from NJ ex order 26.4b1 and continued to provide care to other residents. In addition, there was no documentation that NJ ex order 26.4b1 from NJ ex order 26.4b1 when the facility performed NJ Ex Order to all staff and residents. Furthermore, the facility failed to NJ Ex C the resident for NJ Ex Order 26.4(b)(1) NJ ex order 26.4b1</p> <p>Resident #7, who resided on the NJ ex order 26.4b1 NJ Exec Order 26.4b1 for NJ ex order 26.4b1.</p> <p>Resident #8, who resided on the NJ ex order 26.4b1 NJ ex order 26.4b1.</p> <p>Resident #9, who resided on the NJ ex order 26.4b1 NJ ex order 26.4b1</p> <p>Resident # 11, who resided on the NJ ex order 26.4b1 NJ ex order 26.4b1.</p> <p>Resident #12, who resided on the NJ ex order 26.4b1 NJ ex order 26.4b1</p> <p>Resident #14, who resided on the NJ ex order 26.4b1 NJ ex order 26.4b1.</p> <p>Residents #7, #8, #9, #11, #12, and #14 had no documentation in the MR to indicate that the</p>	F 880			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315307	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/08/2024
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT HARBORAGE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 7600 RIVER RD NORTH BERGEN, NJ 07047		
(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 880	<p>Continued From page 19</p> <p>residents completed the NJ ex order 26.4b1 when the facility performed NJ Ex Order for all staff and residents.</p> <p>During an interview with the surveyor on 1/3/24 at 10:24 a.m., the US FOIA (B) (6) revealed that he had been working in the facility and had not been NJ Ex Order 26.4(b)(1) for NJ Ex Order 26.4(b)(1) since the beginning of the NJ Ex Order 26.4(d) on NJ ex order 26.4b1. A follow up interview with the US FOIA at 11:28 a.m., the US FOIA revealed that NJ ex order 26.4b1. He also stated that this was the NJ ex order 26.4b1.</p> <p>On 1/3/23 at 2:53 p.m., ICP #2 verified that the US FOIA worked on the following days NJ ex order 26.4b1. The ICP confirmed that the US FOIA was not NJ Ex Order on the aforementioned dates and NJ ex order 26.4b1.</p> <p>Review of the form NJ Ex Order 26.4(b)(1) Results NJ Ex Order 26.4 provided by the facility during the survey on 1/8/24, indicated a list of employees who NJ Ex Order 26.4(b)(1). The form revealed that on NJ ex order 26.4b1 the US FOIA NJ ex order 26.4b1 and provided care on the Ventilator Unit.</p> <p>The facility policy titled "Policy for Emergent Infectious Diseases (COVID-19) (Outbreak Plan V11)," dated 05/22/23, under "ASSUMPTIONS...Every disease is different. The local, state, and federal health authorities will be the source of the latest information and most up to date guidance on prevention, case definition,</p>	F 880			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315307	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/08/2024
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT HARBORAGE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 7600 RIVER RD NORTH BERGEN, NJ 07047		
(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 880	Continued From page 20 surveillance, treatment, and skilled nursing center response related to a specific disease threat...GOAL to protect our residents, families, and staff from harming resulting from exposure to an emergent infectious disease while they are in our care center. 2. Local Threat: a. Once notified by the public health authorities at either the federal, state and/or local level that the Emergent Infectious Disease (EID) is likely to or already has spread to the care center's community, the care center will b. activate specific surveillance and screening as instructed by Centers for Disease Control and Prevention (CDC), state agency and/ or the local public health authorities...6: Test Based Prevention Strategy...Testing of nursing home HCP...3...CMS still expects facilities to conduct SARS-CoV-2 testing in accordance with accepted national standards, such as the CDC recommendations...5. Retesting of HCP will be completed in accordance with the CDC guidance, amended and supplemented... Testing related to (+) COVID-19 exposure and/or symptoms associated with SARS-CoV-2 (Outbreak Testing) 1. An outbreak investigation is initiated when a single new case of Covid-19 occurs among the residents or staff to determine if others have been exposed. Testing during an outbreak would be determined in accordance with CDC guidance...3. Upon the identification of a single new case of Covid-19 infection in any staff or residents, testing should begin immediately (but not earlier than 24 hours after the exposure, if known). The facility has the option to perform outbreak testing through two approaches: contact tracing, or broad-based; 1. Contact tracing approach. Identifies all patients/residents close contacts and staff high-risk exposures. All individuals with close	F 880			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315307	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/08/2024
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT HARBORAGE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 7600 RIVER RD NORTH BERGEN, NJ 07047		
(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 880	Continued From page 21 contact and/or high-risk exposure should be tested as described below...testing reveals additional cases, contact tracing will be continued to be performed. 2. Broad-based approach. Testing is performed for all patients/residents and staff on the affected unit(s), regardless of vaccination status, who have not been previously positive within the past 30 days...Testing of Residents and Staff as follows...2. If there is a newly identified COVID-19 positive staff of resident in a facility that can identify close contacts, then: Residents: regardless of vaccination status, who had close contact with the COVID-19 positive individual must be tested. Staff: regardless of vaccination status, that had higher risk exposure with a COVID-19 positive individual must be tested. Testing is completed on Day 1 - Day 3 - Day 5 or in accordance with the recommendations by local health department (LHD). 3. If a newly identified COVID-19 positive staff or residents in a facility that is unable to identify close contacts, then: Residents: regardless of vaccination status, facility wide or at a group level (e.g., unit, floor, or other specific area(s) of the facility) must be tested. Staff: regardless of vaccination status, facility-wide or at a group level if staff are assigned to specific location where the new cases occurred (e.g., unit, floor, or other specific area(s) of the facility) must be tested. Testing is completed on Day 1 - Day 3 - Day 5 or in accordance with the recommendations by local health department (LHD)..." N.J.A.C. 8:39-19.4 (a)(e)	F 880			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060907	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/08/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT HARBORAGE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7600 RIVER RD NORTH BERGEN, NJ 07047
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>Covid-19 Focused Infection Control Survey</p> <p>Census: 186</p> <p>Sample Size: 16</p> <p>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.</p>	S 000		
S 560	<p>8:39-5.1(a) Mandatory Access to Care</p> <p>(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of pertinent facility documentation, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratios as mandated by the state of New Jersey for 14 of 14-day shifts. This deficient practice had the potential to affect all residents.</p> <p>Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated)</p>	S 560	<p>1) No residents were immediately affected by this deficient practice.¿</p> <p>2) All residents have the potential to be affected by this deficient practice.¿</p> <p>3) DON / Designee re-inserviced Staffing Coordinator on appropriate staffing levels. Additional per diem, part-time and full-time were scheduled to meet minimum staff to resident ratios. The facility has advertised</p>	1/30/24

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

TITLE

(X6) DATE

Electronically Signed

01/29/24

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060907	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/08/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT HARBORAGE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7600 RIVER RD NORTH BERGEN, NJ 07047
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 560	<p>Continued From page 1</p> <p>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:</p> <p>One Certified Nurse Aide (CNA) to every 8 residents for the day shift.</p> <p>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 direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties.</p> <p>One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.</p> <p>As per the "Nurse Staffing Report" completed by the facility for the 2 weeks of staffing from 12/17/2023 to 12/30/2023, the staffing to resident ratios did not meet the minimum requirement of one CNA to eight residents for the day shifts.</p> <p>The facility was deficient in CNA staffing for residents on 14 of 14 day shifts as documented below:</p> <ol style="list-style-type: none"> 12/17/23 had 17 CNAs for 207 residents on the day shift, required at least 26 CNAs. 12/18/23 had 18 CNAs for 199 residents on the day shift, required at least 25 CNAs. 12/19/23 had 19 CNAs for 197 residents on the day shift, required at least 25 CNAs. 	S 560	<p>open jobs through online recruitment platforms. The facility has conducted job fairs and have partnered with local schools for newly licensed or certified staff.¿</p> <p>4) The Director of Nursing or designee will audit staffing levels three times a week for¿</p> <p>3 months. All findings will be reported and reviewed by the QAPI committee monthly.¿¿</p>	

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060907	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/08/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT HARBORAGE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7600 RIVER RD NORTH BERGEN, NJ 07047
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 560	Continued From page 2 4. 12/20/23 had 20 CNAs for 199 residents on the day shift, required at least 25 CNAs. 5. 12/21/23 had 19 CNAs for 195 residents on the day shift, required at least 24 CNAs. 6. 12/22/23 had 17 CNAs for 196 residents on the day shift, required at least 24 CNAs. 7. 12/23/23 had 16 CNAs for 194 residents on the day shift, required at least 24 CNAs. 8. 12/24/23 had 16 CNAs for 191 residents on the day shift, required at least 24 CNAs. 9. 12/25/23 had 19 CNAs for 194 residents on the day shift, required at least 24 CNAs. 10. 12/26/23 had 20 CNAs for 192 residents on the day shift, required at least 24 CNAs. 11. 12/27/23 had 21 CNAs for 193 residents on the day shift, required at least 24 CNAs. 12. 12/28/23 had 19 CNAs for 190 residents on the day shift, required at least 24 CNAs. 13. 12/29/23 had 19 CNAs for 189 residents on the day shift, required at least 24 CNAs. 14. 12/30/23 had 15 CNAs for 188 residents on the day shift, required at least 23 CNAs.	S 560		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315307	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 2/5/2024	Y3
NAME OF FACILITY COMPLETE CARE AT HARBORAGE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 7600 RIVER RD NORTH BERGEN, NJ 07047		

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 F0755	Correction	ID Prefix F0880	Correction	ID Prefix	Correction
Reg. # 483.45(a)(b)(1)-(3)	Completed	Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. #	Completed
LSC	01/30/2024	LSC	01/30/2024	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	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 1/8/2024

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

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 060907	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 2/5/2024
NAME OF FACILITY COMPLETE CARE AT HARBORAGE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7600 RIVER RD NORTH BERGEN, NJ 07047	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	01/30/2024	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 1/8/2024

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