

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

PRINTED: 03/07/2025
FORM APPROVED
OMB NO. 0938-0391

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 C 12/06/2024
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	INITIAL COMMENTS A Recertification and Complaint Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH). Complaints #: NJ00166174, NJ00166643, NJ00176556, NJ00164642, NJ00165577, NJ00172197, NJ00179595, NJ00175756, NJ00171850, NJ00177609, NJ00179059, NJ00172214, NJ00179658 Survey Dates: 12/03/24 to 12/06/24 Survey Census: 222 Sample Size: 41 THE FACILITY WAS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS RECERTIFICATION AND COMPLAINT VISIT.	F 000		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as	F 656		12/26/24

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

TITLE

(X6) DATE

Electronically Signed

12/26/2024

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.

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F 656	<p>Continued From page 1</p> <p>required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, interview, and policy review, the facility failed to develop care plans related to use and monitoring of [redacted] medications for one (Resident (R) 49 of five residents reviewed for unnecessary medications out of a sample of 35 residents.</p>	F 656	<p>1. The care plan for R49 was updated to include the use of [redacted] medications and interventions to monitor [redacted] and side-effects. [redacted] outcomes were identified.</p> <p>2. All residents with orders for</p>		

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F 656	<p>Continued From page 2</p> <p>Findings include:</p> <p>Review of R49's "Admission Record" located under the "Profile" tab of the electronic medical record (EMR) revealed R49 was admitted to the facility on [redacted] with diagnoses that included [redacted] and [redacted]. Review of R49's "physician orders", located under the "Physician Orders" tab of the EMR, revealed medication orders for NJ Ex Order 26.4(b)(1) [redacted] three times a day for [redacted] NJ Ex Order 26.4(b)(1) at bedtime for [redacted] and NJ Ex Order 26.4(b)(1) three times a day for [redacted].</p> <p>Review of R49's "care plan" located under the "Care Plan" tab of the EMR, did not include the use of [redacted] medication or interventions for monitoring for side effects or [redacted].</p> <p>Review of the facility's policy "Comprehensive Care Plan" last reviewed 07/02/24 indicated, "It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident ... to meet a resident's medical, nursing, and mental and psychosocial needs that identified in the resident's comprehensive assessment.</p> <p>During an interview with the U.S. FOIA (b) (6) [redacted] on 12/06/24 at 3:11PM she was asked about R49's care plan. The U.S. FOIA [redacted] confirmed that any resident receiving [redacted] medication should have a care plan with interventions that describe the monitoring of [redacted] and reporting side effects from the use of the medication.</p>	F 656	<p>psychoactive medications have the potential to be affected.</p> <p>3. Nursing staff and Interdisciplinary team were reeducated by the ADON on policy and procedure related to care planning of residents using psychoactive medications.</p> <p>4. The Director of Nursing / designee will audit 5 care plans weekly of residents using psychoactive medications to ensure care plans for use of psychoactive medications are in place for 4 weeks and then monthly x 2 months. Identified variances will be addressed immediately. Audits will be reviewed through the monthly QAPI process.</p>		

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F 677 SS=D	<p>NJAC 8:39-11.2(e) thru (i) NJAC 8:39-27.1(a)</p> <p>ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)</p> <p>§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: Based on observations, interviews, record review, and policy review, the facility failed to provide two residents (Resident (R) 139 and R108) out of nine residents reviewed for Activities of Daily Living (ADLs) the necessary [redacted] and [redacted] to ensure residents [redacted] assistance with ADLs received care and services for [redacted] and [redacted] out of a total sample of 41 residents.</p> <p>Findings include:</p> <p>1. Review of R139's "Face Sheet" found in the "Resident Report" tab of the electronic medical record (EMR) revealed admission on [redacted] with diagnoses including [redacted], [redacted], and [redacted].</p> <p>Review of R139's quarterly "Minimum Data Set (MDS)" located in the "MDS" tab in the EMR with an Assessment Reference Date (ARD) of [redacted], revealed a "Brief Interview for Mental Status (BIMS)" score of [redacted] out of 15, which indicated [redacted].</p>	F 677	<p>R139 and R108 were assessed to ensure there was no [redacted]. Interventions for [redacted] and [redacted] were immediately implemented as per their respective care plans.</p> <p>All residents dependent on staff for ADL assistance have the potential to be affected by this deficient practice.</p> <p>Nursing staff were reeducated by the ADON on policy and procedures related to incontinence care and repositioning for skin protection.</p> <p>Nurse Managers / designee will audit 5 residents weekly to ensure compliance with incontinence care and repositioning for 4 weeks and then monthly x 2 months. Identified variances will be immediately addressed. Audits will be reviewed through the monthly QAPI process.</p>	12/26/24	

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F 677	<p>Continued From page 4</p> <p>According to the "MDS" R139 was always NJ Ex Order 26.4(b)(1), is NJ Ex Order 26.4(b)(1) on NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), and R139 required NJ Ex Order 26.4(b)(1) with NJ Ex Order 26.4(b)(1). The resident is identified as high risk for NJ Ex Order 26.4(b)(1).</p> <p>During a continuous observation on 12/03/24 from 1:30 PM to 3:30 PM, R139 was seated in the communal area on the NJ Ex Order 26.4(b)(1). The resident was never NJ Ex Order 26.4(b)(1) or checked for NJ Ex Order 26.4(b)(1).</p> <p>During an interview on 12/03/24 at 1:45 PM, R139's resident representative (RR2), she stated that the resident was always brought to the communal area every morning and stayed there until evening, when they were put back into bed. They stated that staff did not NJ Ex Order 26.4(b)(1) or provide R139 NJ Ex Order 26.4(b)(1) while in the common room.</p> <p>During an observation on 12/03/24 from 4:15 PM until 4:45 PM, R139 was still observed in their chair in the same position, with no staff present.</p> <p>During an additional continuous observation on 12/05/24 from 11:00 AM until 2:50 PM, R139 were observed in their NJ Ex Order 26.4(b)(1) wheelchairs in the communal area. R139 was observed attending the activity and the lunch service in the communal area during this time, without leaving the room being NJ Ex Order 26.4(b)(1) nor checked for NJ Ex Order 26.4(b)(1) needs.</p> <p>Review of R139's EMR under the "Resident Orders" tab under the "Resident Reports" revealed an order, dated NJ Ex Order 26.4(b)(1), to NJ Ex Order 26.4(b)(1) and</p>	F 677		

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F 677	<p>Continued From page 5</p> <p>^{NJ Ex Order 26.4} every two hours as tolerated to prevent ^{NJ Ex Order 26.4(b)(1)}, every shift.</p> <p>Review of R139's EMR under the "Resident Orders" tab under the "Resident Reports" revealed an order, dated ^{NJ Ex Order 26.4(b)}, for ^{NJ Ex Order 26.4(b)(1)} ...apply to ^{NJ Ex Order 26.4(b)(1)} every shift for ^{NJ Ex Order 26.4(b)(1)} with each ^{NJ Ex Order 26.4}.</p> <p>Review of R139's "Care Plan" in the EMR under the "Care Plan" tab, initiated ^{NJ Ex Order 26.4(b)} and revised ^{NJ Ex Order 26.4(b)}, revealed R139 had the potential for ^{NJ Ex Order 26.4(b)(1)} of the ^{NJ Ex Order 26.4} related to ^{NJ Ex Order 26.4(b)(1)} and ^{NJ Ex Order 26.4(b)(1)} interventions included assisting the resident with general ^{NJ Ex Order 26.4} and comfort measures.</p> <p>Review of R139's "Care Plan" in the EMR under the "Care Plan" tab, initiated ^{NJ Ex Order 26.4(b)} and revised ^{NJ Ex Order 26.4(b)}, revealed R139 had ^{NJ Ex Order 26.4(b)(1)} and ^{NJ Ex Order 26.4(b)(1)} related to ^{NJ Ex Order 26.4(b)(1)} and ^{NJ Ex Order 26.4(b)(1)} interventions included checking every two hours and as required for ^{NJ Ex Order 26.4(b)(1)} to ^{NJ Ex Order 26.4(b)(1)} and ^{NJ Ex 1}.</p> <p>Review of R139's EMR under the "Task" tab revealed ^{NJ Ex Order 26.4} documentation every shift for ^{NJ Ex Order 26.4(b)(1)}. Documentation by Certified Nurse Aides (CNAs) revealed no documentation completed for 42 of 93 opportunities.</p> <p>Review of R139's EMR under the "Task" tab revealed ^{NJ Ex Order 26.4} documentation every shift for ^{NJ Ex Order 26.4(b)(1)}. Documentation by CNAs revealed no documentation completed for 23 of 90 opportunities.</p>	F 677		

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F 677	<p>Continued From page 6</p> <p>Review of R139's EMR under the "Task" tab revealed [redacted] and [redacted] documentation every shift for [redacted]. Documentation by CNAs revealed no documentation completed for 42 of 93 opportunities.</p> <p>Review of R139's EMR under the "Task" tab revealed [redacted] and [redacted] documentation every shift for [redacted]. Documentation by CNAs revealed no documentation completed for 23 of 90 opportunities.</p> <p>Review of R139's EMR under the "Task" tab revealed [redacted] and [redacted] documentation every shift for [redacted]. Documentation by CNAs revealed no documentation completed for three of 18 opportunities.</p> <p>During an interview on 12/06/24 at 4:55 PM, CNA2 stated that the nurse aides should check the residents every 15 minutes, to observe them. She confirmed residents should be checked every two hours for care needs.</p> <p>During a concurrent interview on 12/06/24 at 5:00 PM, Registered Nurse (RN) 1 and RN2 confirmed that it was important to check for [redacted] and [redacted] R139 because [redacted] had a history of [redacted], [redacted], and [redacted]. RN1 and RN2 said that the resident received [redacted] at approximately 8:00 AM and again by 11:00 AM. They both stated that after that R139 was out of bed and in [redacted] wheelchair and in the communal area. RN1 and RN2 said that the resident would then be checked for [redacted] and [redacted] after 3:00 PM when [redacted] went back to [redacted] room. They both confirmed the resident was [redacted] and [redacted]</p>	F 677		

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F 677	<p>Continued From page 7</p> <p>NJ Ex Order 26.4(b)</p> <p>2. Review of R108's "Face sheet" located under the "Resident Report" tab of the EMR revealed R108 was admitted to the facility on NJ Ex Order 26.4(b) with diagnosis of NJ Ex Order 26.4(b)(1)</p> <p>Review of R108's annual "MDS" with an ARD of NJ Ex Order 26.4(b), located under the "MDS" tab, revealed the resident was NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) the interview.</p> <p>Review of R108's "care plan" found under the "Care Plan" tab of the EMR revealed R108 has "potential for NJ Ex Order 26.4(b)(1) r/t [related to] NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1) The care plan interventions indicated, "assist to NJ Ex Order 26.4(b)(1) in W/C [wheelchair] NJ Exec Order 26.4b1" and following the facilities policy/protocols for the prevention/treatment of NJ Ex Order 26.4(b)(1) that was initiated NJ Ex Order 26.4(b).</p> <p>Observation of R108 on 12/05/24 at 11:00AM until 4:27PM in the 3rd floor dining room, revealed that R108 was seated in a NJ Ex Order 26.4(b)(1) chair. During the observation, the resident was not approached until 4:27PM, when CNA 2 brought the resident a pillow and placed it behind the resident's head, however, did not check R108 for NJ Ex Order 26.4(b)(1)</p> <p>Review of the "ADL flow sheet" provided by the facility revealed that R108 was NJ Ex Order 26.4(b)(1) on NJ Ex Order 26.4(b) at 12:17AM and 11:59PM; and on NJ Ex Order 26.4(b) at 6:32AM and 7:38PM.</p> <p>During an interview on 12/06/24 at 5:17 PM, U.S. FOIA (b) (6) stated that if a resident was NJ Ex Order 26.4(b)(1) they needed to NJ Ex Order 26.4(b)(1) right away.</p>	F 677	

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F 677	<p>Continued From page 8</p> <p>She said that every shift the nurse aides were required to check residents' ^{NJ Ex Or} and for any ^{NJ Ex Order 26.4(b)(1)} The CNAs should monitor for ^{NJ Ex Order 26.4(b)(1)} every two hours to prevent any ^{NJ Ex Or}, prevent ^{NJ Ex Order 26.4(b)} or any ^{NJ Ex Order 26}. The ^{U.S. FOIA} confirmed that nurse aides should remove residents from the day room every two hours to go to the resident room for a side to side or stand check to monitor for ^{NJ Ex Order 26.4(b)(1)}</p> <p>Review of the facility's policy "Activities of Daily Living" dated 07/01/24 indicated, "The facility will, based on the resident's comprehensive assessment and consistent with the resident's needs and choices, ensure a resident's abilities in ADLs do not deteriorate unless deterioration is unavoidable ...Care and services will be provided for the following activities of daily living: 1. Bathing, dressing, grooming and oral care ...transfer and ambulation ...toileting ...A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene."</p> <p>Resident #108</p> <p>Activities of Daily Living Review of MAR revealed meds given as ordered.</p> <p>^{NJ Ex Order 26.4} sheets do not reveal a concern. \</p> <p>Observation of resident from 3PM to 4:24PM on 12/03/24. No staff observed ^{NJ Ex Order 26.4(b)} resident as</p>	F 677			

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F 677	<p>Continued From page 9</p> <p>NJ Exec Order 26.4(b)(1) is reclined in NJ Ex Order 26.4(b)(1) chair. Resident was not NJ Ex Order 26.4(b)(1) but at 4:27</p> <p>Review of R108's care plan revealed the resident has "potential for NJ Ex Order 26.4(b)(1) development r/t NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1) initiated NJ Ex Order 26.4(b)(1). Goal is for resident to have NJ Ex Order 26.4(b)(1), free of NJ Ex Order 26.4(b)(1) or NJ Ex Order 26.4(b)(1) using interventions that included: "assist to NJ Ex Order 26.4(b)(1) in W/C q NJ Ex Order 26.4(b)(1)" and following the facilities policy/protocols for the prevention/treatment of NJ Ex Order 26.4(b)(1) (initiated NJ Ex Order 26.4(b)(1)).</p> <p>12/03/24 04:27 PM Staff member came and brought resident a pillow and place behind the resident's head.</p> <p>Observed resident in the main dining 12/04/24 01:32 PM appearing to be asleep, NJ Ex Order 26.4(b)(1) socks in place, pillow behind head and back. No NJ Ex Order 26.4(b)(1) or obvious signs of NJ Ex Order 26.4(b)(1). Resident does have NJ Ex Order 26.4(b)(1).</p> <p>12/04/24 01:35 PM staff member approached to assist with meal. Resident was set up by staff and NJ Exec Order 26.4b1. Food was NJ Ex Order 26.4(b)(1).</p> <p>Care Plan:</p> <ul style="list-style-type: none"> NJ Ex Order 26.4(b)(1) has potential for NJ Ex Order 26.4(b)(1) development r/t NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1). -Goal is for resident NJ Ex Order 26.4(b)(1) to remain NJ Ex Order 26.4(b)(1) free of NJ Ex Order 26.4(b)(1), with interventions that included assisting resident with NJ Ex Order 26.4(b)(1) every 15 minutes <p>Review of most recent annual MDS revealed although resident is at risk for NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1) has had NJ Ex Order 26.4(b)(1).</p>	F 677			

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F 677	Continued From page 10 12/05/24 02:53 PM Says have been actively hiring and using agency. Have improved but weekends are still a concerns. Offers incentives and use other companies and recruiters to get staffing. Says biggest concern they have been made aware of is call light response time needs to be improved. The [U.S. FOIA] was also asked about expectations for residents seated in the common area for monitoring over an extended period time, and she stated that she expects staff to follow each residents plan of care. If the resident's plan of states to check for [NJ Ex Order 26.4(b)(1)] every 2 hours she expects staff to take the resident to their room, for [NJ Ex Order 26] and check [NJ Ex Order 26.4(b)], adding that if resident requires a [NJ Ex Order] then staff has to find help.	F 677			
F 698 SS=D	NJAC 8:39-4.1(a) Dialysis CFR(s): 483.25(l) §483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and facility policy review, the facility failed to ensure ongoing communication and collaboration with the [NJ Ex Order 26] facility and failed to ensure a medication was administered on [NJ Ex Order 26] days for one of one	F 698	1. The medication administration schedule for R61 was adjusted to ensure medications are not scheduled while [NJ Ex] is [NJ Ex Order 26.4(b)(1)]. [NJ Exec Order 26.4b1] were identified.	12/26/24	

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F 698	<p>Continued From page 11</p> <p>residents (Resident (R) 61) reviewed for [redacted] out of a sample of 41.</p> <p>Findings include:</p> <p>1. Review of R61's "Face Sheet," found in the "Resident Report" tab of the electronic medical record (EMR), revealed [redacted] was admitted to the facility on [redacted] with diagnosis including [redacted], [redacted], NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1).</p> <p>Review of R61's quarterly "Minimum Data Set (MDS)" located in the "MDS" tab in the EMR with an Assessment Reference Date (ARD) of [redacted] revealed a "Brief Interview for Mental Status (BIMS)" score of [redacted] out of 15, which indicated [redacted] NJ Ex Order 26.4(b)(1). R61 was documented to receive [redacted] while a resident.</p> <p>Review of R61's EMR under the "Resident Orders" tab under the "Resident Reports" revealed an order dated [redacted] for the resident to attend [redacted] on Monday, Wednesday, and Friday at 9:45 AM. Further review revealed an order dated [redacted] for [redacted] NJ Ex Order 26.4(b)(1) [redacted] ...give one tablet by mouth in the afternoon for [redacted]. The medication was scheduled to be administered at 1:00 PM once a day.</p> <p>Review of R61's "Medication Administration Record (MAR)" of the EMR under the "Resident Orders" tab for [redacted] NJ Ex Order 26.4(b)(1), revealed [redacted] NJ Ex Order 26.4(b)(1) was not administered on seven of 13 opportunities, [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted].</p>	F 698	<p>2. All residents on dialysis have the potential to be affected by this deficient practice.</p> <p>3. Nursing staff was re-educated by the ADON regarding medication administration scheduling for residents on dialysis.</p> <p>4. The Director of Nursing/designee will audit 5 charts of dialysis residents weekly to ensure medications are not scheduled during dialysis times for 4 weeks then monthly for 2 months. Identified variances will be immediately addressed. Audits will be reviewed through the monthly QAPI process.</p>		

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F 698	<p>Continued From page 12</p> <p>NJ Ex Order 26.4(b), NJ Ex Order 26.4(b), and NJ Ex Order 26.4(b)) and was coded by nursing staff as out of the facility on scheduled NJ Ex Order 26.4(b) dates.</p> <p>Review of R61's "MAR" of the EMR under the "Resident Orders" tab for NJ Ex Order 26.4(b)(1) revealed NJ Ex Order 26.4(b)(1) was not administered on seven of 13 opportunities, NJ Ex Order 26.4(b), and NJ Ex Order 26.4(b)) and was coded by nursing staff as out of the facility on scheduled NJ Ex Order 26.4(b) dates.</p> <p>Review of R61's "MAR" of the EMR under the "Resident Orders" tab for NJ Ex Order 26.4(b)(1), revealed NJ Ex Order 26.4(b)(1) was not administered on two of two opportunities, NJ Ex Order 26.4(b) and NJ Ex Order 26.4(b)) and was coded by nursing staff as out of the facility on scheduled NJ Ex Order 26.4(b) dates.</p> <p>Review of R61's EMR under the "Resident Orders" tab under the "Resident Reports" revealed an order, dated NJ Ex Order 26.4(b), for NJ Ex Order 26.4(b)(1) ...give one tablet by mouth two times a day for NJ Ex Order 26.4(b)(1) give with food. The medication was scheduled to be administered at 12:00 PM and 9:00 PM.</p> <p>Review of R61's "MAR" of the EMR under the "Resident Orders" tab for NJ Ex Order 26.4(b)(1), revealed NJ Ex Order 26.4(b)(1) was not administered on eleven of 13 opportunities, NJ Ex Order 26.4(b), and NJ Ex Order 26.4(b)) and was coded by nursing staff as out of the facility on scheduled NJ Ex Order 26.4(b) dates.</p> <p>Review of R61's "MAR" of the EMR under the</p>	F 698			

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F 698	<p>Continued From page 13</p> <p>"Resident Orders" tab for [redacted] NJ Ex Order 26.4(b)(1), revealed [redacted] NJ Ex Order 26.4(b)(1) was not administered on eight of 13 opportunities, [redacted] NJ Ex Order 26.4(b)(1), and [redacted] NJ Ex Order 26.4(b)(1) and was coded by nursing staff as out of the facility on scheduled [redacted] NJ Ex Order 26.4(b)(1) dates.</p> <p>Review of R61's "MAR" of the EMR under the "Resident Orders" tab for [redacted] NJ Ex Order 26.4(b)(1), revealed [redacted] NJ Ex Order 26.4(b)(1) was not administered on two of two opportunities, [redacted] NJ Ex Order 26.4(b)(1) and [redacted] NJ Ex Order 26.4(b)(1) and was coded by nursing staff as out of the facility on scheduled [redacted] NJ Ex Order 26.4(b)(1) dates.</p> <p>Review of R61's EMR under the "Resident Orders" tab under the "Resident Reports" revealed an order, dated [redacted] NJ Ex Order 26.4(b)(1), for [redacted] NJ Ex Order 26.4(b)(1) .. [redacted] NJ Ex Order 26.4(b)(1) as per sliding scale [redacted] NJ Ex Order 26.4(b)(1) four times a day every Monday, Wednesday, and Friday for [redacted] NJ Ex Order 26.4(b)(1). The medication was scheduled to be administered at 7:30 AM, 1:00 PM, 5:00 PM, and 9:00 PM.</p> <p>Review of R61's "MAR" of the EMR under the "Resident Orders" tab for [redacted] NJ Ex Order 26.4(b)(1), revealed [redacted] NJ Ex Order 26.4(b)(1) was not administered on eight of 52 opportunities, [redacted] NJ Ex Order 26.4(b)(1), and [redacted] NJ Ex Order 26.4(b)(1) at 1:00 PM) and was coded by nursing staff as out of the facility on scheduled [redacted] NJ Ex Order 26.4(b)(1) dates.</p> <p>Review of R61's "MAR" of the EMR under the "Resident Orders" tab for [redacted] NJ Ex Order 26.4(b)(1), revealed [redacted] NJ Ex Order 26.4(b)(1) was not administered on seven of 52</p>	F 698		

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F 698	<p>Continued From page 15</p> <p>NJ Ex Order 26.7 it was too late to administer the medications. RN1 and RN2 confirmed that the NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b) were important because the resident had NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b) and NJ Ex Order 26.4(b)(1) .</p> <p>During an interview on 12/06/24 at 5:17 PM, U.S. FOIA (b) (6)) stated that the facility nurses should take resident vitals, check the site, and prepare the NJ Ex Order 26.7 communication binder that the resident would take with them for NJ Ex Order 26.4. She stated that the NJ Ex Order 26.7 center knew what medications the resident was taking, but that the NJ Ex Order 26.7 center did not administer any of those medications. The U.S. FOIA stated that if the resident had a medication that was ordered to be administered while the resident was scheduled to be at NJ Ex Order 26.4 the nurse should call the physician to see if the medication could be given before or after they go out for NJ Ex Order 26.4. The U.S. FOIA stated that if the physician stated that the scheduled medication did not need to be given when the resident was going out to NJ Ex Order 26.4 the physician would document that. She confirmed that the NJ Ex Order 26.7 center did not administer R61's NJ Ex Order 26.4(b) or NJ Ex Order 26.4(b) while they were out of the facility. She confirmed that the physician should reschedule the medication or withhold it.</p> <p>Review of the facility's policy titled, "Hemodialysis" dated 07/01/24 documented, "The facility will provide the necessary care and treatment, consistent with professional standards of practice, physician orders, ...The licensed nurse will communicate to the dialysis facility via telephone communication or written format, such as a dialysis communication form or other form, that will include, but not limit itself to ...timely</p>	F 698		

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F 698	Continued From page 16 medication administration (initiated, held or discontinued) by the nursing home and/or dialysis facility ...physician/treatment orders ...The facility will communicate with the dialysis facility, attending physician and/or nephrologist medication administration or withholding of certain medications prior to the dialysis treatment and document such orders ...The facility will ensure that the physician's orders for dialysis include: ...Any medication administration or withholding of specific medications prior to dialysis treatments."	F 698			
F 755 SS=E	NJAC 8:39-2.9 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	F 755		1/30/25	

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F 755	<p>Continued From page 17</p> <p>aspects of the provision of pharmacy services in the facility.</p> <p>§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</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:</p> <p>Based on observations and interview, the facility failed to ensure medication rooms on three (2nd nursing unit (NU), 3rd NU, and 5th NU) of four nursing units, did not have expired medical products or items left open. This has the potential to increase of risk of infections due to expiration.</p> <p>Findings include:</p> <p>During observations conducted with Licensed Practical Nurse (LPN)9, revealed the following expired items located in the resident care supplies:</p> <p>1. Observation on 12/05/24 at 9:26 AM on the second-floor nursing unit, revealed the following expired items:</p> <p>(10) Central Line Trays w/chloral prep expired on 11/30/24. (2) Huber needles (1) expired on 09/30/23, and (1) expired on 11/30/22. (1) Microbore Extension set expired on 12/31/23. (1) IV Securement Kit expired on 04/30/24. (1) 30ml sterile water syringe left open. (1) IV (intravenous) administration kit that expired on 08/04/23.</p>	F 755	<p>Upon notification, all supply storage areas were inspected, and all expired items and/or opened areas were discarded.</p> <p>All residents have the potential to be affected by this deficient practice.</p> <p>All staff were- re-educated by the assistant director of nursing on the safe storage of medications, medical supplies including ensuring items are within expiration dates and all items are properly sealed.</p> <p>Nurse Managers/ designee will inspect all medical supply storage areas weekly to ensure that all supplies are within their expiration dates and properly sealed for 4 weeks then monthly for 2 months. Identified variances will be immediately addressed. Audits will be reviewed through the monthly QAPI process.</p>		

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

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FORM APPROVED
OMB NO. 0938-0391

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F 755	Continued From page 18 (12) Replacement caps expired on 02/29/24; (29) on 08/31/24, and (24) on 12/31/24. 2. Observation conducted on 12/05/24 at 10:17 AM on the third-floor nursing, revealed the following expired items: (1) Huber Needle expired on 11/30/22. (2) sterile water vials that expired on 09/01/24, and 11/07/24. (1) specimen transport tube expired on 11/05/21. (1) Five-gram lubricating jelly expired on 01/01/23. (34) Needleless connector caps expired on 08/12/22. 3. Observation conducted on 12/05/24 at 11:59 AM on the fifth-floor nursing, revealed the following expired items: (2) saline enema laxative expired on 02/24, and 05/24. (10) Micro scaffold collagen expired on 11/30/24. (1) Micro-kill one Germicidal alcohol wipes-160 wipes expired on 09/01/24. (1) box-quantity of six- Glucose control solutions expired on 08/18/22. During an interview on 12/05/24 at 12:12 PM, the U.S. FOIA (b) (6) stated that the unit managers should be overseeing the medical supplies and expiration dates.	F 755			
F 761 SS=D	NJAC 8:39-29.4 Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals	F 761		1/30/25	

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F 761	<p>Continued From page 19</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and policy review, the facility failed to ensure that one of 10 medication carts (fifth floor south) and one of one rolling cart (fifth floor) were not left unsecured and unmonitored when medication cart was unlocked. This the potential for medication diversion and for residents to obtain medications that could affect their health.</p> <p>Findings include:</p> <p>Review of the facility's policy titled "Medication Storage" dated 07/01/24, revealed, "it is the</p>	F 761	<p>The key for the medication cart was replaced with a new key on the same day and the medication cart was locked. LPN1 was re-educated by the ADON to ensure medication carts remain locked or monitored at all times. Upon notification the insulin pens were immediately removed and the nurse responsible for the insulin pens was removed from her assignment. She was re-educated on safe handling/storage of insulin pens and returned to her assignment after successfully completing a medication</p>		

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F 761	<p>Continued From page 20</p> <p>policy of this facility to ensure all medications housed on our premises will be stored in the medication rooms/medication carts according to the manufacturer recommendations ...All drugs and biologicals will be stored in locked compartments (i.e., medication carts, cabinets, drawers, refrigerators, medication rooms) under proper temperature controls ...During a medication pass, medications must be under the observation of the person administering medications or locked in the medication storage area/cart."</p> <p>During observations conducted on the fifth-floor nursing unit on 12/03/24 at 12:07PM, the 5 South medication cart was observed as being unlocked. Licensed Practical Nurse (LPN)1 was observed removing medications and leaving the medication cart unlocked while administrating the medications. The medication cart was observed as being unlocked; out of sight of LPN1, and unattended from 12:07PM to 12:15PM.</p> <p>During an interview on 12/03/24 at 12:15PM, LPN1 confirmed the medication had been left unlocked, and stated the medication cart keys were lost, everyone was aware of it, and they were waiting for pharmacy to come fix it. When questioned how long the cart had been left unlocked, LPN1 responded since 7:15 AM that morning.</p> <p>During an interview on 12/03/24 at 1:31PM with the U.S. FOIA (b) (6) U.S. FOIA (b) (6), the U.S. FOIA (b) (6) was questioned if he was aware of the issue with the medication cart. The U.S. FOIA (b) (6) responded "yes, and they had placed a stat order for pharmacy to supply another lock/key." The U.S. FOIA (b) (6) was</p>	F 761	<p>pass observation.</p> <p>Residents who were in the vicinity of the medication cart were potentially affected. No negative outcomes were identified</p> <p>The ADON re-educated all nurses to ensure that medication carts remain locked or monitored at all times and on safe handling/storage of insulin pens.</p> <p>Nurse Managers will inspect all medication carts weekly to ensure carts are locked or monitored for and insulin pens are handled/stored safely for 2 months. Identified variances will be immediately addressed. Audits will be reviewed through the monthly QAPI process for the next three months.</p>		

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F 761	<p>Continued From page 21</p> <p>questioned what the facility's plan was to ensure the security of the medications in the cart, the U.S. FOIA (b) (6) responded, the plan is for the nurse to not leave the cart unattended.</p> <p>During an observation on 12/04/24 at 3:36PM to 3:46PM on the Fifth-floor nursing unit, it was observed that there was a plastic rolling cart left unattended with three insulin pens on top of the cart. The medication was observed as unsecured and not within sight of licensed nursing staff.</p> <p>During an interview on 12/04/24 at 3:47 PM, the U.S. FOIA (b) (6) confirmed the cart had been left unattended, and the medications were left unsecured on top of the cart. The U.S. FOIA (b) (6) stated the medication should not have be left unattended and proceeded to secure medications.</p> <p>During an interview on 12/05/24 at 3:51PM, the U.S. FOIA (b) (6) stated she expected the nursing staff not to leave medications unattended and to lock the medication cart.</p>	F 761			
F 842 SS=D	<p>NJAC 8:39-29.4</p> <p>Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(h)(1)-(5)</p> <p>§483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p>	F 842		1/28/25	

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 C 12/06/2024
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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 842	<p>Continued From page 22</p> <p>§483.70(h) Medical records.</p> <p>§483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p> <ul style="list-style-type: none"> (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized <p>§483.70(h)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <ul style="list-style-type: none"> (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. <p>§483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(h)(4) Medical records must be retained for-</p> <ul style="list-style-type: none"> (i) The period of time required by State law; or (ii) Five years from the date of discharge when 	F 842			

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F 842	<p>Continued From page 23</p> <p>there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(h)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on interviews, record review and policy review, the facility failed to maintain an accurate medical record for two (Resident (R) 71 and R22) of six residents reviewed for nursing services. The facility failed to ensure medications administrations were accurately documented administration record.</p> <p>Findings include:</p> <p>1. During an interview with R71's Resident Representative (RR) on 12/03/24 at 12:20 PM, she stated that R71 has missed medication administrations.</p> <p>Review of R71's Electronic Medical Record (EMR), under the "Orders tab" revealed "Medication Administration Record (MAR)" dated NJ Ex Order 26.4(b)(1) lacked documentation that the following medications were not administered on NJ Ex Order 26.4(c) and NJ Ex Order 26.4(d) for the following</p>	F 842	<p>R71 and R22 NJ Ex Order 26.4(b)(1) by this deficient practice. LPN8 and LPN5 were immediately re-educated on the policy regarding documentation of medication administration. There were no known NJ Exec Order 26.4b1 for R71.</p> <p>All residents have the potential to be affected by this deficient practice.</p> <p>The assistant director of nursing re-educated all nursing staff on the policy regarding documentation of medication administration.</p> <p>The Director of Nursing will audit 5 medical charts weekly to ensure accurate documentation of medication administration for 4 weeks then monthly for 2 months. Identified variances will be immediately addressed. Audits will be</p>		

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F 842	<p>Continued From page 25</p> <p>NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1)</p> <p>Review of R22's "MAR" dated NJ Ex Order 26.4(b) located in the EMR under the "Orders" tab, indicated the following medications were not administered to the resident per the physician orders:</p> <p>NJ Ex Order 26.4(b)(1) daily at 9:00AM for NJ Ex Order 26.4(b)(1)</p> <p>NJ Ex Order 26.4(b)(1) daily at 9:00AM for NJ Ex Order 26.4(b)(1)</p> <p>NJ Ex Order 26.4(b)(1) one time at 9:00AM for NJ Ex Order 26.4(b)(1)</p> <p>NJ Ex Order 26.4(b)(1) daily at 9:00AM for NJ Ex Order 26.4(b)(1)</p> <p>NJ Ex Order 26.4(b)(1) daily at 9:00AM for NJ Ex Order 26.4(b)(1)</p> <p>NJ Ex Order 26.4(b)(1) daily at 9:00AM for NJ Ex Order 26.4(b)(1)</p> <p>NJ Ex Order 26.4(b)(1) daily at 9:00AM for NJ Ex Order 26.4(b)(1)</p> <p>NJ Ex Order 26.4(b)(1) two times daily, 9:00AM dose was not given, for NJ Ex Order 26.4(b)(1)</p> <p>NJ Ex Order 26.4(b)(1) every 8 hours, not given at 2:00PM, for NJ Ex Order 26.4(b)(1)</p> <p>NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1) before meals and at bedtime, not administered at 7:30AM, and 11:30AM, for NJ Ex Order 26.4(b)(1)</p> <p>NJ Ex Order 26.4(b)(1) sliding scale NJ Ex Order 26.4(b)(1) and/or NJ Ex Order 26.4(b)(1) given at 7:30AM, and 11:30AM, for NJ Ex Order 26.4(b)(1)</p> <p>Review of R22's "Assessments" located in the EMR under the "Assessment" tab and "Progress Notes" located in the EMR under the "Progress Notes" tab revealed no documentation related to why the medications were not given for NJ Ex Order 26.4(b)(1).</p> <p>During an interview with U.S. FOIA on 12/06/24 at 4:32 PM, the U.S. FOIA stated she had spoken to LPN5, who was responsible to administer R22's medications. LPN5 was adamant that he had administered the medications, and just had not</p>	F 842		
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F 842	<p>Continued From page 26 documented them as given.</p> <p>During an interview on 12/06/24 at 12:20 PM with the Corporate Registered Nurse (CRN)1, [REDACTED] and U.S. FOIA (b) (6) they reviewed the [REDACTED] MAR and stated the resident's medications for [REDACTED] were not documented as being administered. The [REDACTED] stated she expected the residents' medications to be administered and if not, it should be documented in the record.</p> <p>Review of the undated facility's policy titled, "Accuracy of Medical Records" indicated "Each resident's medical record shall contain an accurate representation of the actual experience of the actual experiences of the resident and include enough information to provide picture of the resident's progress through complete, accurate, and timely documentation." The policy's Compliance Guidelines included:</p> <ol style="list-style-type: none"> 1. Licensed staff and interdisciplinary team members shall document ... services provided in the resident's medical record 2. Documentation should be completed at the time of service, but no later than the shift in which ...care service occurred. <ol style="list-style-type: none"> a. Documentation shall be accurate, relevant, and complete, containing sufficient details about resident's care and/or responses to care." <p>NJAC 8:39-35.2(d)(9)</p>	F 842			

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 C 12/06/2024
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NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT HARBORAGE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7600 RIVER RD NORTH BERGEN, NJ 07047
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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 (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Based on 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. 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 at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in	S 560	There were no identified negative outcomes for any residents. All residents have the potential to be affected. The ADON re-educated the staffing coordinator on the minimum staffing requirements. The facility has implemented multiple recruitment efforts including use of online recruiting platforms and hosting job fairs. In addition, efforts have been made to increase employee retention including updating orientation process with a focus on ensuring staff are given resources to properly acclimate to	12/26/24

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

Electronically Signed

TITLE

(X6) DATE

12/26/24

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 C 12/06/2024
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S 560	<p>Continued From page 1</p> <p>nursing homes. The following ratio(s) were effective on 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift.</p> <p>One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and</p> <p>One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.</p> <p>Findings include:</p> <p>1. For the 2 weeks of Complaint staffing from 07/09/2023 to 07/22/2023, the facility was deficient in CNA staffing for residents on 3 of 14 day shifts as follows:</p> <p>-07/13/23 had 20 CNAs for 175 residents on the day shift, required at least 22 CNAs. -07/17/23 had 20 CNAs for 173 residents on the day shift, required at least 22 CNAs. -07/22/23 had 20 CNAs for 175 residents on the day shift, required at least 22 CNAs.</p> <p>2. For the week of Complaint staffing from 07/30/2023 to 08/04/2023, the facility was deficient in CNA staffing for residents on 1 of 7 day shifts as follows:</p> <p>-08/05/23 had 21 CNAs for 176 residents on the day shift, required at least 22 CNAs.</p>	S 560	<p>the facility. The facility has contracted with a local CNA school to enroll numerous employees and has paid for their tuition. Additionally, the facility has contracted with multiple staffing agencies to utilize contracted staff as needed.</p> <p>The Director of Nursing / designee will review the staffing daily x 1 week then weekly x 3 weeks then monthly for 2 months to ensure minimum staffing requirements are being met. Identified variances will be immediately addressed. Audits will be reviewed through the monthly QAPI process.</p>	

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S 560	<p>Continued From page 2</p> <p>3. For the week of Complaint staffing from 02/04/2024 to 02/10/2024, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows:</p> <ul style="list-style-type: none"> -02/04/24 had 13 CNAs for 191 residents on the day shift, required at least 24 CNAs. -02/05/24 had 13 CNAs for 191 residents on the day shift, required at least 24 CNAs. -02/06/24 had 20 CNAs for 191 residents on the day shift, required at least 24 CNAs. -02/07/24 had 19 CNAs for 191 residents on the day shift, required at least 24 CNAs. -02/08/24 had 21 CNAs for 191 residents on the day shift, required at least 24 CNAs. -02/09/24 had 20 CNAs for 191 residents on the day shift, required at least 24 CNAs. -02/10/24 had 16 CNAs for 194 residents on the day shift, required at least 24 CNAs. <p>4. For the week of Complaint staffing from 02/25/2024 to 03/02/2024, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts and deficient in CNAs to total staff on 1 of 7 evening shifts as follows:</p> <ul style="list-style-type: none"> -02/25/24 had 16 CNAs for 196 residents on the day shift, required at least 24 CNAs. -02/26/24 had 20 CNAs for 195 residents on the day shift, required at least 24 CNAs. -02/27/24 had 19 CNAs for 194 residents on the day shift, required at least 24 CNAs. -02/27/24 had 12 CNAs to 26 total staff on the evening shift, required at least 13 CNAs. -02/28/24 had 20 CNAs for 194 residents on the day shift, required at least 24 CNAs. -02/29/24 had 21 CNAs for 194 residents on the day shift, required at least 24 CNAs. -03/01/24 had 20 CNAs for 194 residents on the day shift, required at least 24 CNAs. 	S 560		

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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 C 12/06/2024
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S 560	<p>Continued From page 3</p> <p>-03/02/24 had 15 CNAs for 200 residents on the day shift, required at least 25 CNAs.</p> <p>5. For the 2 weeks of Complaint staffing from 03/10/2024 to 03/16/2024, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts and deficient in total staff for residents on 1 of 7 overnight shifts as follows:</p> <p>-03/10/24 had 16 CNAs for 203 residents on the day shift, required at least 25 CNAs. -03/11/24 had 15 CNAs for 203 residents on the day shift, required at least 25 CNAs. -03/12/24 had 18 CNAs for 203 residents on the day shift, required at least 25 CNAs. -03/13/24 had 20 CNAs for 203 residents on the day shift, required at least 25 CNAs. -03/14/24 had 22 CNAs for 203 residents on the day shift, required at least 25 CNAs. -03/15/24 had 19 CNAs for 203 residents on the day shift, required at least 25 CNAs. -03/16/24 had 9 CNAs for 205 residents on the day shift, required at least 25 CNAs. -03/17/24 had 9 CNAs for 205 residents on the day shift, required at least 26 CNAs. -03/17/24 had 14 total staff for 205 residents on the overnight shift, required at least 15 total staff. -03/18/24 had 14 CNAs for 205 residents on the day shift, required at least 26 CNAs. -03/19/24 had 16 CNAs for 205 residents on the day shift, required at least 26 CNAs. -03/20/24 had 15 CNAs for 205 residents on the day shift, required at least 26 CNAs. -03/21/24 had 17 CNAs for 205 residents on the day shift, required at least 26 CNAs. -03/22/24 had 15 CNAs for 206 residents on the day shift, required at least 26 CNAs. -03/23/24 had 15 CNAs for 206 residents on the day shift, required at least 26 CNAs.</p>	S 560		

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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 C 12/06/2024
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S 560	<p>Continued From page 4</p> <p>6. For the week of Complaint staffing from 07/21/24 to 07/27/2024, the facility was deficient in CNA staffing for residents on 4 of 7 day shifts as follows:</p> <ul style="list-style-type: none"> -07/21/24 had 16 CNAs for 219 residents on the day shift, required at least 27 CNAs. -07/22/24 had 25 CNAs for 214 residents on the day shift, required at least 27 CNAs. -07/23/24 had 26 CNAs for 217 residents on the day shift, required at least 27 CNAs. -07/27/24 had 26 CNAs for 214 residents on the day shift, required at least 27 CNAs. <p>7. For the week of Complaint staffing from 08/18/2024 to 08/24/2024, the facility was deficient in CNA staffing for residents on 5 of 7 day shifts as follows:</p> <ul style="list-style-type: none"> -08/18/24 had 16 CNAs for 222 residents on the day shift, required at least 28 CNAs. -08/19/24 had 17 CNAs for 220 residents on the day shift, required at least 27 CNAs. -08/20/24 had 26 CNAs for 218 residents on the day shift, required at least 27 CNAs. -08/21/24 had 25 CNAs for 218 residents on the day shift, required at least 27 CNAs. -08/23/24 had 23 CNAs for 218 residents on the day shift, required at least 27 CNAs. <p>8. For the week of Complaint staffing from 09/22/2024 to 09/28/2024, the facility was deficient in CNA staffing for residents on 3 of 7 day shifts as follows:</p> <ul style="list-style-type: none"> -09/22/24 had 23 CNAs for 212 residents on the day shift, required at least 26 CNAs. -09/27/24 had 26 CNAs for 213 residents on the day shift, required at least 27 CNAs. -09/28/24 had 22 CNAs for 213 residents on the 	S 560		

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S 560	<p>Continued From page 5</p> <p>day shift, required at least 27 CNAs.</p> <p>9. For the 2 weeks of Complaint staffing from 10/27/2024 to 11/09/2024, the facility was deficient in CNA staffing for residents on 9 of 14 day shifts as follows:</p> <ul style="list-style-type: none"> -10/27/24 had 16 CNAs for 218 residents on the day shift, required at least 27 CNAs. -10/28/24 had 11 CNAs for 218 residents on the day shift, required at least 27 CNAs. -10/31/24 had 26 CNAs for 223 residents on the day shift, required at least 28 CNAs. -11/01/24 had 23 CNAs for 223 residents on the day shift, required at least 28 CNAs. -11/03/24 had 26 CNAs for 223 residents on the day shift, required at least 28 CNAs. -11/04/24 had 23 CNAs for 221 residents on the day shift, required at least 28 CNAs. -11/05/24 had 26 CNAs for 221 residents on the day shift, required at least 28 CNAs. -11/08/24 had 24 CNAs for 220 residents on the day shift, required at least 27 CNAs. -11/09/24 had 26 CNAs for 220 residents on the day shift, required at least 27 CNAs. <p>10. For the 2 weeks of staffing prior to survey from 11/17/2024 to 11/30/2024, the facility was deficient in CNA staffing for residents on 7 of 14 day shifts as follows:</p> <ul style="list-style-type: none"> -11/17/24 had 24 CNAs for 219 residents on the day shift, required at least 27 CNAs. -11/18/24 had 25 CNAs for 219 residents on the day shift, required at least 27 CNAs. -11/19/24 had 23 CNAs for 217 residents on the day shift, required at least 27 CNAs. -11/23/24 had 26 CNAs for 216 residents on the day shift, required at least 27 CNAs. -11/24/24 had 24 CNAs for 222 residents on the 	S 560		

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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 C 12/06/2024
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S 560	Continued From page 6 day shift, required at least 28 CNAs. -11/25/24 had 26 CNAs for 222 residents on the day shift, required at least 28 CNAs. -11/29/24 had 24 CNAs for 220 residents on the day shift, required at least 27 CNAs.	S 560		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315307	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 2/3/2025	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 F0656	Correction	ID Prefix F0677	Correction	ID Prefix F0698	Correction
Reg. # 483.21(b)(1)(3)	Completed	Reg. # 483.24(a)(2)	Completed	Reg. # 483.25(l)	Completed
LSC	12/26/2024	LSC	12/26/2024	LSC	12/26/2024
ID Prefix F0755	Correction	ID Prefix F0761	Correction	ID Prefix F0842	Correction
Reg. # 483.45(a)(b)(1)-(3)	Completed	Reg. # 483.45(g)(h)(1)(2)	Completed	Reg. # 483.20(f)(5), 483.70(h)(1)-(5)	Completed
LSC	01/30/2025	LSC	01/30/2025	LSC	01/28/2025
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 12/6/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 060907	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 2/3/2025
NAME OF FACILITY COMPLETE CARE AT HARBORAGE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 7600 RIVER RD NORTH BERGEN, NJ 07047

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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	12/26/2024	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 12/6/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315307	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/06/2024
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NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT HARBORAGE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7600 RIVER RD NORTH BERGEN, NJ 07047
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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
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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 12/05/24. 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 12/05/24 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 Harborage is a five-story building with a partial basement that was built in 1990's. It is composed of Type I protected construction. The facility is divided into 10 smoke zones. The generator powers 100 % of the building per the Maintenance Director. The number of occupied beds was 222 out of 247.	K 000		
K 926 SS=F	Gas Equipment - Qualifications and Training CFR(s): NFPA 101 Gas Equipment - Qualifications and Training of Personnel Personnel concerned with the application, maintenance and handling of medical gases and cylinders are trained on the risk. Facilities provide continuing education, including safety guidelines and usage requirements. Equipment is	K 926		2/3/25

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

TITLE

(X6) DATE

Electronically Signed

12/26/2024

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.

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

PRINTED: 03/07/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315307	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 12/06/2024
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	
K 926	<p>Continued From page 1</p> <p>serviced only by personnel trained in the maintenance and operation of equipment. 11.5.2.1 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure facility personnel that handled cylinders that contained medical gases were trained on the risks associated with handling and use as required by NFPA 99 Health Care Facilities Code (2012 Edition), Section 11.5.2.1. This deficient practice had the potential to affect staff and all 222 residents.</p> <p>Findings include:</p> <p>Observation on 12/05/24 at 10:00 AM of an Oxygen Storage Room revealed oxygen E cylinders were stored in the room.</p> <p>During an interview on 12/05/24 at 4:15 PM, the U.S. FOIA (b) (6) and U.S. FOIA (b) (6) stated they could not provide any documented evidence of oxygen safety guidelines and training of staff responsible for handling oxygen.</p> <p>NJAC 8:39-31.2(e) NFPA 99</p>	K 926	<p>Upon notification, all employees were provided education on the oxygen safe handling by the ADON</p> <p>All residents have the potential to be affected by this deficient practice.</p> <p>Oxygen safe handling was added to employee orientation and yearly mandatory employee in-service curriculum.</p> <p>The Maintenance Director / designee will conduct oxygen safe-handling competency exams on 5 staff members weekly for 4 weeks then monthly x 2 months. Identified variances will be immediately addressed. Audits will be reviewed through the monthly QAPI process.</p>		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315307	Y1	MULTIPLE CONSTRUCTION A. Building 01 - MAIN BUILDING 01 B. Wing	Y2	DATE OF REVISIT 2/3/2025	Y3
NAME OF FACILITY COMPLETE CARE AT HARBORAGE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 7600 RIVER RD NORTH BERGEN, NJ 07047		

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix _____ Reg. # NFPA 101 LSC K0926	Correction Completed 02/03/2025	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

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REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 12/6/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		