

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

PRINTED: 05/24/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315094	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/06/2023
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT MERCERVILLE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2240 WHITEHORSE-MERCERVILLE ROAD MERCERVILLE, NJ 08619		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS Complaint #: NJ00163579 Census: 96 Sample Size: 4 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 SURVEY.	F 000			
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00163579 Based on observation, interview, and review of pertinent facility documentation, it was determined that the facility failed to provide care and services according to acceptable standards of clinical nursing practice by the following: 1.) remove medicated gel from a resident's room after <u>NJ Ex Order 26. 4B1</u> for one 1 of 1 residents (Resident #1) observed for <u>NJ Ex Order 26. 4B1</u> , and 2.) sign and date resident's <u>NJ Ex Order 26. 4B1</u> for 2 of 2 residents (Resident #1 and Resident #2) whose <u>NJ Ex Order 26. 4B1</u> were observed. The deficient practice was evidenced by the following:	F 658	F658 All residents have the ability to be affected by the deficient practice. The <u>NJ Ex Order 26. 4B1</u> from Resident #1 was discarded immediately and all <u>NJ Ex Order 26. 4B1</u> were dated for Resident #1 and #2 right away. All residents with wound dressing were reviewed for accurate dates and no issues were noted. All resident rooms were checked for medication left at bedside- none were found.		7/15/23

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

TITLE

(X6) DATE

Electronically Signed

06/27/2023

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 658	<p>Continued From page 1</p> <p>Reference: New Jersey Statutes, Annotated Title 45, Chapter 11 Nursing Board, The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing a medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist."</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p> <p>1. On 06/06/23 at 8:40 AM, the surveyor observed Licensed Practical Nurse (LPN) #1 take treatment supplies for Resident #1's [REDACTED] including [REDACTED] out of the [REDACTED] treatment supply cart.</p> <p>On 06/06/23 at 8:49 AM, the surveyor observed that LPN #1 carried the [REDACTED] supplies including [REDACTED] into Resident #1's room and set them on the resident's overbed</p>	F 658	<p>Nursing Staff have been re-educated on the current process of not leaving medicine unattended with cognitive impaired residents. All Nursing were also re-educated about dating the accurate date when changing a dressing. Nursing Management or designee will review all review dates on dressings to assure continued accuracy of documentation.</p> <p>Audits of resident rooms for unattended medication will be preformed by DON or designee once a week for 4 weeks and then once a month for 4 months. Results of the findings and corrective actions will be reviewed monthly at QAPI meeting with Administrator and DON or designee</p> <p>All residents with wound dressings will be reviewed for the proper date on the dressing by IDCP team once a week for 4 weeks And then once a month for the next 4 months. Results of the findings and corrective action will be reviewed monthly at QAPI meeting with Administrator and Nursing Director of Nursing or designee.</p> <p>Date of compliance: 7/15/2023</p>		

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F 658	<p>Continued From page 2</p> <p>table. LPN #1 began the <u>NJ Ex Order 26. 4B1</u> at this time. LPN #1 turned Resident #1 on their side and the surveyor observed the <u>NJ Ex Order 26. 4B1</u> that was on Resident #1's <u>NJ Ex Order 26. 4B1</u> was not signed or dated. LPN #1 acknowledged to the surveyor that the <u>NJ Ex Order 26. 4B1</u> that was on the resident was not signed or dated, and that it should have been.</p> <p>On 06/06/23 at 9:10 AM, After the treatment was finished, the surveyor observed that LPN #1 repositioned Resident #1 in bed to a seated position with their overbed table positioned next to the resident.</p> <p>On 06/06/23 at 9:11 AM, the surveyor observed LPN #1 leave Resident #1's room.</p> <p>On 06/06/23 at 9:30 AM, the surveyor entered Resident #1's room and observed the <u>NJ Ex Order 26. 4B1</u> was on the resident's overbed table and that it was within the resident's reach. The surveyor interviewed Resident #1 at this time. Resident #1 stated that they did not know what the <u>NJ Ex Order 26. 4B1</u> was. Resident #1 also stated that the nursing staff clean and dress their <u>NJ Ex Order 26. 4B1</u> every day.</p> <p>The surveyor reviewed Resident #1's electronic medical record (EMR):</p> <p>The Admission Record revealed that Resident #1 was admitted to the facility on <u>NJ Ex Order 26. 4B1</u> with medical diagnoses that included but were not limited to <u>NJ Ex Order 26. 4B1</u></p>	F 658			

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F 658	<p>Continued From page 3</p> <p>The Admission Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated [REDACTED] indicated that the resident had a Brief Interview for Mental Status (BIMS) score of [REDACTED] out of a possible 15 which indicated that the resident had [REDACTED].</p> <p>The Order Summary Report (OSR) revealed that Resident #1 had an active physician's order (PO) dated [REDACTED], "[...] Resident MAY NOT administer own meds. [...]" The OSR also revealed an active PO dated [REDACTED] to "Cleanse open area to [REDACTED] with [REDACTED], apply [REDACTED] and [REDACTED] once daily every day shift for [REDACTED]."</p> <p>The [REDACTED] Treatment Administration Record (TAR) revealed that LPN #1 had signed that she had completed the previous [REDACTED] on [REDACTED].</p> <p>During an interview with the surveyor on 06/06/23 at 9:34 AM, LPN #1 stated that the [REDACTED] was dedicated to Resident #1 and that, "I can throw that in the trash."</p> <p>During an interview with the surveyor on 06/06/23 at 12:05 PM, The Licensed Practical Nurse/Unit Manager (LPN/UM) stated that LPN #1 should not have left the [REDACTED] in Resident #1's room because it was a potential safety issue.</p> <p>During an interview with the surveyor on 06/06/23 at 2:11 PM, the Director of Nursing (DON) stated that the [REDACTED] should not have been left in Resident #1's room and that it should have</p>	F 658			

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F 658	<p>Continued From page 4</p> <p>been discarded after LPN #1 finished the <u>NJ Ex Order 26. 4B1</u>.</p> <p>The facility policy, "Administering Medications" with an updated date of <u>NJ Ex Order 26. 4B1</u> indicated in the "Policy Interpretation and Implementation" section, "13. Residents may self-administer their own medications only if the Attending Physician, in conjunction with the Interdisciplinary Care Planning Team, has determined that they have the decision-making capacity to do so safely."</p> <p>2. On 06/06/23 at 9:36 AM, the LPN/ UM and the surveyor entered Resident #2's room. The surveyor observed that Resident #2 had four border <u>NJ Ex Order 26. 4B1</u> covering <u>NJ Ex Order 26. 4B1</u> on their <u>NJ Ex Order 26. 4B1</u> and one border <u>NJ Ex Order 26. 4B1</u> covering a <u>NJ Ex Order 26. 4B1</u> on their <u>NJ Ex Order 26. 4B1</u>. The surveyor observed that none of these <u>NJ Ex Order 26. 4B1</u> were signed or dated. The LPN/UM stated that Resident #2's <u>Ex Order 26. 4B1</u> were supposed to be changed every day and that <u>NJ Ex Order 26. 4B1</u> should have been signed and dated to make sure that they were changed daily.</p> <p>During an interview with the surveyor on 06/06/23 at 9:43 AM, Resident #2 stated that the staff change their <u>NJ Ex Order 26. 4B1</u> every day.</p> <p>The surveyor reviewed Resident #2's EMR:</p> <p>The Admission Record revealed that Resident #2 was admitted to the facility on <u>NJ Ex Order 26. 4B1</u> with medical diagnoses which included but were not limited to <u>NJ Ex Order 26. 4B1</u></p>	F 658			

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F 658	Continued From page 5 The OSR revealed a ^{NJ Ex Order 26. 4B1} active PO to, "Cleanse ^{NJ Ex Order 26. 4B1} with ^{NJ Ex Order 26. 4B1} ^{NJ Ex Order 26. 4B1} apply ^{NJ Ex Order 26. 4B1} daily & PRN [as needed] every day shift for ^{NJ Ex Order 26. 4B1} ." The ^{NJ Ex Order 26. 4B1} TAR revealed that nurses documented that they changed Resident #2's ^{NJ Ex Order 26. 4B1} ^{NJ Ex Order 26. 4B1} on ^{NJ Ex Order 26. 4B1} . The Admission MDS dated ^{NJ Ex Order 26. 4B1} indicated that Resident #2 had a BIMS score of ^{NJ Ex} out of 15 which indicated that they were ^{NJ Ex Order 26. 4B1} . ^{NJ Ex Order 26. 4B1} . The MDS also indicated that the resident had ^{NJ Ex Order 26. 4B1} . During an interview with the surveyor on 06/06/23 at 2:11 PM, the Director of Nursing (DON) stated it was best practice for ^{NJ Ex Order 26. 4B1} to be dated because then it was known when the ^{NJ Ex Order 26. 4B1} was last changed. On 06/06/23 at 3:34 PM, the surveyor expressed these concerns to the DON, Licensed Nursing Home Administrator (LNHA), Regional LNHA, and Regional Clinical Supervisor. No additional information was provided. The facility policy "Wound Care" with an updated date of 10/21 indicated in the "Steps in the Procedure" section, "8. Dress wound. Mark tape with initials, time, and date and apply to dressing [...]." NJAC 8:39-11.2(b), 8:39-29.4(h) Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)	F 658			
F 880 SS=D		F 880			7/15/23

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F 880	<p>Continued From page 6</p> <p>§483.80 Infection Control The facility must establish and maintain an 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,</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>depending upon the infectious agent or organism 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: Complaint #: NJ00163579</p> <p>Based on observation, interview, and review of facility documentation, it was determined that the facility failed to 1.) implement infection control techniques that would decrease the possibility of spreading infection during a <u>NJ Ex Order 26. 4B1</u> for 1 of 1 <u>NJ Ex Order 26. 4B1</u> observed (Resident #1) and 2.) follow enhanced barrier precautions during a <u>NJ Ex Order 26. 4B1</u> for 1 of 1 <u>NJ Ex Order 26. 4B1</u> observed (Resident #1).</p>	F 880	<p>F880</p> <p>Resident #1 was immediately assessed and was found to be unaffected by the deficient practice of LPN #1</p> <p>All residents have the ability to be affected by the deficient practice.</p> <p>Audits were done with residents with enhanced barriers and residents with wounds were reviewed and no other</p>		

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F 880	<p>Continued From page 9</p> <p>On 06/06/23 at 8:54 AM, LPN #1 went into the hallway and returned to Resident #1's room carrying supplies for <u>NJ Ex Order 26. 4B1</u> including washcloths and an <u>NJ Ex Order 26. 4B1</u>. LPN #1 went to the resident's bathroom and wet the washcloths.</p> <p>On 06/06/23 at 8:57 AM, LPN #1 donned (put on) gloves and approached the resident. LPN #1 unlatched the resident's <u>NJ Exec Order 26.4b1</u> and turned the resident on their side. The surveyor observed a <u>NJ Ex Order 26. 4B1</u> on Resident #1's <u>NJ Ex Order 26. 4B1</u> between the resident's <u>NJ Ex Order 26. 4B1</u>. LPN #1 removed the <u>NJ Ex Order 26. 4B1</u> and discarded it in the trash can. LPN #1 then used the wet washcloths to wipe <u>NJ Ex Order 26. 4B1</u> out of the <u>NJ Ex Order 26. 4B1</u> between the resident's <u>NJ Ex Order 26. 4B1</u>.</p> <p>On 06/06/23 at 9:01 AM, The surveyor observed as LPN #1 poured the <u>NJ Ex Order 26. 4B1</u> on the gauze pads and began to clean Resident #1's <u>NJ Ex Order 26. 4B1</u> with the saline solution. The surveyor observed that LPN #1 did not change gloves and did not perform hand hygiene between when they finished providing <u>NJ Ex Order 26. 4B1</u> and when they began to clean the resident's <u>NJ Ex Order 26. 4B1</u>. LPN #1 applied <u>NJ Ex Order 26. 4B1</u> to the <u>NJ Ex Order 26. 4B1</u> and covered it with a <u>NJ Ex Order 26. 4B1</u> before they applied a new <u>NJ Ex Order 26. 4B1</u> to the resident, rolled the resident on their back, and doffed (took off) gloves. LPN #1 did not wear an isolation gown during any portion of the <u>NJ Ex Order 26. 4B1</u> or <u>NJ Ex Order 26. 4B1</u>.</p> <p>On 06/06/23 at 9:09 AM, the surveyor observed LPN #1 discard <u>Ex Order 26. 4B1</u> supplies including the <u>NJ Ex Order 26. 4B1</u> and leave the</p>	F 880			

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F 880	<p>Continued From page 10</p> <p>resident's room with the trash bag and the remaining pack of [REDACTED] NJ Ex Order 26.4b1. The surveyor observed that the LPN failed to sanitize the overbed table after finishing the [REDACTED] NJ Ex Order 26.4B1 [REDACTED].</p> <p>On 06/06/23 at 9:11 AM, the surveyor observed as LPN #1 returned the pack of [REDACTED] NJ Ex Order 26.4B1 that was on the resident's uncleaned overbed to the [REDACTED] NJ Ex Order [REDACTED] treatment cart.</p> <p>During an interview with the surveyor on 06/06/23 at 9:17 AM, LPN #1 stated that Resident #1 was not on any [REDACTED] NJ Ex Order 26.4B1 [REDACTED]. She stated that she should have sanitized the resident's overbed table prior to placing [REDACTED] Ex Order 26.4B1 [REDACTED] supplies on it. LPN #1 continued that she should have thrown the pack of [REDACTED] away and not returned it to the treatment cart. LPN #1 stated that she changed gloves between providing [REDACTED] NJ Ex Order 26.4B1 for the resident and touching the [REDACTED] NJ Ex Order [REDACTED] to clean the resident's [REDACTED] NJ Ex Order 26.4B1. The surveyor stated that she observed that the gloves were not changed.</p> <p>During an additional interview with the surveyor on 06/06/23 at 11:25 AM, LPN #1 stated that Resident #1 was on enhanced barrier precautions and acknowledged that she should have worn an isolation gown during [REDACTED] NJ Ex Order 26.4B1. LPN #1 also stated that she should have cleaned the resident's overbed table after she completed [REDACTED] Ex Order 26.4B1.</p> <p>The surveyor reviewed Resident #1's electronic medical record:</p> <p>The Admission Record revealed that Resident #1 was admitted to the facility on [REDACTED] NJ Ex Order 26.4B1 with</p>	F 880			

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315094	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/06/2023
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT MERCERVILLE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2240 WHITEHORSE-MERCERVILLE ROAD MERCERVILLE, NJ 08619		
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F 880	<p>Continued From page 11</p> <p>medical diagnoses that included but were not limited to <u>NJ Ex Order 26. 4B1</u> [REDACTED].</p> <p>The <u>NJ Ex Order 26. 4B1</u> Minimum Data Set, an assessment tool used to facilitate the management of care indicated that the resident had a Brief Interview for Mental Status score of <u>NJ Ex</u> out of a possible 15 which indicated that the resident had <u>NJ Ex Order 26. 4B1</u> [REDACTED].</p> <p>The Order Summary Report revealed that Resident #1 had an active physician's order dated <u>NJ Ex Order 26. 4B1</u> to "Cleanse open area to <u>NJ Ex Order 26. 4B1</u> with <u>NJ Ex Order 26. 4B1</u>, apply <u>NJ Ex Order 26. 4B1</u> and <u>NJ Ex Order 26. 4B1</u> once daily every day shift for <u>NJ Ex Order 26. 4B1</u>."</p> <p>The <u>NJ Ex Order 26. 4B1</u> enhanced barrier precautions care plan indicated, "[Resident #1] requires enhanced barrier precautions <u>NJ Ex Order 26. 4B1</u> [REDACTED]. Resident has ar <u>NJ Ex Order 26. 4B1</u> [REDACTED]: <u>NJ Ex Order 26. 4B1</u> [REDACTED], Resident has any <u>NJ Exec Order 26.4b1</u> requiring a <u>NJ Exec Order 26.4b1</u> [REDACTED].</p> <p>During an interview with the surveyor on 06/06/23 at 12:05 PM, the Licensed Practical Nurse/ Unit Manager (LPN/UM) stated that she expected that a nurse would sanitize a resident's overbed table prior to placing <u>NJ Ex Order 26. 4B1</u> supplies on it. She stated that Resident #1 was on enhanced barrier precautions and that staff needed to wear a gown and gloves during <u>NJ Ex Order 26. 4B1</u> [REDACTED]. The LPN/UM stated that the pack of <u>NJ Exec Order</u> [REDACTED] that went into the resident's room should not have been</p>	F 880			

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NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT MERCERVILLE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2240 WHITEHORSE-MERCERVILLE ROAD MERCERVILLE, NJ 08619		
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F 880	<p>Continued From page 12</p> <p>returned to the treatment cart and that it should have been placed in the garbage. She continued that hand hygiene should be completed when moving from "dirty to clean" during resident care.</p> <p>During an interview with the surveyor on 06/06/23 at 2:11 PM, the Director of Nursing (DON) stated that LPN #1 should have cleaned the overbed table when the breakfast tray was removed. The DON stated that LPN #1 should have, "followed the sign on the door" and wore an isolation gown during the <u>NJ Ex Order 26.4B1</u>. The DON continued that the LPN should have changed gloves between performing <u>NJ Ex Order 26.4B1</u> and <u>NJ Ex Order 26.4B1</u> and that hand hygiene should have been completed when changing gloves. The DON stated that the pack of <u>NJ Ex Order</u> should not have been brought into the resident's room because LPN #1 should have just taken what she needed into the resident's room. The DON continued that if a pack of <u>NJ Ex Order</u> did go into the resident's room that it should not have been returned to the treatment cart after.</p> <p>On 06/06/23 at 3:34 PM, the surveyor expressed these concerns to the DON, Licensed Nursing Home Administrator (LNHA), Regional LNHA, and Regional Clinical Supervisor. No additional information was provided.</p> <p>The facility policy, "Wound Care", with a reviewed date of 10/21 included under the "Steps in the Procedure" section to "1. Use disposable cloth (paper towel is adequate) to establish clean field on resident's overbed table. Place all items to be used during procedure on the clean field. Arrange the supplies so they can be easily reached." "4. Put on exam glove. Loosen tape and remove dressing. Pull glove over dressing and discard</p>	F 880			

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NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT MERCERVILLE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2240 WHITEHORSE-MERCERVILLE ROAD MERCERVILLE, NJ 08619		
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F 880	<p>Continued From page 13</p> <p>into appropriate receptacle. Wash and dry your hands thoroughly." "12. Use clean field saturated with alcohol to wipe overbed table. "15. Take only the disposable supplies that are necessary for the treatment into the room. Disposable supplies cannot be returned to the cart."</p> <p>The facility policy, "Handwashing/Hand Hygiene", with a reviewed date of 1/22 included under the "Policy Interpretation and Implementation Section" to "Use an alcohol-based hand rub containing at least 70% alcohol; or alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: [...] g. Before handling clean or soiled dressings, gauze pads, etc.; h. Before moving from a contaminated body site to a clean body site during resident care; i. After contact with a resident's intact skin; [...] k. After handling used dressings, contaminated equipment, etc.; [...] m. After removing gloves; n. Before and after entering isolation precaution settings;."</p> <p>The facility policy, "Enhanced Barrier Precautions Policy and Procedure", with an adapted date of 11/21/22 indicated under the "Policy" section "EBP [Enhanced Barrier Precautions] will be implemented (when Contact Precautions do not otherwise apply for residents with any of the following: Wounds or indwelling medical devices, regardless of MDRO [Multi-Drug Resistant Organism] colonization status." The policy also indicated, "Examples of high-contact resident care activities requiring gown and glove use for Enhanced Barrier Precautions include: [...] Wound care: any skin opening requiring a dressing."</p> <p>NJAC 8:39-19.4 (a, n).</p>	F 880			

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NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT MERCERVILLE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2240 WHITEHORSE-MERCERVILLE ROAD MERCERVILLE, NJ 08619		
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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061106	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/06/2023
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT MERCERVILLE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2240 WHITEHORSE-MERCERVILLE ROAD MERCERVILLE, NJ 08619		
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S 000	Initial Comments Complaint #: NJ00163579 Census: 96 Sample: 4 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 interview and facility document review on 06/06/2023, 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 10 of 14 day shifts reviewed. This deficient practice had the potential to affect all residents. Findings include: Reference: New Jersey Department of Health	S 560	S560 Staffing ratio requirements were reviewed with the staffing coordinator. Education on ratio requirements provided by administrator on importance of meeting these requirements. All residents could have been affected by this deficient practice. Audit of staffing conducted the ascertain	7/15/23

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

TITLE

(X6) DATE

Electronically Signed

06/27/23

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061106	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/06/2023
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT MERCERVILLE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2240 WHITEHORSE-MERCERVILLE ROAD MERCERVILLE, NJ 08619		
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S 560	<p>Continued From page 1</p> <p>(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 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>1. A review of the "Nurse Staffing Report" completed by the facility for the weeks of 05/21/23 to 05/27/23 and 05/28/23 to 06/2/23 revealed the staffing to resident ratios did not meet the minimum requirement of 1 CNA to 8 residents for the day shift.</p> <p>The facility was deficient in CNA staffing for 10 of 14 day shifts as follows:</p> <p>-05/21/23 had 11 CNAs for 98 residents on the day shift, required 12 CNAs. -05/22/23 had 9 CNAs for 96 residents on the day shift, required 12 CNAs. -05/23/23 had 8 CNAs for 95 residents on the day</p>	S 560	<p>staff willing to work overtime shifts. 3 agency contracts maintained. Staffing coordinator to send all needs to agencies 4 weeks in advance. Recruiters designated to increase efforts of CNA recruitment to meet ratios requirements. Staffing coordinators to send needs to recruiter weekly and communicate interview scheduling. Review per diem hire rates.</p> <p>Daily audit conducted for 1 month then weekly for 2 months by staffing coordinator.</p> <p>Administrator or designee to review and monitor on quarterly QA meeting 3 months effectiveness of plan.</p> <p>Date of compliance: 7/15/2023</p>	

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061106	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 06/06/2023
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT MERCERVILLE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2240 WHITEHORSE-MERCERVILLE ROAD MERCERVILLE, NJ 08619		
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S 560	<p>Continued From page 2</p> <p>shift, required 12 CNAs. -05/24/23 had 9 CNAs for 95 residents on the day shift, required 12 CNAs. -05/25/23 had 7 CNAs for 95 residents on the day shift, required 12 CNAs. -05/26/23 had 7 CNAs for 95 residents on the day shift, required 12 CNAs. -05/28/23 had 10 CNAs for 95 residents on the day shift, required 12 CNAs. -05/30/23 had 10 CNAs for 94 residents on the day shift, required 12 CNAs. -06/01/23 had 9 CNAs for 92 residents on the day shift, required 11 CNAs. -06/02/23 had 10 CNAs for 92 residents on the day shift, required 11 CNAs.</p> <p>During an interview with the surveyor on 06/06/23 at 3:34 PM, the Licensed Nursing Home Administrator stated that they were aware of the state staffing regulations. The Director of Nursing stated that the facility had a job fair, flyers, sign-on bonuses, and extra shift bonuses to recruit staff and to entice current staff to work open shifts.</p>	S 560			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315094	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/7/2023
NAME OF FACILITY COMPLETE CARE AT MERCERVILLE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2240 WHITEHORSE-MERCERVILLE ROAD MERCERVILLE, NJ 08619	

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 F0658	Correction	ID Prefix F0880	Correction	ID Prefix	Correction
Reg. # 483.21(b)(3)(i)	Completed	Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. #	Completed
LSC	07/15/2023	LSC	07/15/2023	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 6/6/2023		<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 061106	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/7/2023
NAME OF FACILITY COMPLETE CARE AT MERCERVILLE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2240 WHITEHORSE-MERCERVILLE ROAD MERCERVILLE, NJ 08619	

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	07/15/2023	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	
REVIEWED BY CMS RO <input type="checkbox"/>		REVIEWED BY (INITIALS)		DATE	
FOLLOWUP TO SURVEY COMPLETED ON 6/6/2023		<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			