STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315136	A. BUILDING _____ B. WING _____	C 07/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT SHREWSBURY LLC	**89 AVENUE AT THE COMMON SHREWSBURY, NJ 07702**

(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 # NJ00175673 CENSUS: 91 SAMPLE SIZE 3 THE FACILITY IS NOT IN COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000		
F 606 SS=D	Not Employ/Engage Staff w/ Adverse Actions CFR(s): 483.12(a)(3)(4) §483.12(a) The facility must- §483.12(a)(3) Not employ or otherwise engage individuals who- (i) Have been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law; (ii) Have had a finding entered into the State nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property; or (iii) Have a disciplinary action in effect against his or her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property. §483.12(a)(4) Report to the State nurse aide registry or licensing authorities any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff.	F 606		8/9/24

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

Electronically Signed | 08/05/2024

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 606	Continued From page 1 This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ00175673 Based on interview, employee file review, and review of other pertinent documents on 7/23/24, it was determined that the facility failed to obtain and keep a record of an employee certification verification and to implement their Abuse, Neglect, Exploitation and Misappropriation Prevention Program. This deficient practice was identified for 1 of 3 sampled agency employees (Certified Nursing Assistant #1) during the employee file review. The deficient practice was evidenced by the following: Review of the facility policy titled "Abuse, Neglect, Exploitation and Misappropriation Prevention Program," reviewed on 5/2023, indicated "...The resident abuse, neglect and exploitation prevention program consists of a facility-wide commitment and resource allocation to support the following objectives: 1. Protect residents from abuse, neglect, exploitation or misappropriation of property by anyone including, but not necessarily limited to...e. staff from agencies...2. Develop and implement policies and protocols to prevent and identify: a. abuse or mistreatment of residents; b. neglect of residents...4. Conduct employee background checks and not knowingly employ or otherwise engage any individual who has: a. been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law; b. had a finding entered into the state nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property; or c. a disciplinary action in effect against his or her	F 606	a. Immediate action(s) taken for the resident(s) found to have been affected include: C.N.A #1 was placed on list to [redacted] from Agency Vendor on [redacted]. [redacted] and [redacted] were in-service on verification of employee certification via State Nurse Aide Registry and licensing authorities (New Jersey Department of Health Certificate of Need and Licensing). Once confirmed that certification is active, a hard copy of the active license will be placed in employee file before picking up a shift or working at facility. b. Identification of other residents having the potential to be affected was accomplished by: The facility has determined that current residents residing in the facility have the potential to be affected by the deficient practice. Human Resource Director and Staffing Coordinator verified that all current licensed employees have an active and valid license on 7/24/24 and moving forward. Human Resource and Staffing Coordinator were in-serviced by the Licensed Nursing Home Administrator on verification of employee certification via State Nurse Aide Registry or licensing authorities (New Jersey Department of Health Certificate of Need and Licensing). Who confirms certification are active and a hard copy of the active license, will be placed in employee file before picking up a shift or working at facility on 7/24/24 and	

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F 606	Continued From page 2 professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property..." On 7/23/24, the surveyors reviewed 3 sampled agency employees and reviewed their pre-employment file. A review of CNA #1's employee file (EF) revealed that an orientation checklist was done on [NJ Exec Order 26.4b] by the facility. The EF further revealed the CNAs "Profile" compiled on [NJ Exec Order 26], obtained from the Agency Company. The Profile revealed that CNA #1's credential was created on [NJ Exec Order 26], the credential indicated that her "License Status" was "Active." The Profile further revealed that the CNAs "Background Check" was completed on [NJ Exec Order 26.4b] During an interview conducted by the surveyors on 7/23/24 at 12:53 p.m. with the [US FOIA (b)(6)] and the [US FOIA (b)(6)]). The [US FOIA (b)(6)] stated that when a new agency employee comes in the building, the facility verifies the employee's certification through "Online Public Registry" (OPR). The [US FOI] stated that CNA #1's certification was "visually check" on or after [NJ Exec Orde] (unable to recall exact date). On 7/23/24 at 3:04 p.m., the surveyors contacted New Jersey Department of Health Certificate of Need and Licensing, who confirmed that CNA #1's certification was "Suspended" since [NJ Exec Orde] and this would have been noted if it was verified by the facility in [NJ Exec Order 26.4b1]	F 606	moving forward. c. Actions taken/systems put into place to reduce the risk of future occurrence include: [US FOIA (b)(6)] were in-serviced by the Licensed Nursing Home Administrator on verification of employee certification via State Nurse Aide Registry or licensing authorities (New Jersey Department of Health Certificate of Need and Licensing) that confirms certification is active and a hard copy of the active license will be placed in employee file before picking up a shift or working at facility on 7/24/24 and moving forward. The Human Resource Manager will audit employee files of newly hired employees and agency staff weekly x4 weeks and then monthly x 2 months to verify that all employee license are active. d. How the corrective action(s) will be monitored to ensure the practice will not recur: The Human Resource Manager will audit employee files of newly hired employees and agency staff weekly x4 weeks and then monthly x 2 months to verify that all employee□s license are active and hard copies are available in each employee file. Results of these audits will be presented to the Quality Assurance Performance Improvement Committee monthly x 3 months for review and additional recommendations.	

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F 606	Continued From page 3 The facility was unable to provide documentation evidence that CNA #1's certification was verified before providing care to the residents on [NJ Exec Order 26] and [NJ Exec Order 26.4b] Review of the job description Human Resource Director, dated 9/28/2022, indicated "Purpose of Your Job Position...is to manage the Human Resources department in accordance with current applicable federal, state, and local standards, guidelines, and regulations. To follow all company policies and apply them uniformly to all employees as directed by your Administrator and the Director of Human Resources. To assure that qualified personnel are interviewed, trained and employed. To timely perform all administrative tasks with regards to personnel actions...Duties and Responsibilities...Administrative Functions...Check applications and references of prospective employees and arrange for interview with department managers as required or requested...Also files applications for positions, by positions or alphabetically, to include job applications, resume, reference checks, etc. of that person meeting eligibility requirements for the position to which they applied...Develop, implement and maintain an adequate personnel filing system that meets the needs of the facility and complies with current employment practices..." N.J.A.C 8:39-9.3(b)	F 606		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S 000	Initial Comments Complaint #s: NJ00175673 Survey Census: 91 Sample Size: 3 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: Complaint #s: NJ00175673 Based on review of pertinent facility documentation, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratios as mandated by the state of New Jersey for 5 of 14 day shifts as follows: This deficient practice had the potential to affect all residents. Findings include:	S 560	1. All efforts to hire facility Certified Nursing Aide(s) will continue until there is adequate staff to serve all residents. Until the time, facility will utilize staffing agencies to fill any open spots in the schedule. Contracts with additional staffing agencies will be secured to supplement facility staff. Hiring and recruitment efforts including wage analysis and adjustments, pay for experience, online job listing, job fairs, shift	8/9/24

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

Electronically Signed | 08/05/24

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S 560	Continued From page 1 Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021: One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and one direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties. As per the "Nurse Staffing Report" completed by the facility for the 8 weeks of staffing from; from 07/07/2024 to 07/20/2024 for the 07/23/2024, the staffing to resident ratios did not meet the minimum requirement of one CNA to eight residents for the day shift, one direct care staff member to every 10 residents for the evening shift and one direct care staff member to every 14 residents for the night shift as documented below: For the week of staffing from 07/07/2024 to 07/20/2024 for the 07/23/2024, the facility was deficient in CNA staffing for residents on 5 of 14 day shifts as follows: -07/07/24 had 10 CNAs for 98 residents on the	S 560	differentials and referral bonuses are being utilized to become more competitive in the marketplace and surrounding area. In addition, daily and weekly meetings with the staffing coordinator. No resident was affected by this deficient practice. 2. All residents have the potential to be affected by this deficient practice. Therefore, this applies to all residents (current and future). 3. Contracts with additional staffing agencies will be secured to supplement facility staff. Hiring and recruitment efforts including wage analysis and adjustments, pay for experience, online job listings, job fairs, shift differentials and referral bonuses are being utilized to become more competitive in the marketplace and surrounding area. In addition, daily and weekly meetings with the staffing coordinator. 4. The results of these reviews will be submitted to the (Quarterly Assurance Performance Improvement (QAPI) committee monthly x 3months for review. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting/review.	

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S 560	Continued From page 2 day shift, required at least 12 CNAs. -07/08/24 had 11 CNAs for 95 residents on the day shift, required at least 12 CNAs. -07/09/24 had 11 CNAs for 94 residents on the day shift, required at least 12 CNAs. -07/10/24 had 11 CNAs for 93 residents on the day shift, required at least 12 CNAs. -07/14/24 had 11 CNAs for 96 residents on the day shift, required at least 12 CNAs.	S 560		
S 830	8:39-9.3(b) Mandatory Administration (b) The facility shall make reasonable efforts to ensure that staff providing direct care to residents in the facility are in good physical and mental health, emotionally stable, of good moral character, and are concerned for the safety and well-being of residents; and have not been convicted of a crime relating adversely to the person's ability to provide care, such as homicide, assault, kidnapping, sexual offenses, robbery, and crimes against the family, children or incompetents, except where the applicant or employee with a criminal history has demonstrated his rehabilitation in order to qualify for employment at the facility. ("Reasonable efforts" shall include an inquiry on the employment application, reference checks, and/or criminal background checks where indicated or necessary.) This REQUIREMENT is not met as evidenced by:	S 830		8/9/24

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S 830	Continued From page 3 COMPLAINT #: NJ00175673 Based on interview, employee file review, and review of other pertinent documents on 7/23/24, it was determined that the facility failed to obtain and keep a record of an employee certification verification and to implement their Abuse, Neglect, Exploitation and Misappropriation Prevention Program. This deficient practice was identified for 1 of 3 sampled agency employees (Certified Nursing Assistant #1) during the employee file review. The deficient practice was evidenced by the following: Review of the facility policy titled "Abuse, Neglect, Exploitation and Misappropriation Prevention Program," reviewed on 5/2023, indicated "...The resident abuse, neglect and exploitation prevention program consists of a facility-wide commitment and resource allocation to support the following objectives: 1. Protect residents from abuse, neglect, exploitation or misappropriation of property by anyone including, but not necessarily limited to...e. staff from agencies...2. Develop and implement policies and protocols to prevent and identify: a. abuse or mistreatment of residents; b. neglect of residents...4. Conduct employee background checks and not knowingly employ or otherwise engage any individual who has: a. been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law; b. had a finding entered into the state nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property; or c. a disciplinary action in effect against his or her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or	S 830	a. Immediate action(s) taken for the resident(s) found to have been affected include: C.N.A #1 was placed on list to [NJ Exec Order 26.4] [redacted] from Agency Vendor on [NJ Exec Order 2] [redacted]. Human Resource Director and Staffing Coordinator were in-service on verification of employee certification via State Nurse Aide Registry and licensing authorities (New Jersey Department of Health Certificate of Need and Licensing). Once confirmed that certification is active, a hard copy of the active license will be placed in employee file before picking up a shift or working at facility. b. Identification of other residents having the potential to be affected was accomplished by: The facility has determined that current residents residing in the facility have the potential to be affected by the deficient practice. Human Resource Director and Staffing Coordinator verified that all current licensed employees have an active and valid license on 7/24/24 and moving forward. Human Resource and Staffing Coordinator were in-serviced by the Licensed Nursing Home Administrator on verification of employee certification via State Nurse Aide Registry or licensing authorities (New Jersey Department of Health Certificate of Need and Licensing). Who confirms certification are active and a hard copy of the active license, will be placed in employee file before picking up a shift or working at facility on 7/24/24 and moving forward. c. Actions taken/systems put into place to reduce the risk of future occurrence	

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S 830	Continued From page 4 misappropriation of resident property..." On 7/23/24, the surveyors reviewed 3 sampled agency employees and reviewed their pre-employment file. A review of CNA #1's employee file (EF) revealed that an orientation checklist was done on [NJ Exec Order 26.4b] by the facility. The EF further revealed the CNAs "Profile" compiled on [NJ Exec Order 2], obtained from the Agency Company. The Profile revealed that CNA #1's credential was created on [NJ Exec Order 2], the credential indicated that her "License Status" was "Active." The Profile further revealed that the CNAs "Background Check" was completed on [NJ Exec Order 26.4]. During an interview conducted by the surveyors on 7/23/24 at 12:53 p.m. with the Human Resources (HR) and the License Nursing Home Administrator (LNHA). The HR and LNHA stated that when a new agency employee comes in the building, the facility verifies the employee's certification through "Online Public Registry" (OPR). The HR stated that CNA #1's certification was "visually check" on or after [NJ Exec Order 2] (unable to recall exact date). On 7/23/24 at 3:04 p.m., the surveyors contacted New Jersey Department of Health Certificate of Need and Licensing, who confirmed that CNA #1's certification was "Suspended" since [NJ Exec Order 2] and this would have been noted if it was verified by the facility in [NJ Exec Order 26.4b1]. The facility was unable to provide documentation evidence that CNA #1's certification was verified before providing care to the residents on [NJ Exec Order 2] and [NJ Exec Order 26.4b]	S 830	include: Human Resource and Staffing Coordinator were in-serviced by the Licensed Nursing Home Administrator on verification of employee certification via State Nurse Aide Registry or licensing authorities (New Jersey Department of Health Certificate of Need and Licensing) that confirms certification is active and a hard copy of the active license will be placed in employee file before picking up a shift or working at facility on 7/24/24 and moving forward. The Human Resource Manager will audit employee files of newly hired employees and agency staff weekly x4 weeks and then monthly x 2 months to verify that all employee license are active. d. How the corrective action(s) will be monitored to ensure the practice will not recur: The Human Resource Manager will audit employee files of newly hired employees and agency staff weekly x4 weeks and then monthly x 2 months to verify that all employee□s license are active and hard copies are available in each employee file. Results of these audits will be presented to the Quality Assurance Performance Improvement Committee monthly x 3 months for review and additional recommendations.	

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S 830	Continued From page 5 Review of the job description Human Resource Director, dated 9/28/2022, indicated "Purpose of Your Job Position...is to manage the Human Resources department in accordance with current applicable federal, state, and local standards, guidelines, and regulations. To follow all company policies and apply them uniformly to all employees as directed by your Administrator and the Director of Human Resources. To assure that qualified personnel are interviewed, trained and employed. To timely perform all administrative tasks with regards to personnel actions...Duties and Responsibilities...Administrative Functions...Check applications and references of prospective employees and arrange for interview with department managers as required or requested...Also files applications for positions, by positions or alphabetically, to include job applications, resume, reference checks, etc. of that person meeting eligibility requirements for the position to which they applied...Develop, implement and maintain an adequate personnel filing system that meets the needs of the facility and complies with current employment practices..."	S 830		

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315136 Y1	A. Building B. Wing Y2	8/23/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT SHREWSBURY LLC	89 AVENUE AT THE COMMON SHREWSBURY, NJ 07702

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 F0606	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.12(a)(3)(4)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	08/09/2024	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 ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
7/23/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
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NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT SHREWSBURY LLC	89 AVENUE AT THE COMMON SHREWSBURY, NJ 07702

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 S0830	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. # 8:39-9.3(b)	Completed	Reg. #	Completed
LSC	08/09/2024	LSC	08/09/2024	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
7/23/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO