

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

PRINTED: 03/16/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315362		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/24/2022	
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT PARK PLACE, LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 2 DEER PARK DRIVE MONMOUTH JUNCTION, NJ 08852			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	<p>INITIAL COMMENTS</p> <p>COMPLAINT#: NJ152973</p> <p>CENSUS: 91</p> <p>SAMPLE SIZE: 3</p> <p>THE FACILITY IS IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.</p>			F 000			

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

TITLE

(X6) DATE

Electronically Signed

06/10/2022

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.

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061345	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/24/2022
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S 000	Initial Comments THE FACILITY WAS 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#: NJ152973 Based on interviews and facility document review, it was determined that the facility failed to ensure staffing ratios were met for 14 of 14 day shifts and 3 of 14 overnight shifts reviewed. There had been no increase in the resident census for a period of nine consecutive shifts. This deficient practice had the potential to affect all residents. Findings include: Reference: New Jersey Department of Health	S 560	Deficiency: F836 1. HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE PRACTICE: Administrator and staffing coordinator went to local CNA school for recruitment. TNA's are referred to nurse aide training programs for CNA licenses. There is an recruitment advertisement for LPNS, CNAS and RNS. Management is conducting weekly analysis on CNA	6/27/22

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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 as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every 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.</p> <p>1. For the weeks of 2/20/2022 through 3/5/2022, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts and deficient in total staff for residents on 3 of 14 overnight shift as follows:</p> <p>On 02/20/22 had 8 CNAs for 86 residents on the day shift, required 11 CNAs. On 02/21/22 had 9 CNAs for 85 residents on the day shift, required 11 CNAs. On 02/22/22 had 8 CNAs for 85 residents on the day shift, required 11 CNAs. On 02/23/22 had 8 CNAs for 85 residents on the day shift, required 11 CNAs. On 02/24/22 had 8 CNAs for 85 residents on the day shift, required 11 CNAs. On 02/25/22 had 9 CNAs for 85 residents on the day shift, required 11 CNAs.</p>	S 560	<p>needs.</p> <p>2. HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE: The supervisor and staffing coordinator will audit the staffing par for each unit every shift.</p> <p>3. WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: The staffing coordinator will audit the staffing par daily and staff each unit accordingly to the unit census.</p> <p>4. HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR, I.E., WHAT QUALITY ASSURANCE PROGRAM WILL BE PUT INTO PLACE: The Director of Nursing /Assistant Director of Nursing along with staffing coordinator will conduct staffing/scheduling audits 2 times per week x 4 weeks to discuss staffing needs according to par levels with census. All findings will be reported during QAPI monthly.</p>	

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S 560	Continued From page 2 On 02/25/22 had 5 total staff for 85 residents on the overnight shift, required 7 total staff. On 02/26/22 had 7 CNAs for 85 residents on the day shift, required 11 CNAs. On 02/26/22 had 6 total staff for 85 residents on the overnight shift, required 7 total staff. On 02/27/22 had 8 CNAs for 85 residents on the day shift, required 11 CNAs. On 02/27/22 had 5 total staff for 85 residents on the overnight shift, required 7 total staff. On 02/28/22 had 8 CNAs for 85 residents on the day shift, required 11 CNAs. On 03/01/22 had 8 CNAs for 85 residents on the day shift, required 11 CNAs. On 03/02/22 had 8 CNAs for 85 residents on the day shift, required 11 CNAs. On 03/03/22 had 8 CNAs for 85 residents on the day shift, required 11 CNAs. On 03/04/22 had 7 CNAs for 84 residents on the day shift, required 11 CNAs. On 03/05/22 had 7 CNAs for 83 residents on the day shift, required 11 CNAs.	S 560			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061345	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 6/27/2022
NAME OF FACILITY COMPLETE CARE AT PARK PLACE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2 DEER PARK DRIVE MONMOUTH JUNCTION, NJ 08852	

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	06/27/2022	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	
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 5/24/2022		<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			