

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

PRINTED: 03/24/2022
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 02/04/2021
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	INITIAL COMMENTS Survey date: 2/4/21 Census: 71 Sample: 5 A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found to be not in compliance with 42 CFR §483.80 infection control regulations as it relates to the implementation of the CMS and Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19.	F 000			
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an 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. §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: §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	F 880			3/11/21

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

TITLE

(X6) DATE

Electronically Signed

02/12/2021

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 880	<p>Continued From page 1</p> <p>conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism 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</p>	F 880			

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F 880	<p>Continued From page 2 infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of other facility documentation, it was determined that the facility failed to utilize appropriate personal protective equipment (PPE) to prevent the potential spread of infection in accordance of Center for Disease Control and Prevention (CDC) guidelines and acceptable standards of practice.</p> <p>This deficient practice was identified for one staff member on 1 of 2 units reviewed for infection control practices and was evidenced by the following:</p> <p>On 02/04/21 at 9:30 AM, during the surveyors' entrance conference, the Administrator stated the entire facility was on patient-specific contact plus airborne precautions, and the required PPE to be worn on the units were N95/KN95 and face shields. She stated gowns needed to be worn inside the resident rooms.</p> <p>On 02/04/2021 at 9:55 AM, the surveyor observed signage on double doors before the [REDACTED] unit entrance. The doors were closed and had yellow signs that included a picture of a face shield and an N95 mask.</p> <p>During an interview with the surveyor on 02/04/2021 at 10:05 AM, the Licensed Practical Nurse (LPN) on the [REDACTED] stated the required PPE to be worn on the unit was an N95</p>	F 880	<p>F 880 Infection prevention and Control</p> <p>Improperly donning of N95 mask. Housekeeper wearing N95 mask over the surgical mask. Immediately, the staff educator and Infection preventionist in- served housekeeper prior to surveyor exit, for donning the N95 Respirator as per policy and procedure.</p> <p>All residents have potential to be affected by deficient practice.</p> <p>Responsible staff educated and validated with a competency in the presence of language interpreter with understanding, on donning N95 Respirator procedure. Staff were educated on donning N95 Respirator procedure. (and not wearing surgical mask under N95) A root cause analysis was completed and the deficiency occurred because the housekeeper was under the impression that applying a surgical mask under the N95 respirator is more safe. This employee was immediately in-served and competency with return demonstration that she understood the correct process.</p>		

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F 880	<p>Continued From page 3</p> <p>with a face shield. She said when going into the resident's room, the staff had to wear a gown.</p> <p>On 02/04/2021 at 10:40 AM, the surveyor observed a housekeeper enter the [REDACTED] with her cart and stopped in front of a resident's room. The housekeeper was observed wearing a face shield with an N95 over a surgical mask and had a gown in her hands. As the surveyor approached the housekeeper, the housekeeper walked away from the surveyor and came back with the Environmental Supervisor.</p> <p>On 02/04/2021 at 10:45 AM, the surveyor interviewed the Environmental Supervisor due to the housekeeper's language barrier. The Environmental Supervisor stated she trained the housekeeper on the proper use of the N95 with the assistance of an employee who spoke the housekeeper's language. She noted the housekeeper was not wearing the masks correctly, and the N95 should not be worn over a surgical mask because there would not be a seal, and the mask would not be effective.</p> <p>During an interview with the surveyor on 02/04/2021 at 12:00 PM, the Staff Educator and Infection Preventionist stated the facility was on contact airborne precautions. The PPE worn in the hallway was supposed to be an N95 and face shield. She further noted that staff was educated on the PPE that should be worn in the facility and on the units. She stated the document labeled, "Use of Goggles, Face shields and N95 Respirators On and Off Units" were the guidelines used in the facility for PPE use. Additionally, she stated the proper way to wear an N95 was to wear it directly on the face to create a seal, and a surgical mask should not be worn underneath an</p>	F 880	<p>Module 1 Infection Prevention and Control Program was viewed by the Topline staff and Infection Preventionist.</p> <p>CDC COVID-19 prevention Messages for Front line Long-term Care staff: Keep COVID-19 Out was viewed by front line staff and Housekeeping and Laundry.</p> <p>CDC COVID-19 Prevention Messages for Frontline Long term care staff: use PPE Correctly for COVID-19 was viewed by all staff including food service, Housekeeping, and laundry</p> <p>The Center Nurse Executive(Director of Nursing)/ Designee will complete random donning N95 audits daily x 1 week, weekly x4, then monthly x3 months. All findings will be reported and discussed monthly in Infection Control & Prevention QAPI meeting.</p>		

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F 880	<p>Continued From page 4 N95.</p> <p>A review of a document dated November 9, 2020, titled "Use of Goggles, Face Shields, and N95 Respirators on an off units" indicated that when units were placed on Contact and Airborne Precautions, the staff must wear goggles or face shields with an N95 that will serve as the universal mask for the shift.</p> <p>Review of in-service dated 12/20/20, with the topic of "Infection Control Prevention," included a brief description that face shields and N-95 were to be applied before entering the units, and gowns and gloves were to be applied and changed with each resident contact. The in-service revealed the housekeeper's attendance.</p> <p>Review of a document labeled Clinical Competency Validation: Putting on (Donning) Personal Protective Equipment (PPE)/ Taking Off (Doffing) PPE for the housekeeper revealed the housekeeper successfully completed the competency on 06/24/2020.</p> <p>According to the Center for Disease Control and Prevention (CDC), "How to Properly Put on and Take off a Disposable Respirator" included but was not limited to; Do not allow facial hair, hair, jewelry, glasses, clothing, or anything else to prevent proper placement or come between your face and the respirator.</p> <p>NJAC 8:39-19.4(a)(2);27.1(c)</p>	F 880			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315362	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/29/2021
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 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 F0880	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	03/29/2021	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 2/4/2021

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