

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

PRINTED: 07/16/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315274	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/15/2021
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NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT LAURELTON, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 475 JACK MARTIN BLVD BRICK, NJ 08724
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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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F 000	INITIAL COMMENTS Complaint #: NJ136194, NJ136601, NJ143187, NJ144226, and NJ145570 Census: 102 Sample Size: 5 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 survey.	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the	F 580		7/2/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 06/30/2021
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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 580	<p>Continued From page 1</p> <p>resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Complaint Intake: NJ136601</p> <p>Based on record review, staff interviews, and facility policy review, it was determined that the facility failed to notify the responsible party (RP) of a resident's change in condition. The RP was not notified of the resident's [REDACTED] results and that new medication was administered. This affected 1 of 3 residents (Resident #2) reviewed for notification of changes in condition.</p> <p>Findings include:</p> <p>1. Resident #2 was admitted to the facility on [REDACTED] with diagnoses that included [REDACTED]</p>	F 580	<p>This plan of correction constitutes our written allegation of compliance for the deficiencies cited. However, submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by state and federal law</p> <p>F580: SCOPE and SEVERITY = D Notify of Changes (Injury/ Decline/ Room, etc.) CFR(S) 483.10(g)(14)(i)-(iv)(15)</p> <p>1. CORRECTIVE ACTIONS ACCOMPLISHED FOR RESIDENTS</p>		

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F 580	<p>Continued From page 2</p> <p>██████████. Resident #2's Minimum Data Set (MDS) dated ██████████ indicated the resident's cognition was intact, with a Brief Interview of Mental Status (BIMS) of ██████ out of ██████</p> <p>A review of Resident's #2's face sheet revealed a friend as the RP (RP #1).</p> <p>A review of a nurse's note by Licensed Practical Nurse #1, dated ██████████ at 10:42 PM, indicated the medical doctor (MD) was notified of the resident's ██████████ results. New orders were received for a ██████████, ██████████. Staff was to maintain droplet precautions. There was no documentation that RP #1 was notified of the positive ██████████ and of the new medication ordered by the doctor.</p> <p>LPN #1 was not available for an interview as this nurse was no longer employed at the facility.</p> <p>On 06/14/2021 at 12:59 PM, an interview was completed with the Director of Nurses (DON). The DON verified there was no documentation that RP #1 was notified that Resident #2 tested positive ██████████ and the new medication ordered. The DON stated the expectation was for the staff to notify the RP of any change in a resident's condition.</p> <p>On 06/14/2021 at 2:00 PM, an interview was completed with the Administrator. The Administrator verified there was no documentation that RP #1 was notified that Resident #2 tested ██████████ and the new medication ordered. The Administrator indicated on ██████████, RP #1 was not notified of the resident's change in condition because Resident #2's cognition was intact. He indicated</p>	F 580	<p>FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE:</p> <p>The Director of Nursing took immediate action specifically related to resident #2 by confirming the friend was aware of Resident #2's change and re-educated all nurses about notifying responsible parties for all changes of conditions of all residents including injury, decline, room or any incident significant to the residents' well-being.</p> <p>The involved Licensed Practical Nurse could not be counselled regarding the importance of notifying responsible parties in a prompt manner as she is not employed by the facility anymore.</p> <p>2. IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE</p> <p>All residents have the potential to be affected by the issues cited in the statement of deficiencies</p> <p>3. MEASURES PUT INTO PLACE OR SYSTEMIC CHANGES TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR:</p> <p>The Director of Nursing conducted an In-Service Training with all nurses, addressing the Nursing Department's Responsible Party Policies</p> <p>The Director of Nursing will conduct monthly checking of random charts to ensure that the nurses are in compliance with the Nursing Responsible Party Notification Policy and Protocol. Failure to</p>	

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F 580	<p>Continued From page 3</p> <p>the expectation was for the RP to be notified when there was a change in condition, that included testing positive [REDACTED] and new medication ordered.</p> <p>A review of a facility policy, titled, "Notification of change," dated 03/01/2021, indicated, "A facility must immediately inform the resident and notify, consistent with his or her authority, the resident representative when: "2. There is a significant change in the resident's physical, mental, or psychosocial status."</p> <p>New Jersey Administrative Code 8:39-5.1(a)</p>	F 580	<p>comply with the corrective actions implemented may result in disciplinary action</p> <p>4. MONITORING OF CORRECTIVE ACTIONS:</p> <p>Each Unit Manager will conduct weekly chart check x 4 weeks; then monthly x 3 months to ensure that the unit nurses are in compliance with Facility's Responsible Party Policy and Protocol. Identified issues will be addressed immediately.</p> <p>Audit Findings will be reported to the Director of Nursing on a monthly basis and reported in the QAPI Meeting on a Quarterly Basis. The QAPI Committee will determine the need for further audits and or action plans on a quarterly basis.</p> <p>COMPLETION DATE: JULY 2, 2021</p>		