STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315085	A. BUILDING _____ B. WING _____	C 12/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT CHESTNUT HILL LLC	**360 CHESTNUT STREET PASSAIC, NJ 07055**

(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 NJ #'s: 162416; 163538; 166927; 176234; 176666; 177324; 178682; 178926; and 179129 Survey Date: 12/02/24 through 12/05/24 Survey Census: 103 Sample Size: 25 Supplemental Residents: 8 A Recertification/LSC survey was conducted at Complete Care at Chestnut Hill LLC by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health from 12/02/24 through 12/05/24, to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. 1. During the survey a finding which constituted an Immediate Jeopardy (IJ) was identified under 42 CFR 483.10(c)(6)(8)(g)(12)(i)-(v) F 578 as the facility failed to ensure residents had the correct NJ Ex Order 26.4(b)(1) which matched their physician's orders in the medical record that identified their wishes in the event of a medical emergency. On 12/03/24, the survey team identified three residents (Resident #4, Resident #36, Resident #40) whose physician's orders for NJ Ex Order 26.4(b)(1) did not match their 'NJ Ex Order 26.4(b)(1) " (NJ Ex Order 26.4(b)(1)). In the event of a medical emergency, the residents' wishes	F 000		

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

Electronically Signed | 12/27/2024

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F 000	Continued From page 1	F 000		

would not have been honored which posed the likelihood of serious harm or death to the resident.

The Administration was informed of the concerns for the F 578 and was provided the IJ template on 12/03/24 at 10:45 PM.

An acceptable Removal Plan (RP) was received on 12/04/24 at 7:05 PM, indicating the action the facility will take to prevent serious harm from occurring or reoccurring. The facility implemented a corrective action plan to remediate the deficient practice including; facility's "Code Status" policy updated to include process for obtaining and reviewing code status; all nurses were educated on verification of code status upon admission, completion of the POLST, updating of code status physician's order and updating of ICCP with code status consistent with POLST and advanced directive, and facility's "Code Status" policy; all residents' POLST and advanced directives reviewed for accuracy and updated as needed; and residents with no POLST or advance directives code statuses were verified with the resident or responsible party.

2. During the survey a finding which constituted an IJ was identified under 42 CFR 843.70 F 835 as the facility failed to ensure the U.S. FOIA (b)(6) [redacted] ensured staff implemented the facility's NJ Ex Order 26.4(b)(1) policy for residents during a medical emergency to ensure residents' wishes regarding NJ Ex Order 26.4(b)(1) treatments were honored. An IJ was identified on 12/03/24, when the survey team identified three residents whose NJ Ex Order 26.4(b)(1) were incorrect and their wishes would not have been honored during a medical emergency. On 12/04/24, the

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F 000	Continued From page 2 U.S. FOIA (b)(6) stated that he was unaware that the residents had incorrect NJ Ex Order 26.4(b)(1), and it was the responsibility of the facility's nursing staff to properly train staff on policy and procedure. The Administration was informed of the concerns for the F 835 and was provided the IJ template on 12/04/24 at 6:05 PM. An acceptable RP was received on 12/05/24 at 2:28 PM, indicating the action the facility will take to prevent serious harm from occurring or recurring. The facility implemented a corrective action plan to remediate the deficient practice including; facility's "Code Status" policy was updated; the U.S. FOIA (b)(6) was educated on reviewing, developing, and implementing clear policies to staff regarding code status; Resident #4, Resident #36, and Resident #40's code status was updated; all residents' charts were reviewed to ensure the correct code status; and all nurses were educated on verifying code status upon admission, completion of POLST, updating of an order and care plan with code status. The survey team verified the RPs on on-site on 12/05/24, and determined that the IJs for F 578 and F 835 were removed as of 12/05/24 at 8:30 PM.	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.	F 550		12/27/24

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F 550	Continued From page 3 §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on interview, record review and policy review, the facility failed to protect the resident's right to be treated with respect and dignity when staff searched (1) one of 73 residents' (Resident	F 550	1. The staff member was immediately educated on needing permission to enter a resident□s room and the need to protect the residents right to be treated	

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F 550	Continued From page 4 #60) room without permission for linens and towels. This failure had the potential to cause resident to feel undignified. Findings Include: Review of the facility's policy titled, "Quality of Life - Dignity," revised 10/2024, revealed,"... Each resident shall be cared for in a manner that promotes and enhances the quality of life, dignity, respect, and individuality. Residents' private space and property shall be respected at all times. Staff will knock and request permission before entering residents' rooms. Staff will not handle or move a resident's personal belongings (including radios and televisions) without the resident's permission." Review of Resident #60's Admission Record," found in the electronic medical record (EMR) "Profile" tab, showed an admission date of U.S. FOIA (b)(6) with a diagnoses that included U.S. FOIA (b)(6) [redacted] Review of Resident #60's quarterly "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of NJ Exec Order 26.4b1 and located under the "MDS" tab of the EMR, revealed a "Brief Interview for Mental Status" score of U.S. FOIA (b)(6) which indicated the resident was U.S. FOIA (b)(6). During an interview on 12/02/24 at 1:10 PM, Resident #60 stated that "I was in my room when the U.S. FOIA (b)(6) [redacted] came in. She started looking through my belongings, saying she was searching for linen and towels. I told her to leave and said she didn't have permission to	F 550	with respect and dignity. 2. All residents have the potential to be affected by the same deficient practice. 3. All housekeeping staff were educated on the policy and procedure related to the need to protect the residents□ right to be treated with dignity and respect. 4. The Administrator and / or Designee will audit 3 residents by asking if the resident feels they are being treated with respect and dignity and staff is asking to enter their room. The audit will be conducted weekly x4 weeks then monthly x2 months to ensure their rights to dignity and respect are being respected. Results of audit will be submitted during QAPI meeting monthly.	

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F 550	Continued From page 5 be in my room nor search my room. She kept looking anyway. After finding nothing, she left. I reported this to the U.S. FOIA (b)(6), who said they would handle it. The U.S. FOIA (b)(6) hasn't entered my room since then." During an interview on 12/05/24, at 11:11 AM, the U.S. FOIA (b)(6) stated she entered Resident #60's room because she believed Resident #60 was keeping extra facility items like linens and towels on large shelves in their room. It was the facility items, so "I felt justified entering because these items belonged to the facility. Later, the U.S. FOIA (b) (6) trained me on the policy, explaining that I cannot enter and search residents' rooms without permission." On 12/05/24 at 4:49 PM, the U.S. FOIA (b)(6) stated the U.S. FOIA (b)(6) had been educated on needing permission to enter a resident's room and go through their personal items. A request was made for documentation of the education, but it was not provided by the end of the survey.	F 550		
F 552 SS=D	NJAC 8:39-4.1(12) Right to be Informed/Make Treatment Decisions CFR(s): 483.10(c)(1)(4)(5) §483.10(c) Planning and Implementing Care. The resident has the right to be informed of, and participate in, his or her treatment, including: §483.10(c)(1) The right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition.	F 552		12/27/24

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F 552	Continued From page 6 §483.10(c)(4) The right to be informed, in advance, of the care to be furnished and the type of care giver or professional that will furnish care. §483.10(c)(5) The right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers. This REQUIREMENT is not met as evidenced by: Based on interview, record review and policy review, the facility failed to ensure a resident or resident's representative was informed of the risks and benefits associated with taking NJ Ex Order 26.4(b)(1) medications for (2) two of (3)three (Resident #82 and #89) reviewed for unnecessary medication. Findings include: 1. Review of Resident #82's "Face Sheet," located in the electronic medical record (EMR) under the "Profile" tab revealed the resident was admitted to the facility with diagnosis of NJ Exec Order 26.4b1. Review of Resident #82's quarterly "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of NJ Exec Order 26.4b1 and located in the EMR under the "MDS" tab revealed a "Brief Interview for Mental Status (BIMS)" score of NJ Exec Order 26.4b1 which indicated the resident was NJ Exec Order 26.4b [redacted] Review of Resident #82's "Care Plan" dated NJ Exec Order 26.4b1, and located in the EMR under the	F 552	1. The nurses for Residents #82 and #89 were educated on providing resident representatives with information regarding the risk and benefit of taking NJ Exec Order 26.4b1 medication. Residents #82 and #89□s representatives were provided information regarding the risk and benefits of taking antipsychotic medication upon notification. All charts of residents on psychotropic medication were audited to ensure resident representatives were provided information regarding the risk and benefit of taking antipsychotic medication. 2. All residents on antipsychotic medication have the potential to be affected by the same deficient practice. 3. Education was provided to nursing staff on providing information to residents and / or resident representatives regarding the risk and benefit of taking antipsychotic medication. 4. The Assistant Director of Nursing / Designee will conduct an audit of 3	

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F 552	Continued From page 7 "Care Plan" tab revealed, "The resident uses NJ Exec Order 26.4b1 medication related to a diagnosis of NJ Exec Order 26.4b1." Interventions indicated to administer NJ Exec Order 26.4b1 as ordered. Review of Resident #82's "Physician Orders" dated NJ Exec Order 26.4b1, and located in the EMR under the "Orders" tab revealed NJ Exec Order 26.4b1 [redacted] Review of Resident #82's NJ Ex Order 26.4(b)(1) services "Initial Consultation" dated NJ Exec Order 26.4b1, and located in the EMR under the "Miscellaneous" tab revealed NJ Exec Order 26.4b1 medication was NJ Exec Order 26.4b1 [redacted] Further review revealed benefits outweigh risks was checked but risk versus benefits explained was not. Review of Resident #82's EMR revealed no documented evidence of risk versus benefits for NJ Exec Order 26.4b1 medication use. During an interview on 12/05/24 at 4:53 PM, the U.S. FOIA (b)(6) [redacted] stated after staff receive an order for NJ Exec Order 26.4b1 medications she expected that they would review the risk and benefits. She said that it should be documented and the form scanned into the EMR. 2. Review of Resident #89's "Face Sheet" found in the EMR under the "Profile" tab revealed the resident was admitted to the facility with diagnoses of NJ Exec Order 26.4b1 [redacted] Review of Resident #89's quarterly "MDS" with an ARD of NJ Exec Order 26.4b, indicated a "BIMS" score of NJ Exe	F 552	residents weekly x 4 weeks and then monthly x 2 months, to ensure that residents and / or resident representatives of residents on antipsychotic medication, received information regarding the risk and benefit of taking antipsychotic medication. Audits will be reviewed through the monthly QAPI process.	

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F 552	Continued From page 8 indicating the resident was unable to complete the interview. The assessment indicated the resident was receiving [redacted] on a routine basis only. During an interview on 12/03/24 at 8:50 AM, Resident #89's resident representative stated that she had concerns with side effects of the medications that the resident was receiving. Review of Resident #89's "Physician Orders" dated [redacted], and found in the EMR under the "Orders" Tab indicated [redacted] one tablet by mouth one time a day and [redacted]) one tablet by mouth two times a day for [redacted]. Further review revealed that Resident #89 was receiving [redacted]. Review of Resident #89's "Medication Administration Record (MAR)" dated [redacted], found in the EMR under the "Orders" tab indicated that [redacted] were being given per physician's orders from [redacted] Review of Resident #89's progress notes located under the "Prog Note" Tab of the EMR revealed on [redacted], the nurse documented "Attempted to explain [name of resident's responsible party] in person reason for new medication added by MD, [redacted]. [Name of responsible party] stormed out, "do whatever you want." Review of Resident #89's EMR revealed no	F 552		

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F 552	Continued From page 9 documentation that Resident #89's resident representative had been informed of the risks and benefits of taking [NJ Exec Order 26.4b1] medications. Interview on 12/05/24 at 4:56 PM, the [U.S. FOIA (b)] was unable to provide Resident #89's documentation that the resident representative had been provided with information regarding the risk and benefits of taking [NJ Exec Order 26.4b1] medication. Review of the facility's policy titled, "Use of Psychotropic Medication" revised 06/2024 included, "Residents and/or representatives shall be educated on the risks and benefits of psychotropic drug use, as well as alternative treatments/non-pharmacological interventions." NJAC 8:39-4.1(2)	F 552		
F 568 SS=D	Accounting and Records of Personal Funds CFR(s): 483.10(f)(10)(iii) §483.10(f)(10)(iii) Accounting and Records. (A) The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf. (B) The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident. (C)The individual financial record must be available to the resident through quarterly statements and upon request. This REQUIREMENT is not met as evidenced by: Based on interview, policy review and record review, the facility was unable to provide	F 568	1. Resident #51 [NJ Ex Order 26.4(b)(1)] by this deficient practice. R51 was provided with	12/27/24

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F 568	Continued From page 10 documentation that (1) one of (2) two residents (Resident #51) reviewed for NJ Exec Order 26.4b1 received their quarterly statements. Findings include: Review of Resident #51's "Admission Record," found in the electronic medical records (EMR) "Profile" tab showed an admission date of U.S. FOIA (b)(6) Review of Resident #51's quarterly "Minimum Data Set (MDS)," with an Assessment Reference Date (ARD) of NJ Exec Order 26.4b, located under the "MDS" tab of the EMR revealed Resident #51 had a "Brief Interview for Mental Status (BIMS)" score of NJ Exec Order 26.4b1 which indicated the resident was NJ Exec Order 26.4b1. During an interview on 12/02/24 at 12:49 PM, Resident #51 stated that he/she has never received any financial statements documenting these funds. During an interview on 12/05/24 at 9:58 AM, the U.S. FOIA (b)(6) stated that the facility maintains a system where residents receive quarterly financial statements every three months. For NJ Exec Order 26.4b1 residents, these statements are delivered directly to them. Regarding Resident #51, when asked to provide Resident #51's signed quarterly statements, the Business Office staff was unable to produce any documentation that Resident #51 had received their quarterly statements. Review of the facility's policy titled, "Personal Funds" dated 02/23 revealed, ". . . The resident has a right to manage his or her financial affairs	F 568	a NJ Exec Order 26.4b1 documenting their NJ Exec Order 26.4b1 2. All residents have the potential to be affected by the same deficient practice. 3. The business office manager was reeducated on policy and procedure for maintaining and documenting a system where residents receive their quarterly financial statements. 4. The Administrator / designee will audit 5 residents financial accounts weekly x 4 weeks then monthly x 2 months to ensure documentation that residents are receiving their quarterly financial statements. Audits will be reviewed through the monthly QAPI process.	

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F 568	Continued From page 11 ... The individual financial record must be available to the resident through quarterly statements and upon request . . ."	F 568		
F 578 SS=K	NJAC 8:39-4.1(a) (7)(9) Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v) §483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. §483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate. §483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii) This includes a written description of the facility's policies to implement advance directives and applicable State law. (iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met. (iv) If an adult individual is incapacitated at the time of admission and is unable to receive	F 578		12/6/24

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F 578	Continued From page 12 information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State law. (v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of facility policy, it was determined that the facility failed to ensure residents had the correct NJ Ex Order [redacted], which matched their physician's orders in the medical record, that identified their wishes in the event of a medical emergency. This deficient practice was identified for 3 of 31 residents reviewed for NJ Ex Order 26.4(b)(1) (Resident #4, R #36, and R #40). 1. Resident #40 had a 'NJ Ex Order 26.4(b)(1) [redacted]" (NJ Ex Order 26.4(b)(1) [redacted]) dated NJ Ex Order 26.4(b)(1) [redacted], for a NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1) [redacted]). A review of a physician's order (PO) dated NJ Exec Order 26.4b1 [redacted] indicated the resident had a NJ Ex Order 26.4(b)(1) [redacted] of NJ Ex Order 26 [redacted] (NJ Exec Order 26.4b1 [redacted]). Interview on 12/03/24, with Resident #40's guardian, Family Member (FM #2), revealed that the resident was always a NJ Exec Order 26.4b [redacted] status; that during an emergency response, the resident wanted all	F 578	1. Residents 40, 36 and 4 were NJ Ex Order 26.4 [redacted] by this deficient practice. Charts were reviewed, code status and care plan updated. All residents audited to ensure NJ Ex Order 26.4([redacted] and/or NJ Ex Order 26.4(b)(1) in place. Residents with no NJ Ex Order 26.4(b)(1) [redacted] in place had NJ Ex Order 26.4(b)(1) confirmed with resident and/or responsible party. Those that did not wish to complete a NJ Ex Order 26.4(b)(1) [redacted] had NJ Ex Order 26.4(b)(1) confirmed with resident and/or responsible party and orders updated as needed. NJ Ex Order 26.4(b) [redacted] and/or NJ Ex Order 26.4(b)(1) reviewed with resident or responsible party to confirm accuracy, physicians made aware of any changes and order updated. Care plan updated to be consistent with POLST/Advanced Directive and physicians order. 2. All residents have the potential to be affected by this deficient practice.	

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F 578	Continued From page 13 resuscitation procedures implemented. Interview with staff on 12/03/24, revealed that during an emergency response, the resident was coded as a [redacted] so [redacted] would not be performed. 2. Resident #4 had an undated [redacted] that was scanned into the electronic medical record (EMR) on [redacted] for a [redacted] of [redacted] and [redacted] NJ Exec Order 26.4b1 [redacted]. A review of the PO dated [redacted] indicated the resident had a [redacted]. Interview on [redacted], with Resident #4's FM #1, revealed the resident had a [redacted]; that during an emergency response, the resident did not wish for [redacted] to be performed. 3. Resident #36 had a POLST dated [redacted], for a code status of U.S. FOIA (b)(6) that the resident during an emergency response did not wish to have [redacted] performed. A review of the PO dated [redacted], indicated that the resident had a [redacted] status. Interview with staff on [redacted] revealed that the resident had a [redacted] status; that during an emergency response, all [redacted] procedures would be implemented. The facility's failure to ensure the residents' [redacted] were correct during an emergency response, posed the likelihood of serious harm or death for the residents by receiving an incorrect emergency response. This resulted in an Immediate Jeopardy (IJ) situation. The IJ began on 12/03/24, when the survey team identified the conflicting [redacted]. The facility Administration was notified of the IJ on 12/03/24 at 10:45 PM. The facility submitted an acceptable Removal Plan (RP) on 12/04/24 at 7:05 PM. The survey team verified the	F 578	3. All nurses educated on verifying code status upon admission, completion of POLST, updating of order and care plan with code status, as well as on updated policy titled, Code Status. Policy updated to include process for obtaining and reviewing code status. Social worker educated on quarterly review of POLST/Advanced Directives and updating care plan. 4. Director of Nursing/Designee to audit code status to ensure residents code status order is consistent with POLST/Advanced Directive and care plan for 10 residents daily x 1 week and then weekly x 4 weeks and then monthly x 2 months. Director of Nursing/Designee will audit new admissions to ensure code status order, POLST/Advanced Directive and care plan are consistent and in place daily for 1 week then weekly x 4 weeks and then monthly x 2 months. Director of Nursing/Designee to audit documentation of quarterly review of POLST/Advanced Directive and code status of 5 residents daily x 1 weeks and then weekly x 4 weeks then monthly x 2 months. Results of audit will be reviewed during QAPI meeting monthly.	

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F 578	Continued From page 14 implementation of the Removal Plan during the continuation of the on-site survey on 12/05/24. Findings Include: A review of the facility's "Advance Directives" policy dated revised 01/2024, included...Information about whether or not the resident has executed an advance directive shall be displayed prominently in the medical record. The interdisciplinary Team will review annually with the resident his or her advance directives to ensure such directives are still the wishes of the resident. Such reviews will be made during the annual assessment process and recorded on the resident assessment instrument (MDS). The Director of Nursing Services or designee will notify the Attending Physician of advanced directives so that appropriate orders can be documented in the resident's medical record and plan of care. The Attending Physician will not be required to write orders for which he or she has an ethical or conscientious objection... A review of the facility's "Code Status" policy dated 2024, included it is the policy of this facility to adhere to residents' rights to formulate advance directives. In accordance to these rights, this facility will implement procedures to communicate a resident's code status to those individuals who need to know this information. Policy Explanation and Compliance Guidelines: l. The facility will follow facility policy regarding a resident's right to request, refuse and/or discontinue medical or surgical treatment and formulate an Advance Directive. 2. When an order is written pertaining to a resident's presence or absence of an Advance Directive, the directions will be clearly documented in	F 578		

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designated sections of the medical record. Examples of directions to be documented include but are not limited to: a. Full Code b. Do Not Resuscitate c. Do Not Intubate d. Do not Hospitalize 3. In the absence of an Advance Directive or further direction from the physician, the default direction will be Full Code. 4. The presence of an Advance Directive or any physician directives related to the absence or presence of an Advance Directive shall be communicated to Social Services. 5. The resident's code status will be reviewed quarterly and documented in the medical record...

1. A review of Resident #40's Admission Record face sheet (an admission summary) reflected the resident was admitted to the facility with diagnoses which included; NJ Exec Order 26.4b1 [redacted]

A review of Resident #40's EMR under the "Orders" tab revealed a PO dated [redacted], for the [redacted] of [redacted].

A further review of the EMR revealed a [redacted] dated [redacted], located under the [Miscellaneous] tab, which indicated the resident had a [redacted] status.

A review of the individualized comprehensive care plan (ICCP), located under the "Care Plan" tab of the EMR, revealed Resident #40 had a [redacted] status dated [redacted]

During an interview on 12/03/24 at 11:59 AM, Resident #40's guardian, FM #2, revealed before

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Resident #40 was admitted to the facility, they (the guardian and R #40) had it put on paper that Resident #40 was to be [redacted]. FM #2 stated, "This has not changed, and no one from the facility has discussed this with me."

During an interview on 12/03/24 at 4:09 PM, with the [redacted] the concern regarding Resident #40's [redacted] was addressed. The surveyor reviewed the physician's orders with administration and the [redacted] and the [redacted] confirmed Resident #40 had a [redacted], and staff followed that order. The surveyor then reviewed with administration Resident #40's [redacted] and ICCP which reflected the resident was a [redacted] status. At that time, the [redacted] acknowledged the discrepancies and stated the facility needed to ensure the resident's [redacted] was correct and consistent throughout the medical record.

2. A review of Resident #4's Admission Record face sheet reflected that the resident was admitted to the facility with diagnoses including; [redacted]

A review of the [Miscellaneous] tab of the EMR included an undated [redacted] which was scanned into the EMR on [redacted]. The form indicated the resident had a [redacted] of [redacted], and it was signed by Resident #4's FM #1 and a physician.

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A review of Resident #4's ICCP located under the "Care Plan" tab of the EMR, included a focus revised [NJ Exec Order 26.4b], that Resident #4 had an advance directive as evidenced by [NJ Ex Order 26.4(] for U.S. FOIA (b)(6).

A review of Resident #4's most recent comprehensive Minimum Data Set (MDS), an assessment tool dated [NJ Exec Order 26.4b], revealed the resident had a Brief Interview for Mental Status (BIMS) score of [NJ Exec Order 26.4b1], which indicated a NJ Exec Order 26.4b1 .

A review of Resident #4's "Admission Record," located in the EMR under the "Profile" tab, revealed Resident #4 was discharged to the hospital on [NJ Exec Order 26.4b], and returned to the facility on [NJ Exec Order 26.4b].

A review of Resident #4's "Orders" tab of the EMR revealed all physician's orders were discontinued when Resident #4 was discharged to the hospital on [NJ Exec Order 26.4b1]. There was no documented evidence that a PO for Resident #4's code status was written upon Resident #4's return to the facility on [NJ Exec Order 26.4b].

A review of a binder located at the nurse's station titled, '[NJ E] Wing Resident [NJ Ex Order 26.4(b)(1)] included Resident #4's original undated and signed [NJ Ex Order 26.4(b)] which had been scanned into the [Miscellaneous] tab of the EMR on [NJ Ex Order 26.4(b)(1)].

During an interview on 12/03/24 at 11:40 AM, the Licensed Practical Nurse (LPN #1) stated if a resident stopped breathing and their heart stopped beating, they went under the miscellaneous tab in the EMR and looked for the [NJ Ex Order 26.4(b)] LPN #1 continued that [NJ Ex Order 26.4(b)(1)] also

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showed up as an order and was listed under the "[NJ Ex Order 26.4(b)(1)]" tab of the EMR. LPN #1 stated that staff did not rely on the order; that they always verified with the [NJ Ex Order 26.4(b)]. When asked if there was anywhere else to find a resident's [NJ Ex Order 26.4(b)(1)], LPN #1 stated the original [NJ Ex Order 26.4(] was located in binders on each of the three units.

An observation on 12/03/24 at 1:44 PM, revealed a purple dot next to Resident #4's name outside of the resident's door. The purple dot indicated the resident a had [NJ Exec Or] [NJ Ex Order 26.4(b)(1)].

Review of Resident #4's "Orders" tab of the EMR revealed that on [NJ Ex Order 26.4(b)(] at 3:02 PM, a PO for [NJ Exec Order 26.4b1]" was entered.

During an interview on 12/03/24 at 3:22 PM, FM #1 stated they were the medical [U.S. FOIA (b)(6)] and made medical decisions for Resident #4. FM #1 stated Resident #4's [NJ Ex Order] was [NJ Exec Or]. When asked if the facility had reviewed the [NJ Ex Order 26.4(b)(1)] with them recently, FM #1 stated Resident #4 had been on [NJ Exec Order 26.4] services at one time, but FM #1 had taken Resident #4 off [NJ Exec Order 26.4b1] in [NJ Ex Order 26.4(b)(1)] for treatment at the hospital. FM #1 stated Resident #4's [NJ Ex Order 26.4(b)(1)] had remained as [NJ Exec Order 2] and there was no further discussion about [NJ Ex Order] between FM #1 and the facility after the [NJ Ex Order 26.4(b)(1)] hospitalization.

3. A review of Resident #36's Admission Record face sheet reflected the resident was re-admitted to the facility with diagnoses which included; [NJ Exec Order 26.4b1]

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NJ Exec Order 26.4b1

A review of the scanned NJ Ex Order 26.4(dated NJ Ex Order 26.4(b)(, located in the [Miscellaneous] tab of the EMR filed under "Social Services" revealed for code status, the resident was a NJ Exec Order 26.4b1.

A review of Resident #36's ICCP dated NJ Ex Order 26.4(b)(, and revised NJ Ex Order 26, included the resident had an NJ Ex Order 26.4(b)(1) for NJ Exec Order 26.4b1. Interventions included; do not NJ Ex Order 26.4(b)(1); follow facility protocol for identification of NJ Ex Order ; follow living will/wishes; keep family informed of change in condition; and review NJ Ex Order quarterly and as needed (PRN).

A review of Resident #36's most recent quarterly MDS dated NJ Exec Order 26.4b, reflected the resident had a BIMS score of NJ Exec Order 26.4b1, which indicated a NJ Exec Order 26.4b1.

A review of Resident #36's "Physician Orders" dated NJ Ex Order 26.4(b)(at 11:47 AM, located in the resident's EMR under the "Orders" tab did not include a PO for NJ Ex Order 26.4(b)(1). Further review revealed a PO dated 12/03/24 at 3:28 PM, for a NJ Ex Order 26.4(b)(1). Further review revealed a PO dated NJ Ex Order 26.4(b)(at 4:40 PM, for a NJ Exec Orde status.

A review of the NJ Ex Order 26.4(b)(1) binder, located at the NJ Exec Order 26 nurse's station, did not include a NJ Ex Order 26.4(with NJ Ex Order 26.4(b)(1) for Resident #36.

During an interview on 12/03/24 at 11:40 AM, LPN #1 stated, if a resident NJ Ex Order 26.4(b)(1) and their NJ Ex Order 26.4(b)(1), they went under the miscellaneous tab in the EMR and looked for the NJ Ex Order 26.4(b) LPN #1 continued that NJ Ex Order 26.4(b)(1)

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also showed up as an order and was listed under the [NJ Ex Order 26.4(b)(1)]" tab of the EMR. LPN #1 stated that staff did not rely on the order; that they always verified with the [NJ Ex Order 26.4(b)] When asked if there was anywhere else to find a resident's [NJ Ex Order] , LPN #1 stated the original [NJ Ex Order 26.4(b)] was located in binders on each of the three units.

During an interview on 12/03/24 at 11:51 AM, the [U.S. FOIA (b)(6)]) stated when a resident was found [NJ Exec Order 26.4b1], nursing checked the physician's orders for the [NJ Ex Order] and the [NJ Ex Order 26.4(] if the resident had one. The [U.S. FOIA (b)(6)] stated that sometimes residents may not have a [NJ Ex Order 26.4(] form because they were not updated in the [NJ Ex Order 26.4(] binder along with the orders in the EMR. The [U.S. FOIA (b)(6)] stated they were aware not all residents [NJ Ex Order 26.4(b)(1)] records were updated accurately, but she said that all residents should have a [NJ Ex Order 26.4(] that indicated [NJ Exec Order 26.4b1] .

During an interview on 12/03/24 at 11:53 AM, LPN #2 stated when a resident was [NJ Ex Order 26] , staff knew what their [NJ Ex Order 26.4(b)(1)] was by the colored dot placed on their name plate outside the resident's door that corresponded with the color-coded list staff wore on their name badge. At that time, LPN #2 was not wearing her badge and retrieved a small piece of paper that indicated a purple dot was for [NJ Exec Or]. LPN #2 was unsure of anywhere else where a resident's [NJ Ex Order] was documented; she indicated residents with a green heart meant they were on precautions.

During an interview on 12/03/24 at 2:43 PM, LPN #3 stated when a resident was [NJ Ex Order 2] [NJ Exec Order 26.4b1] nursing staff checked in the EMR

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for the physician's order, and they looked in the NJ Ex Order 26.4(binder. LPN #3 stated the NJ Ex Order 26.4(form was also scanned into the resident's EMR under the Miscellaneous tab, and that all residents should have a signed NJ Ex Order 26.4(b) LPN #3 stated if a resident did not have a NJ Ex Order 26.4(b) they made the U.S. FOIA (b)(6) aware so that one would be completed for them. LPN #3 stated if a resident's EMR did not have an order with NJ Ex Order 26.4(b)(1) and there was not a NJ Ex Order 26.4(b) the resident was automatically a NJ Exec Order 26.4b. LPN #3 stated if there was a discrepancy between the PO and the NJ Ex Order 26.4(b) they went by the NJ Ex Order 26.4(since that was signed by the resident and/or the responsible party. LPN #3 stated there was no other place to check for NJ Ex Order 26.4(b)(1); that all residents with a NJ Exec Orde status had a purple dot on the resident's name plate located outside the resident's room. LPN #3 stated the U.S. FOIA (b)(6) was responsible for putting the dots on the name tags.

During an interview on 12/03/24 at 2:56 PM, LPN #4 said when a resident was found to be NJ Exec Order 26.4b1 nursing staff checked the physician's order in the EMR but sometimes they looked in the NJ Ex Order 26.4(binder. LPN #4 stated they looked at both the NJ Ex Order 26.4(forms and the orders in the EMR because they were not always updated at the same time. LPN #4 stated sometimes a NJ Ex Order 26.4(form was completed but the nurse on duty may not have been made aware. LPN #4 stated if there was a conflict between the PO and NJ Ex Order 26.4(b) she called the physician or her U.S. FOIA (b)(6). LPN #4 stated the unit clerks updated the NJ Ex Order 26.4(binder, but she was not sure when or how that was completed. LPN #4 stated she was not sure who completed the NJ Ex Order 26.4(form, but the floor nurse on duty at the time a resident was admitted put the orders in the EMR. LPN #4

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F 578	Continued From page 22 stated she was not sure if the [NJ Ex Order 26.4(] binder was audited to ensure it reflected the same information as what was in the resident's EMR. During an interview on 12/03/24 at 3:17 PM, the Unit Clerk (UM #1) stated after a resident's admission, the U.S. FOIA (b)(6) met with the resident and family and went over [NJ Ex Order 26.4(b)(1)] and had the [NJ Ex Order 26.4(] form signed. UM #1 stated that after the [NJ Ex Order 26.4(] was signed, it was provided to a unit clerk who gave it to the physician to review and sign. UM #1 stated the U.S. FOIA (b)(6) uploaded it into the EMR and placed a copy in the binder and let the nurse on duty know at that time. UM #1 stated if a resident had [NJ Exec Ord] orders, there was a purple dot on the resident's name plate outside their door, and if there was a change, the U.S. FOIA (b)(6) was made aware, and they went through the same process as admission. UM #1 stated she was not sure if there were any audits completed to ensure all the residents' information in their EMR correctly reflected their [NJ Ex Order 26.4(b)(1)]. UM #1 stated she personally did a walk through of the building every morning and looked at all the doors but agreed she would not know 100% of all residents that had [NJ Exec Orde] orders. An interview was conducted on 12/03/24 at 4:09 PM, with the U.S. FOIA (b)(6) to discuss the [NJ Ex Order 26.4(b)(1)] process. The [U.S. FOIA (b)] indicated that the U.S. FOIA (b)(6) met with the family to discuss the [NJ Ex Order 26.4(b)(1)], and once both the family and physician signed off on the [NJ Ex Order 26.4(b)(1)], the information went to the nurse for entry into the chart. The [U.S. FOIA (b)] stated that information was collectively reviewed during the quarterly care plan meetings, and if a [NJ Ex Order 26.4(] was absent in the binder, the resident was considered a [NJ Exec Order 26.4(b)]	F 578		

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	315085	A. BUILDING _____ B. WING _____	C 12/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT CHESTNUT HILL LLC	**360 CHESTNUT STREET PASSAIC, NJ 07055**

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F 578	Continued From page 23 During an observation and interview with LPN #3 on 12/03/24 at 5:12 PM, it was observed that Resident #36's name plate outside their door did not have a purple dot. LPN #3 stated Resident #36 was a [NJ Exec Order 26.4b] and not a [NJ Exec Or], and that was why they did not have a purple dot. This statement contradicted the resident's [NJ Ex Order 26.4(b)] which indicated Resident #36 was a [NJ Exec Order 26.4b] [redacted]. The acceptable Removal Plan (RP) on 12/04/24 at 7:05 PM, indicated the action the facility will take to prevent serious harm from occurring or reoccurring. The facility implemented a corrective action plan to remediate the deficient practice including; facility's "Code Status" policy updated to include process for obtaining and reviewing code status; all nurses were educated on verification of code status upon admission, completion of the POLST, updating of code status physician's order and updating of ICCP with code status consistent with POLST and advanced directive, and facility's "Code Status" policy; all residents' POLST and advanced directives reviewed for accuracy and updated as needed; and residents with no POLST or advance directives code statuses were verified with the resident or responsible party. NJAC 8:39-4.1(a)(2) NJAC 9.6	F 578		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse,	F 609		12/27/24

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F 609	Continued From page 24 neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on record review, interview, and policy review, the facility failed to report to the State Agency (SA) an allegation of [redacted] after a resident [redacted] while staff was [redacted] and [redacted] for one of three residents (Resident #99) reviewed for [redacted] Findings include: Review of Resident #99's "Face Sheet," located	F 609	1. Resident #99 and the staff member who was assisting Resident #99 are both [redacted] the facility. [redacted] and [redacted] were immediately re-educated on criteria for reportable events to the department of health. In-service was conducted by the regional staff. All future results of all investigations will be reported and submitted to the	

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F 609	Continued From page 25 in the electronic medical record (EMR) under the "Profile" tab revealed a diagnosis of [redacted] Review of Resident #99's Admission "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of [redacted] and located in the resident's EMR under the "MDS" tab, revealed the facility assessed the resident to have a "Brief Interview for Mental Status (BIMS)" score of [redacted] which indicated the resident was [redacted]. Further review revealed Resident #99 had a history of [redacted] within the last month and within the last [redacted] Review of Resident #99's "Care Plan," dated [redacted] and located in the EMR under the "Care Plan" tab revealed no care plan specific to the number of staff required for bed mobility or [redacted] care. Review of Resident #99's "Nurse's Note" dated [redacted] at 7:51 AM, located in the EMR under the "Notes" tab and written by Licensed Practical Nurse (LPN #1) revealed, ". . . responded to a call from Certified Nurse Aide (CNA #9) ...found the resident lying on the floor." [CNA #9] indicated, "I was changing [the resident] and turned [the resident] towards the [redacted] of the bed, After I turned [Resident #99], he/she suddenly [redacted] of the [redacted] side of the bed and [redacted] Review of Resident #99's "Hospital discharge" dated [redacted] located in the EMR under the "Miscellaneous" tab revealed, [redacted] of [redacted] revealed	F 609	department of health within the time limits of the policy and federal regulations. 2. All residents with reportable events are at risk for the same deficient practice. Audits on all reportable events completed in the last three months were conducted to identify any potential deficient practices and none were found to be not reported. 3. The nursing management team was re-educated on the proper reporting criteria as required by federal and state regulations. All pending investigations will be reviewed during the clinical meeting for timely completion and submission. 4. The Administrator / Designee will conduct an audit to determine compliance of reporting of events, weekly x4 weeks, then monthly x2 months All concerns will be immediately addressed. The result of the audit will be presented at the monthly QAPI meeting for review.	

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F 609	Continued From page 26 NJ Ex Order 26.4(b)(1) on the NJ Ex O and a probable NJ Ex Order 26.4(b)(1) of the NJ Ex Order 26.4(b)(1) Further review revealed a NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1). During an interview on 12/05/24 at 4:53 PM, the U.S. FOIA (b)(6)) stated this incident was not reported to the SA and that she expected an incident like this to be reported to the SA. Review of the facility's policy titled "Abuse Policy" dated 05/2024 revealed, " ...it is the policy of this facility to provide protections for the health, welfare, and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, ...Neglect means failure of the facility, its employees, or service providers to provide goods or services to a resident that are necessary to avoid physical harm, pain, mental anguish or emotional distress. The facility will have written procedures that include reporting of all alleged violations to the Administrator, state agency (SA) ...Immediately but no later than 2 hours after the allegation was made, if the events that cause the allegation involve abuse or result in serious bodily injury."	F 609		
F 610 SS=D	NJAC 8:39-9.4(f) Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged	F 610		12/27/24

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F 610	Continued From page 27 violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on record review, interview, and policy review, the facility failed to thoroughly investigate an allegation of NJ Ex Order 26.4(after a resident NJ Ex Order 26.4(b)(1) staff was providing care and NJ Ex Order 26.4(b)(1) for one of three residents (Resident #99) reviewed for NJ Ex Order 26.4 Findings include: Review of Resident #99's "Face Sheet," located electronic medical record (EMR) under the "Profile" tab revealed a diagnosis NJ Exec Order 26.4b1 Review of Resident #99's Admission "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of NJ Exec Order 26.4b1, and located in the EMR under the "MDS" tab revealed a "Brief Interview for Mental Status (BIMS)" score of NJ Exec Order 26.4b1 of NJ Exe, which indicated the resident was NJ Exec Order 26.4b Further review revealed Resident #99 had a NJ Exec O history within the last month and within the last NJ Ex Order 26.4(b)(1) prior to admission.	F 610	1. Resident #99 and the staff member who was assisting Resident #99 are both NJ Ex Order 26.4(b)(1) at the facility. U.S. FOIA (b) (6) and U.S. FOIA (b) (6) were immediately re-educated on investigating reportable events and reporting all allegations to the department of health. In-service was conducted by the regional staff. 2. All residents with reportable events are at risk for the same deficient practice. Audits on all investigative events completed in the last three months were conducted to identify any potential deficient practices and none were found to be not investigated. 3. The nursing management team was re-educated on ensuring all allegations of abuse, neglect, exploitation or mistreatment including injuries of unknown source and misappropriation of resident property are investigated as	

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F 610	Continued From page 28 Review of Resident #99's "Nurse's Note," dated [redacted] at 7:51 AM, located in the EMR under the 'Notes" tab and written by Licensed Practical Nurse (LPN) 1 revealed, ". . . responded to a call from a Certified Nurse Aide(CNA #9) and found the resident [redacted]." [CNA #9] stated, "I was changing [the resident] and turned [the resident] towards the [redacted] side of the bed, After I turned [Resident #99] he/she suddenly [redacted] of the right side of the bed and [redacted]. [redacted], coming out from resident [redacted] Review of Resident #99's "Hospital discharge" dated [redacted], located in the EMR under the "Miscellaneous" tab revealed, [redacted] revealed [redacted] on the [redacted] and a [redacted] of the [redacted]. Further review revealed a [redacted] and [redacted]. During an interview on 12/05/24 at 4:53 PM, the [redacted]) stated this incident was not investigated by the facility and an incident like this should have been investigated to identify what occurred to prevent it from happening again. Review of the facility's policy titled "Abuse Policy" dated 05/2024 revealed it is the policy of this facility to provide protections for the health, welfare, and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse ...Neglect means failure of the facility, its employees, or service providers to provide goods or services to a resident that are necessary to avoid physical harm, pain, mental anguish or emotional distress.	F 610	required by federal and state regulations. 4. The Administrator / Designee will conduct an audit to determine compliance of the investigation of reportable events, weekly x4 weeks, then monthly x2 months All concerns will be immediately addressed. The result of the audit will be presented at the monthly QAPI meeting for review.	

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F 610	Continued From page 29 An immediate investigation is warranted when suspicion of abuse, neglect ..."	F 610		
F 645 SS=D	NJAC 8:39-9.4(f) PASARR Screening for MD & ID CFR(s): 483.20(k)(1)-(3) §483.20(k) Preadmission Screening for individuals with a mental disorder and individuals with intellectual disability. §483.20(k)(1) A nursing facility must not admit, on or after January 1, 1989, any new residents with: (i) Mental disorder as defined in paragraph (k)(3)(i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission, (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services; or (ii) Intellectual disability, as defined in paragraph (k)(3)(ii) of this section, unless the State intellectual disability or developmental disability authority has determined prior to admission- (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services for intellectual disability.	F 645		12/27/24

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F 645	Continued From page 30 §483.20(k)(2) Exceptions. For purposes of this section- (i)The preadmission screening program under paragraph(k)(1) of this section need not provide for determinations in the case of the readmission to a nursing facility of an individual who, after being admitted to the nursing facility, was transferred for care in a hospital. (ii) The State may choose not to apply the preadmission screening program under paragraph (k)(1) of this section to the admission to a nursing facility of an individual- (A) Who is admitted to the facility directly from a hospital after receiving acute inpatient care at the hospital, (B) Who requires nursing facility services for the condition for which the individual received care in the hospital, and (C) Whose attending physician has certified, before admission to the facility that the individual is likely to require less than 30 days of nursing facility services. §483.20(k)(3) Definition. For purposes of this section- (i) An individual is considered to have a mental disorder if the individual has a serious mental disorder defined in 483.102(b)(1). (ii) An individual is considered to have an intellectual disability if the individual has an intellectual disability as defined in §483.102(b)(3) or is a person with a related condition as described in 435.1010 of this chapter. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that a Preadmission Screening and Resident Review (PASRR) Level I	F 645	1. Resident #2 Level 1 PASSR was completed accurately.	

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F 645	Continued From page 31 assessment was completed accurately for one resident (Resident #2) out of a total sample of 31 residents reviewed for Level 1 PASRR screenings. This had the potential to prevent or delay additional services to a resident that may qualify for Level II services. Findings include: Review of Resident #2's "Face Sheet," located in resident's electronic medical record (EMR) under the "Profile" tab, revealed the resident was re-admitted to the facility with diagnosis which included NJ Exec Order 26.4b1. Review of Resident #2's "Care Plan," dated NJ Exec Order 26.4b1, and located in the resident's EMR under the "Care Plan" tab, revealed, "The resident is at risk for adverse effects of psychotropic medications related to a diagnosis of NJ Exec Order 26.4b1 Review of Resident #2's admission "Minimum Data Set (MDS)," with an Assessment Reference Date (ARD) of NJ Exec Order 26.4b1, and located in the resident's EMR under the "MDS" tab, revealed the facility assessed the resident to have a "Brief Interview for Mental Status (BIMS)" score of NJ Exec which indicated the resident was NJ Exec Order 26.4b1 Review of Resident #2's "Diagnosis list," dated NJ Exec Order 26.4b1, and located in the resident's EMR under the "Diagnosis" tab, revealed a diagnosis of NJ Exec Order 26.4b1 Review of Resident #2's NJ Exec Order 26.4b1 l services "Initial Consultation" dated NJ Exec Order 26.4b1, and located in the EMR under the "Miscellaneous" tab,	F 645	2. The U.S. FOIA (b) (6) was reeducated on the facility Pre-Admission Screening and Resident Review policy to ensure that PASSRs are being completed accurately, in accordance with State and Federal Guidelines. 3. The Social Services Director was reeducated on the facility Pasrr policy to ensure residents receive an accurate Pre-Admission Screening and Resident review, in accordance with State and Federal Guidelines. 4. Administrator / Designee will conduct audits to 3 resident charts weekly x 3 months to ensure residents are receiving an accurate Pre-Admission Screening and Resident Review, in accordance with State and Federal Guidelines. Audits will be reviewed through the monthly QAPI process.	

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F 645	Continued From page 32 revealed a diagnosis of [redacted]. Further review revealed a history of [redacted] Review of Resident #2's, "NJ Department of Human Services Pre-Admission Screening and Resident Review (PASRR) Level I screen," dated [redacted], and located in the resident's EMR under the "Miscellaneous" tab, revealed no indication of [redacted] identified or history of [redacted] hospitalizations. During an interview on 12/04/24 at 5:48 PM, the [redacted]) stated after a resident was admitted, she would review their PASRR Level I and made sure they were completed accurately. She further stated she must have completely missed Resident #2's Level I screen and did not indicate a diagnosis or [redacted] or that Resident #2 had any past [redacted] when she reviewed Resident #2's PASRR. The [redacted] acknowledged that the information should have been reflected on the residents' Level I screen and that she did not complete it accurately. The [redacted] stated she has never received any official PASRR training. She stated she had just been "winging it." During an interview on 12/05/24 at 4:53 PM, the [redacted] stated she was not familiar with the PASRR process or requirements, but she expected staff to ensure they were completed accurately. Review of the Facility's policy titled, "Coordination-Pre-Admission Screening and Resident Review (PASRR) program," updated 07/2024, revealed it is the policy of the facility to assure that all residents admitted to the facility	F 645		

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F 645	Continued From page 33 receive a Pre-Admission Screening and Resident review, in accordance with State and federal regulations. NJAC 8:39-5.1(a)	F 645		
F 657 SS=E	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review,	F 657	1. Resident #4s care plan was updated	12/27/24

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COMPLETE CARE AT CHESTNUT HILL LLC	360 CHESTNUT STREET PASSAIC, NJ 07055

(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 657	Continued From page 34 and facility policy review, the facility failed to ensure care plans were updated for placement of a new NJ Exec Order 26.4b1 treatment and prevention, change in NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(for four of 31 residents (Residents #4, R #13, R #61, and R #301) and failed to schedule and hold quarterly care plan meetings with residents and families for five residents (R #4, R #60, R #51, R #3, and R #50) out of 31 residents in the sample. As a result of this deficient practice, the residents had the potential for unmet care needs. Findings include: 1. Review of Resident #4's "Admission Record," located in the electronic medical record (EMR) under the "Profile" tab, revealed an initial admission date of NJ Exec Order 26.4b1, with a diagnoses of NJ Exec Order 26.4b1 . Review of Resident #4's "Care Plan," located in the "Care Plan" tab of the EMR and dated NJ Exec Order 26.4b, revealed, ". . . [Resident #4] has an NJ Exec Order 26.4b1 . . ." Review of Resident #4's significant change "Minimum Data Set (MDS)," located in the EMR under the "MDS" tab with an Assessment Reference Date (ARD) of NJ Exec Order 26.4b, revealed a "Brief Interview for Mental Status (BIMS)" score of NJ Exec Order 26.4b1, indicating Resident #4 had NJ Exec Order 26.4b1 . Review of Resident #4's "Prog (Progress) Note" tab of the EMR revealed a "General Note," dated NJ Ex Order 26.4(b)(at 1:42 PM, which indicated that NJ Exec Order 26.4 called and reported that Resident #4's NJ Exec Order 26 had been discontinued and a NJ Exec Order 26.4b1	F 657	to include the NJ Exec Order 26.4b1 placement. Resident #13s care plan was updated to include NJ Exec Order 26.4b1 treatment and prevention, Resident #61 was updated to include change in eating ability, and Resident #301 care plan was updated to include NJ Exec Order 26.4b1 Residents #4, #60, #51, #3 and #50s quarterly care plan meetings were scheduled. 2. All residents are at risk to be affected by this deficient practice. 3. All nurses were re-educated on the Facility's Policy on Care Planning to ensure timely updating of Resident Care Plans. The U.S. FOIA (b) (6) were re-educated on the Facility's Policy on Care Planning to ensure the resident and / or the residents legal representative/guardian or surrogate are encouraged to participate in the development of and revisions to the residents care plan. 4. The Director of Nursing / Designee will conduct audits of 3 resident charts weekly x 1 month and then monthly x 2 months to ensure the care plans are being updated timely and that the residents and / or residents legal representative / guardian or surrogate are invited to the care plan meeting. Any issues identified during audit will be addressed immediately. Audits will be reviewed through the monthly QAPI process.	

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT CHESTNUT HILL LLC	360 CHESTNUT STREET PASSAIC, NJ 07055

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F 657	Continued From page 35 NJ Exec Order 26.4b had been placed. Review of Resident #4's "Care Plan," located in the "Care Plan" tab of the EMR, revealed no documented evidence that the care plan was updated to address the placement of the NJ Ex Order 26.4(b)(1) and discontinuation of the NJ Ex Order 26.4(b)(1). During an interview on 12/05/24 at 4:12 PM, the U.S. FOIA (b) (6)) acknowledged Resident #4 had a NJ Exec Order 26.4b1 placed and no longer had a NJ Exec Order 26.4b1. The U.S. FOIA (b) (6 stated the NJ Exec Order 26.4b1 should have been care planned. The U.S. FOIA (b) (6 stated the U.S. FOIA (b)(6) was responsible for updating the care plan. During an interview on 12/05/24 at 4:46 PM, the U.S. FOIA (b)(6) reported she completed the nursing portion of the care plan and updated it with any changes. The U.S. FOIA (b)(6) confirmed that the resident's care plan should have been updated to address the NJ Exec Order 26.4b1. During an interview on 12/05/24 at 5:20 PM, the U.S. FOIA (b)(6)) stated she expected Resident #4's NJ Exec Order 26.4b1 to be on the care plan, especially since the resident had a recent hospital stay for a NJ Exec Order 26.4b1. Review of "Care Plan Notes," located in the "Prog Note" tab of the EMR, revealed three care plan reviews in NJ Ex Order 2 They were dated NJ Exec Order 26.4b1 All three meeting notes documented, "Met with [Family Member] POA [power of attorney] via telephone to review care plan.	F 657		

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F 657	Continued From page 36 During an interview on 12/03/24 at 3:22 PM, Family Member (FM #1) stated he was the medical Power of Attorney (POA) and made medical decisions for Resident #4. When asked if he attended care plan reviews, FM #1 stated he used to be invited to the meetings but not for about a year. FM #1 stated he wanted to attend a meeting with the interdisciplinary team since he had difficulty reaching management at times. 2. Review of Resident #13's "Admission Record," located in the EMR under the "Profile" tab, revealed an initial admission date of [redacted] with a diagnoses of NJ Exec Order 26.4b1 [redacted] Review of Resident #13's annual "MDS," located in the EMR under the "MDS" tab with an ARD of [redacted], revealed a "BIMS" score of [redacted] indicating Resident #13 had NJ Exec Order 26.4b1. Further review of the MDS indicated that Resident #13 was at risk for development of a NJ Exec Order 26.4b1 but had none. Review of Resident #13's "Care Plan," in the EMR under the "Care Plan" tab, revealed a focus area initiated on admission on [redacted], and revised [redacted] for potential/actual [redacted] to [redacted] of the [redacted] related to [redacted] Interventions at that time included using a draw sheet or lifting device to move resident, initiated [redacted]; keeping [redacted], initiated [redacted]; and assessing [redacted] weekly on shower day and document findings on a weekly [redacted] assessment, initiated [redacted]. Review of a '[redacted] Care" note, dated [redacted] and located in the "Misc" tab of the EMR,	F 657		

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F 657	Continued From page 37	F 657		

revealed Resident #13 had developed a stage two U.S. FOIA (b)(6) of the U.S. FOIA (b)(6). A treatment of U.S. FOIA (b)(6) was recommended. Review of the resident's care plan revealed the resident's care plan was updated to include the NJ Exec Order 26.4b1 and the treatment of NJ Exec Order 26.4b1 however, there were no other interventions identified and implemented to help treat or prevent NJ Exec Order 26.4b1 It was recorded that the NJ Exec Order 26.4b1 was resolved on NJ Exec Order 26.4b1.

Review of a "NJ Ex Order 26.4(Care" note, dated NJ Ex Order 26.4(b)(1), and located in the "Misc (Miscellaneous)" tab of the EMR, revealed Resident #13 had developed a new, NJ Exec Order 26.4b1 on the NJ Exec Order 26.4b

Review of Resident #13's "Care Plan," in the EMR under the "Care Plan" tab, revealed interventions to encourage NJ Ex Order 26.4 and NJ Ex Order 26.4(b)(1) in bed and to use a pillow to assist with NJ Ex Order 26.4(b)(1) were initiated on NJ Exec Order 26.4b1, after the NJ Exec Order 26.4b1 re-developed.

Review of Resident #13's "Physician Orders," dated NJ Ex Order 26.4(b)(1) and located under the "Orders" tab in the EMR revealed orders for NJ Exec Order 26.4b1 wipes to the NJ Exec Order 26.4b1 topically every day and evening shift for NJ Ex Order 26.4(b)(1), to offload NJ Exec Orde when in bed every shift , and for an NJ Ex Order 26.4(b)(1).

Review of Resident #13's "Care Plan," located in the "Care Plan" tab of the EMR, revealed the care plan had been updated to include the NJ Ex Order 26.4(b)(1) to heels but not the NJ Ex Order 26.4(b)(1) or floating of the NJ Exec Order

Review of Resident #13's "Resident Care Information" document, located in a binder at the

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F 657	Continued From page 38 nurse's station, revealed a checkmark by "No" for [redacted] "Elevate [redacted] on pillow when in bed," [redacted] every two hours," and "APM mattress" were unchecked. During an interview on 12/05/24 at 10:23 AM, Certified Nurse Aide (CNA #6) stated she looked at the [redacted] section of the residents' EMR or at the "Resident Care Information" document located in a binder at the nurse's station to know what care needs residents had. During an interview on 12/05/24 at 4:12 PM, the [redacted] stated that the CNAs looked at the [redacted] on the computer or at the "Resident Care Information" in the binders to know how to care for a resident. The [redacted] stated measures to prevent [redacted] were expected to be on the "Care Plan" as were [redacted]. The [redacted] stated the [redacted] was responsible for updating the care plan, and the [redacted] or nurses who knew the residents were responsible for updating the "Resident Care Information." During an interview on 12/05/24 at 4:46 PM, the [redacted] reported she completed the nursing portion of the care plan and updated it with any changes, including [redacted] prevention. The [redacted] stated the nurses were responsible for updating the "Resident Care Information," but sometimes she had to update it. During an interview on 12/05/24 at 5:20 PM, the [redacted] stated nurses were expected to update the "Resident Care Information" when changes were noticed. The [redacted] stated it was expected that new interventions to treat and prevent [redacted] were on the "Care Plan" so that future [redacted] can be prevented.	F 657		

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F 657	Continued From page 39 3. Review of Resident #61's "Admission Record," located in the EMR under the "Profile" tab, revealed the most recent admission date was [redacted]. Resident #61 had diagnoses of [redacted NJ Exec Order 26.4b1] Review of Resident #61's "Care Plan," in the EMR under the "Care Plan" tab and revised [redacted NJ Ex Order 26.4(b)(], revealed a goal, "[Resident #61] will have stable [redacted NJ Ex Order 26.4(b)(1)] in the next 90 days." The care plan did not address what assistance Resident #61 required with eating. Review of Resident #61's quarterly "MDS," located in the EMR under the "MDS" tab with an ARD of [redacted NJ Exec Order 26.4b1], revealed a "BIMS" score of [redacted NJ Exec Order 26.4b1] indicating Resident #61 had [redacted NJ Exec Order 26.4b1] deficit. Further review of the MDS indicated that the resident required [redacted NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1)) to [redacted NJ Ex Ord] Review of Resident #61's most recent weight on [redacted NJ Exec Order 26.4b1] located in the "Wts/Vitals" tab of the EMR, revealed Resident #61 weighed [redacted U.S. FOR] pounds. Review of "Task: GG - [redacted NJ Ex Order 26.4(b] dated [redacted NJ Ex Order 26.4(b)(] to [redacted NJ Ex Order 26.4(b)(1)] and located in the "Task" tab of the EMR, revealed Resident #61 was dependent on staff (required the helper to do all the effort) for all meals documented as eaten except for five. Review of Resident #61's "Resident Care Information" document, located in a binder at the nurse's station, revealed Resident #61 [redacted NJ Ex O]	F 657		

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F 657	Continued From page 40 NJ Ex Order 26.4(b)(1) On 12/05/24 at 8:30 AM, the surveyor observed CNA #6 feed Resident #61 in their room. During an interview on 12/05/24 at 9:38 AM, the U.S. FOIA (b)(6) reported that Resident #61 fed himself at the beginning of a meal but NJ Exec Order 26.4 and needed assistance to finish. The NJ Exec stated she completed the care planning for NJ Ex Order 26.4(b)(The NJ Exec stated she needed to edit the goal NJ Ex Order 26.4(She further stated it was from a past NJ Ex Order 26.4(b)(and, while it may be the desired NJ Ex Order 26.4(it was unattainable at the time. During an interview on 12/05/24 at 10:23 AM, CNA #6 stated she looked at the NJ Exec Order 26 in the residents' EMR or at the "Resident Care Information" located in a binder at the nurse's station to know what care needs residents had. CNA #6 reported that Resident #61 needed staff to feed him. During an interview on 12/05/24 at 4:12 PM, the U.S. FOIA (b)(6) stated CNAs looked at the U.S. FOIA (b)(6) on the computer or at the "Resident Care Information" in the binders to know how to care for a resident. The U.S. FOIA (b)(6) stated the U.S. FOIA (b)(6 were responsible for updating the Care Plan, and the U.S. FOIA (b)(6) or nurses who knew the residents were responsible for updating the "Resident Care Information". During an interview on 12/05/24 at 4:46 PM, the U.S. FOIA (b)(6) reported she completed the nursing portion of the "Care Plan" and updated it with any changes. The U.S. FOIA (b)(6) stated the nurses were responsible for updating the "Resident Care Information." The U.S. FOIA (b)(6) stated assistance with eating went on the "Resident Care Information"	F 657		

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F 657	Continued From page 41 and not on the "Care Plan," since ADLs (activities of daily living) were not typically on the care plan. During an interview on 12/05/24 at 5:20 PM, the [redacted] stated nurses were expected to update the "Resident Care Information" when changes were noticed. The [redacted] stated the expectation was for feeding assistance to be on both the "Resident Care Information" sheets and the care plan so staff were aware of how to care for the residents. The [redacted] stated the [redacted] goal on the Care Plan was expected to be achievable. 4. Review of Resident #301's "Admission Record," located in the EMR under the "Profile" tab, revealed an admission date of [redacted]. Review of Resident #301's quarterly "MDS," located in the EMR under the "MDS" tab with an ARD of [redacted], revealed a "BIMS" score of [redacted], indicating Resident #301 had [redacted]. Review of the undated document titled, [redacted] Residents," provided by the facility on [redacted], revealed Resident #301 was the only resident who [redacted]. The form recorded that smoking times were 10:00 AM and 4:00 PM on the [redacted]. Review of Resident #301's "Care Plan" located in the EMR under the "Care Plan" tab and dated [redacted], revealed a focus area related to the resident being a [redacted]. Interventions included staff was to provide supervision while [redacted] The Care Plan did not address resident specific abilities and how staff were to assist Resident # 301 [redacted].	F 657		

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F 657	Continued From page 42 Review of Resident #301's "Resident Care Information" document, located in a binder at the nurse's station, did not include that Resident #301 [NJ Exec Order 26.4b] During a concurrent interview and observation on 12/04/24 from 4:04 PM to 4:20 PM, Activities Assistant (AA #1) stated she took Resident #301 out to [NJ Exec Order 26] daily at 4:00 PM when she worked, [Resident #301] was allowed to [NJ Exec Order 26.4b1] and their [NJ Exec Order 26.4b1] were kept at the nurse's station. AA#1 stated Resident #301 needed assistance to go to the [NJ Exec Order 26.4b] area since it was in the assisted living area of the facility. AA#1 was observed assisting Resident #301 to [NJ Exec Order 26] During an interview on 12/05/24 at 10:23 AM, CNA #6 stated she looked at the [NJ Exec Order 26] in the residents' EMR or at the "Resident Care Information" located in a binder at the nurse's station to know what care needs residents had. CNA #6 reported not knowing Resident #301 still [NJ Exec Order 26.4b], where Resident #301 cigarettes were, or who currently assisted the resident to [NJ Exec Order 26] During an interview on 12/05/24 at 3:45 PM, the [NJ Exec Order 26.4b1]) stated nursing updated the care plans regarding [NJ Exec Order 26.4b]. During an interview on 12/05/24 at 4:12 PM, the [U.S. FOIA (b)(6)] stated CNAs looked at the [NJ Exec Order 26] on the computer or at the "Resident Care Information" in the binders to know how to care for a resident. The [U.S. FOIA (b)(6)] stated the [U.S. FOIA (b)] updated the smoking portion of the care plan. During an interview on 12/05/24 at 4:46 PM, the [U.S. FOIA (b)(6)] stated the facility never put information on	F 657		

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F 657	Continued From page 43 the care plan regarding smoking other than safety measures. The [redacted] stated staff were verbally informed of what to do for residents who smoked. During an interview on 12/05/24 at 5:20 PM, the [redacted] stated she expected the "Resident Care Information" and the care plan to contain all the necessary information so staff would know how to assist Resident #301 with [redacted]. 5. Review of Resident #60's "Admission Record," found in the electronic medical record (EMR) "Profile" tab, showed an admission date of [redacted] with diagnoses that included [redacted] Review of Resident #60's quarterly "MDS," with an ARD of [redacted], and located under the "MDS" tab of the EMR, revealed a "Brief Interview for Mental Status" score of [redacted], which indicated the resident was [redacted]. During an interview on 12/02/24, at 1:10 PM, Resident #60 was asked about if they participate in care plan meetings and/or interdisciplinary team (IDT) meetings. Resident #60 stated they had not attended or been invited to any such meeting. 6. Review of Resident #51's "Admission Record," found in the electronic medical records (EMR), "Profile" tab, showed a facility admission date of [redacted], with a diagnosis of [redacted]	F 657		

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F 657	Continued From page 44 Review of Resident #51's quarterly "Minimum Data Set (MDS)," with an Assessment Reference Date (ARD) of [redacted], and located under the "MDS" tab of the EMR revealed Resident #51 had a Brief Interview for Mental Status (BIMS)" score of [redacted] which indicated the resident was [redacted] During an interview on 12/02/24 at 12:49 PM, Resident #51 was asked about their participation in care plan meetings and/or interdisciplinary team (IDT) meetings. Resident #51 stated they had not attended or been invited to any such meeting. 7. Review of Resident #3's "Admission Record," found in the "Profile" tab of the EMR, revealed Resident #3 was admitted to the facility on [redacted], with diagnoses which included [redacted]. Review of Resident #3's quarterly "MDS," with an ARD of [redacted], and located under the "MDS" tab of the EMR, revealed Resident #3 had a Brief Interview for Mental Status (BIMS)" score of [redacted], which indicated the resident was [redacted] During an interview on 12/02/24 at 12:37 PM, Resident #3 was asked about their participation in care plan meetings and/or interdisciplinary team (IDT) meetings. Resident #3 stated she had not attended or been invited to any such meeting. During an interview on 12/03/24 at 4:38 PM, the [redacted] stated the facility had not maintained	F 657		

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F 657	Continued From page 45 consistency in conducting care plan meetings. The [NJ Exec Orde] stated that the current process involved the Interdisciplinary Team (IDT) meeting separately to discuss resident needs, after which family members are contacted by phone to review the care plan information. During an interview on 12/05/24 at 3:50 PM, the [NJ Exec Order 2] stated the care plan calendar was provided to the [U.S. FOIA (b)], the IDT met to review and update the care plan, and after the meeting, the [U.S. FOIA (b)] contacted the families to discuss the information. 8. Review of Resident #50's "Admission Record," located under the "Profile" tab of the EMR revealed Resident #50 was admitted to the facility on [NJ Exec Order 26.4b1]. Observation of Resident #50 on 12/02/24 at 2:00 PM, revealed that Resident #50 was being assisted [NJ Ex Order 2] by a family member. During an interview with Resident #50's family member on 12/02/24 at 2:27 PM, she did not recall being invited to attend quarterly care plan meetings. Review of Resident #50's quarterly "MDS," located under the "MDS" tab of the EMR, revealed that Resident #50's NJ Exec Order 26.4b1 [redacted]. Review of Resident #50's "Progress Notes," located under the "Progress Notes" tab of the EMR, revealed that a care plan meeting was held on [NJ Exec Order 26.4b1]. The resident's responsible party attended the care plan meeting. Other participants who attended the care plan meeting were the U.S. FOIA (b)(6) [redacted]), the [U.S. FOIA (b)(6)]	F 657		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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U.S. FOIA (b)(6) and an activities staff member.

Further review of Resident #50's EMR revealed no documented evidence that a care plan meeting occurred after 02/08/24.

During an interview on 12/03/24 at 7:08 PM, the U.S. FOIA (b) stated the receptionist set up a care plan meeting time, and the meetings could be done in person or via telephone. The U.S. FOIA stated she was unable to determine if a care plan meeting had occurred for Resident #50 since 02/08/24.

During an interview on 12/05/24 at 1:12 PM, the U.S. FOIA (b)(6) stated that care plan meetings were scheduled quarterly, and staff from the interdisciplinary team should be present for care plan meetings.

Review of the facility's "Care Plan Revision" policy, reviewed 2024, revealed, ". . . The comprehensive care plan will be reviewed, and revised as necessary, when a resident experiences a status change . . . Upon identification of a change in status, the nurse will notify the physician. The Interdisciplinary Team will discuss the resident condition and collaborate on intervention options . . . The care plan will be updated with the new or modified interventions. Care plans will be modified as needed by the MDS Coordinator or other designated staff member . . ."

Review of the facility's "Care Planning" policy, revised September 2023, revealed, ". . . The resident, the resident's family and/or the resident's legal representative/guardian or surrogate are encouraged to participate in the

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F 657	Continued From page 47 development of and revisions to the resident's care plan. Every effort will be made to schedule care plan meetings at the best time of the day for the resident and family . . ."	F 657		
F 686 SS=E	NJAC 8:39-11.2(e)(f)(h) Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and policy review, the facility failed to identify and/or implement interventions to prevent and/or treat NJ Exec Order 26.4b1 for three of six residents (Resident #92, R #101, and R #13) reviewed for NJ Exec Order 26.4b1 Findings include: 1. Review of Resident #92's "Admission Record," located under the "Profile" tab of the electronic	F 686	1. Residents # 92, #101, #13 NJ Ex Order 2 [redacted] by this deficient practice. Residents identified had interventions reviewed to ensure NJ Exec Order 26.4b1 are prevented and/or treated. 2. All residents at risk for or with pressure ulcers are at risk to be affected by this deficient practice.	12/27/24

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F 686	Continued From page 48 medical record (EMR), revealed Resident #92 was admitted to the facility with diagnoses which included NJ Exec Order 26.4b1 [redacted] Review of Resident #92's "Care Plan," located under the "Care Plan" tab of the EMR, revealed a care plan was initiated on NJ Exec Order 26.4b1 which identified the resident's risk for NJ Exec Order 26.4b1 [redacted] and diagnosis of NJ Exec Order 26.4b1. Care plan interventions included administering preventative treatment to NJ Exec Order 26.4b1 [redacted] Review of Resident #92's Admission "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of NJ Exec Order 26.4b1, and located under the "MDS" tab of the EMR, revealed that the Resident #92 had NJ Exec Order 26.4b1, did not have a NJ Exec Order 26.4b1 reducing device for NJ Ex Order 2 and was not on a NJ Ex Order 26.4(b)(1) program. Further review of the MDS indicated that the resident was dependent for NJ Exec Order 26.4b1 Review of Resident #92's "Weekly Skin Review," dated NJ Exec Order 26.4b1, located under the "Assmnts (Assessments)" tab of the EMR, revealed resident's 'NJ Ex Orde Intact." Review of Resident #92's "Care Plan," located under the "Care Plan" tab of the EMR, revealed that care plan interventions added on NJ Exec Order 26.4b1 included to a use NJ Ex Order 2 to assist with NJ Ex Order 26.4(b)(1) Review of Resident #92's 'NJ Ex Orde NJ Exec Order 26.4b1,"	F 686	3. Nurses were educated on identification and implementation of interventions to prevent and treat pressure ulcers. 4. Director of Nursing /designee will audit 5 residents weekly x 4 weeks the monthly x 2 months to ensure residents at risk or identified to have a pressure ulcers have interventions in place to prevent or treat pressure ulcers. Audits will be reviewed through the monthly QAPI process.	

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assessment, dated [redacted], and located under the "Assmnts" tab of the EMR, revealed that the resident had a NJ Exec Order 26.4b1 of the [redacted] first observed on [redacted]. The [redacted] was further described with [redacted] and NJ Ex Order 26.4(b)(1) [redacted]

Further review of care plan revealed that the "Interventions" section was left blank.

Review of Resident #92's "Multi [redacted] Chart Details," completed by the [redacted] consultant, dated [redacted], and located under the "Misc (Miscellaneous)" tab of the EMR, revealed that the resident had a NJ Exec Order 26.4b1 [redacted].

Treatment recommendations included cleansing the [redacted] with NJ Exec Order 26.4b1 and applying [redacted] every shift until discontinued, and NJ Exec Order 26.4b1 as per standard of care, avoiding NJ Ex Order 26.4(b)(1) which places NJ Exec Order 26.4b1 to the [redacted] limiting continuous time spent [redacted] to less than 2 hours per session on an appropriate [redacted] reducing surface, using a NJ Ex Order 26.4(b)(1) and encouraging patient to perform NJ Exec Order 26.4b1 every [redacted] minutes while in [redacted] (the resident would not have been able to perform [redacted] every [redacted] minutes while in [redacted] due to diagnoses of [redacted]

Review of Resident #92's "Care Plan," located under the "Care Plan" tab of the EMR, revealed that care plan interventions added on [redacted] included providing [redacted] care and [redacted] at least every two hours as tolerated. There was no documented evidence

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that recommendations for avoiding positioning which placed direct [redacted] to the [redacted] site, limiting continuous time spent [redacted] to less than [redacted] per session on an appropriate [redacted] reducing surface, or providing a [redacted] as recommended by the [redacted] consultant on [redacted] were implemented on [redacted]

Review of Resident #92's [redacted] "Treatment Administration Record (TAR)," located under the "Orders" tab of the EMR, revealed that the treatment to cleanse the resident's [redacted] was not initiated until [redacted]. Further review revealed no documented evidence that nursing implemented the [redacted] consultant's recommendations of [redacted], for [redacted] as per standard of care, avoiding positioning which places [redacted] to the [redacted] site, limiting continuous time spent sitting to less than 2 hours per session on an appropriate [redacted] reducing surface, or a [redacted].

Review of Resident #92's '[redacted]," assessment dated [redacted], located under the "Assmnts" tab of the EMR, revealed that the resident's [redacted] first observed on [redacted] was '[redacted]

Review of Resident #92's "Care Plan," located under the "Care Plan" tab of the EMR, revealed care plan interventions were not added until [redacted], and at that time included assisting to [redacted] in wheelchair every [redacted] minutes, assessing [redacted] for [redacted] keeping bed sheets flat and straight without wrinkles and weekly treatment documentation to include

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F 686	Continued From page 51 NJ Ex Order 26.4(b)(1) of each area of NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) Review of Resident #92's "Weekly NJ Ex Ord Review," dated NJ Exec Order 26.4b, located under the "Assmnts" tab of the EMR, revealed, "NJ Ex Ord Intact." Review of Resident #92's "Multi NJ Ex Order 26.4 Chart Details," completed by the NJ Exec Order 2 consultant, dated NJ Ex Order 26.4(b)(1), and located under the "Misc" tab of the EMR, revealed the resident had an NJ Exec Order 26.4b1 with minimum NJ Exec Order 26.4b1 It was recorded the NJ Exec Order 26 consultant performed NJ Exec Order 26.4b1 of the NJ Exec Order 26 Treatment recommendations included cleansing the NJ Exec Order 26.4b1 solution, pack with NJ Exec Order 26.4b1 solution-dampened gauze, including undermining where present and NJ Ex Order 26. daily until discontinued, and continue with all recommended NJ Ex Order 26.4(b)(1) measures. Review of Resident #92's "NJ Ex Order 26.4(b)(1)," assessment dated NJ Exec Order 26.4b, and located under the "Assmnts" tab of the EMR, revealed that resident had an NJ Exec Order 26.4b1 of the NJ Exec Order 26 first observed on NJ Exec Order 26.4b. The NJ Ex Order 26.4(b)(1) was further described with NJ Exec Order 26.4b1 The care plan "Interventions" section was left blank. Observation of Resident #92 on 12/02/24 at 4:47 PM, revealed the resident lying in bed. The resident was NJ Exec Order 26.4b1 when spoken to and NJ Ex Order 26.4(b)(1) on staff for activities of	F 686		

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F 686	Continued From page 52 daily living including the administration of [NJ Ex Order 26.4(b)] and [NJ Exec Order 26.4b1]. The resident was noted with [NJ Exec Order 26.4b1], and [NJ Ex Order 26] was placed in each hand. The resident was noted with an [NJ Exec Order 26.4b1] and was receiving care by the nurse during observation. After an interview with the [U.S. FOIA (b)] on 12/05/24, related to Resident #92's [U.S. FOIA (b)(6)] the [U.S. FOIA (b)] provided the surveyor with the certified nursing assistant task document dated [NJ Exec Order 26.4b1] There was no documented evidence that Resident #92 was [NJ Exec Order 26.4b1] every [NJ Exec Order 26.4b1] or that the resident's time [NJ Ex Order 26] was limited to two hours per session. 2. Review of Resident #101's "Admission Record," located under the "Profile" tab of the EMR revealed the resident was admitted to the facility on [NJ Exec Order 26.4b]. Review of the [NJ Exec Order 26] Assessment," dated [NJ Exec Order 26.4b] and located under the "Assmnts" tab of the EMR, revealed a score of [NJ Exec] with a category of [NJ Ex Order 26.4(b)]. Further review revealed occasionally [NJ Ex Order 26] [NJ Ex Order 26.4(b)(1)] slightly [NJ Ex Order 26.4(b)(1)], [NJ Ex Order 26.4(b)] probably [NJ Ex Order 26.4(b)(1)] and [NJ Ex Order 26.4] and [NJ Ex Order 2] as potential problems. Review of the "Baseline Care Plan," dated [NJ Exec Order 26.4b1] located under the "Misc" tab of the EMR, revealed the resident required [NJ Ex Order 26.4(b)(1)] for [NJ Ex Order 26.4(b)(1)] and [NJ Ex Order 26.4(b)] utilized a wheelchair for mobility, was occasionally [NJ Exec Order 26.4b1], and had a history of [NJ Exec Order 26.4b1] issues. Review of the [NJ Ex Order 26.4(b)(] "Nursing Comprehensive	F 686		

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F 686	Continued From page 53 Assessment," dated [redacted] located under the "Assmnts" tab of the EMR, revealed there was no presence of NJ Exec Order 26.4b1. Review of the '[redacted] Assessment," dated [redacted], located under the "Assmnts" tab of the EMR, revealed that the resident had a [redacted] Review of the admission "MDS," with an ARD of [redacted], revealed the resident did not have a NJ Exec Order 26.4b1 and had a [redacted] reducing device for [redacted] and bed and [redacted] and [redacted] program. Review of the "Weekly Skin Review," dated [redacted], and located under the "Assmnts" tab of the EMR, revealed the resident had a [redacted] Review of the 'NJ Exec Order 26.4b1 Type," dated [redacted] and located under the "Assmnts" tab of the EMR, revealed that the resident had a [redacted] that was first observed on [redacted] was present on admission, and [redacted] status was improved. Further medical record review revealed there was no comprehensive assessment of the [redacted] until [redacted]. Review of the NJ Exec Order 26.4b1 Chart Details," dated [redacted], and completed by [redacted] consultant, revealed that Resident #101 had a NJ Exec Order 26.4b1 injury of the [redacted] that NJ Ex Order 26.4(b)(1) [redacted] with no [redacted] During an interview on 12/4/24 at 11:04 AM, the resident's representative, stated that she had	F 686		

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informed the facility that the resident had a [redacted] that had developed within the first week of admission.

Interview of the U.S. FOIA (b)(6) on 12/05/24 at 1:12 PM, revealed that when residents were identified with a [redacted], the physician and resident representative were notified, and a treatment order was obtained, and a [redacted] consultation was obtained if appropriate. The [redacted] stated it was expected that nursing document assessment of residents [redacted] issues including measurements of NJ Exec Order 26.4b1. The [redacted] stated the nurse that goes on [redacted] rounds with the [redacted] consultant was responsible for carrying out recommendations for treatments/interventions made by the [redacted] consultant.

3. Review of Resident #13's "Admission Record," located in the electronic medical record (EMR) under the "Profile" tab, revealed an initial admission date of [redacted], with diagnoses which included NJ Exec Order 26.4b1 [redacted]

Review of Resident #13's annual "Minimum Data Set (MDS)," located in the EMR under the "MDS" tab and with an Assessment Reference Date (ARD) of [redacted] revealed a "Brief Interview for Mental Status (BIMS)" score of [redacted] indicating Resident #13 had NJ Exec Order 26.4b1. Further review of the MDS indicated that Resident #13 was at risk for development of a NJ Exec Order 26.4b1 but had none.

Review of Resident #13's "Care Plan," in the EMR under the "Care Plan" tab and revised [redacted], revealed a focus area related to the

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F 686	Continued From page 55 potential/actual NJ Ex Order 26.4(b)(1) of the NJ Exec Order 26.4 related to NJ Exec Order 26.4b1. Interventions included using a NJ Ex Order or NJ Ex Order 26.4(b)(1) to NJ Ex Order 2 resident, keep NJ Ex Ord clean and dry, and assess NJ Ex Ord weekly on shower day and document findings on a weekly NJ Ex Ord assessment. Review of a 'NJ Ex Order 26.4(Care" note, dated NJ Exec Order 26.4b1, and located in the "Misc" tab of the EMR, revealed Resident #13 had developed a NJ Exec Order 26 . Review of a 'NJ Ex Order 26.4(Care" note, dated NJ Exec Order 26.4b1 and located in the "Misc" tab of the EMR, revealed Resident #13's NJ Exec Order 26.4b1 had resolved. Review of Resident #13's "Care Plan" in the EMR under the "Care Plan" tab revealed a focus area revised on NJ Exec Order 26.4b1, that Resident #13's NJ Exec Order area had resolved. There were no new interventions identified to aid in the redevelopment of the NJ Exec Order 26.4b1 Review of a "General Note," located in the "Prog Note" tab of the EMR, revealed an entry on NJ Exec Order 26.4b1 indicating "CNA [Certified Nurse Aide] reported NJ Ex Order 26.4(b)(1) NJ Exec Order 26 in the NJ Exec Order 26.4. Upon assessment, NJ Exec Order 26.4b1 above the NJ Exec Order 26.4b1 . . . MD aware of finding, order NJ Exec O to the area and NJ Exec Order 26 care consult." Review of Resident #13's "Care Plan" in the EMR under the "Care Plan" tab revealed interventions to encourage NJ Ex Order 26.4(b)(1) in NJ Ex Or and to use a pillow to assist with NJ Ex Order 26.4(b)(1) were initiated on NJ Exec Order 26.4b1, after the NJ Exec Order 26.4b1 NJ Ex Order 26.4(b)(1).	F 686		

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Review of Resident #13's "TAR," dated NJ Exec Order 26.4b1 through NJ Exec Order 26.4b1 and located under the "Orders" tab of the EMR, revealed no documented evidence of any treatment was completed to the resident's NJ Exec Order 26.4b1.

Review of Resident #13's "Orders" tab in the EMR, revealed orders, dated NJ Exec Order 26.4b1, for NJ Exec O prep wipes to NJ Exec Order 26.4b1 every day and evening shift for NJ Exec Order 26.4b1, to offload NJ Exec Order when in bed every shift was and an NJ Ex Order 26.4(b)(1).

During an observation on NJ Exec Order 26.4b1, Resident #13 was lying in bed with their NJ Exec Orde positioned NJ Ex Order 26.4(b)(1) the bed.

During an observation on 12/04/24 at 1:17 PM, Licensed Practical Nurse (LPN #9) performed a treatment to the resident's NJ Exec Order 26.4b1. Before the treatment, Resident #13's NJ Exec Orde were on the bed and were not floated. After the treatment, Resident #13 was NJ Ex Order 26.4(b)(1) so that their NJ Exec Order 26.4b1 was floated and the left remained on the bed.

During an observation on 12/05/24 at 8:55 AM, Resident #13 sat in bed with the head of the bed raised. Resident #13 NJ Ex Order 26.4(b)(1) on the bed.

During an observation on 12/05/24 at 2:28 PM, LPN #1 looked at Resident #13's NJ Exec Orde when asked about the orders for floating and skin prep. Resident #13 was seated in her wheelchair with NJ Exec Order 26.4b1 in place. Upon removal of the NJ Ex Order 26.4(b)(1) Resident #13's NJ Exec Orde were both noted to have NJ Exec Order 26.4b1, as stated by LPN #1.

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT CHESTNUT HILL LLC	**360 CHESTNUT STREET PASSAIC, NJ 07055**

(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 686	Continued From page 57 During an interview on 12/05/24 at 5:20 PM, the [U.S. FOIA (b)] stated she expected interventions to be identified and implemented to treat breakdown, prevent further breakdown, and help prevent recurrence of a [NJ Exec Order 2] once it resolved.	F 686		
F 690 SS=D	NJAC 8:39-27.1(e) Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.	F 690		12/27/24

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F 690	Continued From page 58 §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview, the facility failed to ensure improper [redacted] care was provided to [redacted] residents for 2 residents (Resident #12 and Resident #87) out of a sample of 31 residents. This had the potential to effect all residents who require staff assistance with [redacted] care. Findings Include: 1. Review of Resident #12's "Face Sheet," located in electronic medical record (EMR) under the "Profile" tab revealed the resident was re-admitted to the facility on [redacted], with diagnosis of [redacted] Review of Resident #12's quarterly "Minimum Data Set (MDS)," with an Assessment Reference Date (ARD) of [redacted], and located in the EMR under the "MDS" tab, revealed a "Brief Interview for Mental Status (BIMS)" score of [redacted] which indicated the resident was [redacted] Review of Resident #12's "Care Plan" dated [redacted] and located in the EMR under the "Care Plan" tab revealed, "The resident is at risk for [redacted] related to [redacted]." Interventions	F 690	1. CNA #4 was re-educated on the facility [redacted] care policy to ensure residents that are [redacted] will receive appropriate care to prevent infections. 2. All incontinent residents are at risk for this deficient practice. 3. All CNAs were re-educated on the facility incontinence care policy to ensure residents that are incontinent of bladder or bowel will receive appropriate care to prevent infections. 4. ADON / Designee will observe 5 CNA□s weekly x 4 weeks and then monthly x 2 months during incontinent care to ensure they are following the policy and procedure for incontinence care. Issues identified will be addressed in real time. Audits will be reviewed through the monthly QAPI process.	

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F 690	Continued From page 59	F 690		

in place were to clean NJ Exec Order 26.4b1 with each NJ Exec Order 26.4b1 episode, monitor for signs and symptoms of NJ Ex Ord encourage NJ Ex Order 26 report any possible causes of NJ Ex Order 26.4(b)(1)

During an observation on 12/04/24 at 12:24 PM, of Certified Nurse Aide (CNA #4) who took Resident #12 into the shower room across the hall from the resident's room. CNA #4 had Resident #12 stand while she placed a NJ Exec Order 26 chair behind the resident and pulled down/off Resident #12's NJ Exec Order 26.4b1, which was NJ Exec Order 26.4b1. CNA #4 had Resident #12 sit on the NJ Exec Order 26 chair and moved the NJ Exec Order 26 chair over the NJ Ex Order 2 Resident #12 verbalized she was done using the NJ Exec Ord CNA #4 NJ Exec Orde the NJ Exec Order 26.4b1 with moistened wipe once, by reaching her hand NJ Exec Order 26.4b1 chair and reaching NJ Exec Order 26.4b1. CNA #4 did not wipe the NJ Exec Order 26.4b1 or the NJ Exec Ord CNA #4 placed Resident #12's clean NJ Exec Order 26.4b1. During an interview on 12/04/24 at 1:43 PM, CNA #4 stated she was unable NJ Ex Order 26.4 Resident #12 thoroughly in the NJ Exec Order 26.4b1 since she was unable to NJ Ex Order 26.4(b)(1) well enough to NJ Ex Order 26.4(b)(1) . She stated it is difficult to provide Resident #12 thorough NJ Exec Order 26.4b1 care since the resident is NJ Exec Order 26.4b1 to allow staff to NJ Exec Order 26.4b1.

During an interview on 12/05/24 at 1:22 PM, the U.S. FOIA (b)(6)) stated that NJ Ex Order 26 the resident once through the NJ Exec Order 26.4b1 would be appropriate to thoroughly clean the NJ Exec Order 26.4b1 or the NJ Exec Order 26.4b1 a resident's NJ Exec O . She said the number one reason to ensure proper NJ Exec Order 26.4b1 care is

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F 690	Continued From page 60 the risk of [redacted]. During an interview on 12/05/24 at 4:53 PM, the [redacted] stated she expected staff to clean a resident thoroughly after providing [redacted] care due to possible [redacted], and the risk for [redacted], like a [redacted]. 2. Review of Resident #87's "Admission Record," located in the EMR under the "Profile" tab, revealed an initial admission date of [redacted]. Review of Resident #87's annual "MDS" located in the EMR under the "MDS" tab with an ARD of [redacted] revealed a "BIMS" score of [redacted], indicating Resident #87 was [redacted]. It was recorded Resident #87 was always [redacted] and frequently had [redacted] Review of Resident #87's "Care Plan," in the EMR under the "Care Plan" tab and dated [redacted], revealed a focus of "[Resident #87] is at risk for [redacted]] related to [redacted]. " Intervention included to clean [redacted] with each [redacted] episode, and to wash, rinse, and dry the [redacted]. During an interview on 12/02/24 at 4:37 PM, Resident #87 stated that their [redacted] down easily when he/she does not receive frequent [redacted] or [redacted]. During an observation on 12/04/24 at 12:50 PM, CNA #4 assisted Resident #87 with [redacted] and [redacted] care. CNA #4 sat Resident #87 on a [redacted] chair and positioned the [redacted] chair [redacted]. CNA #4 then removed Resident #87's [redacted] and confirmed	F 690		

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F 690	Continued From page 61	F 690		

that Resident #87's NJ Exec Order 26.4b1. CNA #4 allowed Resident #87 to NJ Ex Order 26.4(b)(1) and then gloved and used disposable paper wipes, moistened at the sink, to provide NJ Exec Order 26.4b1 care. CNA #4 reached under the NJ Exec Order 26 chair and cleaned Resident #87's NJ Ex Ord that was NJ Ex Order 26.4(b)(1) the NJ Exec O in the NJ Exec Order 26 chair. CNA #4 NJ Ex Order 26.4(b)(1) with a hand towel to dry it through the NJ Exec O in the NJ Exec Order 26 chair. CNA #4 then had Resident #87 stand, while CNA #4 NJ Exec Order 26.4b1 the resident and reached through Resident #87's NJ Exec O with a NJ Exec Ord to NJ Exec Order 26.4b1. CNA #4 NJ Exec Order 2 the NJ Exec Order 26.4b area again but did not NJ Exec Order 26.4b1 of Resident #87.

During an interview on 12/04/24 at 1:43 PM, CNA #4 reported she provided NJ Exec Order 26.4b1 and NJ Exec Order 26.4 for Resident #12 and Resident #87 in the morning and after lunch. CNA #4 reported she cleaned the NJ Exec Order 26.4b area when a resident was NJ Exec Order 26.4b1. CNA #4 stated the NJ Exec Order 26.4b area she NJ Ex Order 26.4(b)(1) as Resident #12 and Resident #87 sat on the NJ Exec Order 26.4b chair, she did when they NJ Ex Order 26 CNA #4 verified that Resident #12 had not NJ Ex Order 26.4(b)(1) and said she had cleaned all the NJ Exec Order 26.4b1 through the NJ Exec O in the NJ Exec Order 26 chair.

During an interview on 12/04/24 at 2:18 PM, Licensed Practical Nurse (LPN #9) stated residents should be checked for NJ Exec Order 26.4b1 every NJ Exec hours. LPN #9 stated when a resident was NJ Exec Order 26.4b1 nursing staff were to clean the NJ Exec Order 26.4b area in NJ Exec Order 26.4b1.

During an interview on 12/05/24 at 2:43 PM, CNA #11 stated for NJ Exec Order 26.4b1 care, residents were NJ Exec Order from NJ Ex Order 26.4(b)(of their NJ Exec Order 26.4b1 to the other, then they are down NJ Ex Order 26.4(b)(1) of

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F 690	Continued From page 62 their NJ Exec Order 26.4b1 and then NJ Exec Order 26.4b1. Following that, the NJ Exec Order 26.4b1. During an interview on 12/05/24 at 1:29 PM, the IP stated she expected staff to NJ Ex Order residents from the NJ Ex Order 26.4(b)(1) to the NJ Ex Order 26.4 when performing NJ Exec Order 26.4b1 care. The IP pointed to the NJ Exec Order 26.4b1 of a resident's NJ Exec Order 26.4b1 to clean before cleaning the NJ Exec Order 26.4b1 During an interview on 12/05/24 at 4:08 PM, the IP stated proper NJ Exec Order 26.4b1 care was important for many reasons. The IP stated it was important to prevent infections and NJ Exec Order 26.4b1. During an interview on 2/05/24 at 5:15 PM, the U.S. FOIA (b) stated NJ Ex Order 26.4(b)(1) and risk for NJ Ex Order 26.4(b)(1) specifically NJ Exec Order 26.4b1, were a risk of improper NJ Exec Order 26.4b1 care. Review of the facility's policy titled, "Incontinence Care" dated 01/2024 revealed will receive appropriate treatment and services. Residents that are incontinent of bladder or bowel will receive appropriate treatment to prevent infections and to restore continence to the extent possible.	F 690		
F 695 SS=D	NJAC 8:39-27.1(a) Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such	F 695		12/27/24

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F 695	Continued From page 63 care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and facility policy review, the facility failed to ensure a resident receiving NJ Exec Order 26.4b1 had orders in place for one of one resident (Resident #4) reviewed for NJ Exec Order 26. Findings include: Review of Resident #4's "Admission Record," located in the electronic medical record (EMR) under the "Profile" tab, revealed an initial admission date of NJ Exec Order 26.4b1 Review of Resident #4's "Care Plan," dated NJ Exec Order 26.4b1, and located in the "Care Plan" tab of the EMR, revealed, "[Resident #4] has NJ Exec Order 26. r/t [related to] ineffective gas exchange." Interventions included NJ Exec Order 26.4b1 at NJ Exec Order 26.4b1 NJ Ex Order 26.4(b)(1)) via NJ Ex Order 26.4(b)(1) Review of Resident #4's "Orders" tab of the EMR revealed an order dated NJ Exec Order 26.4b1, for continuous NJ Exec Order 26. at NJ Exec Order 26.4b1) via NJ Exec Orde and for staff to check the resident's NJ Exec Order 26.4b1 levels. Review of Resident #4's significant change "Minimum Data Set (MDS)," located in the EMR under the "MDS" tab and with an Assessment Reference Date (ARD) of NJ Exec Order 26.4b1, revealed a "Brief Interview for Mental Status (BIMS)" score of NJ Exec Order 26.4b1, indicating Resident #4 had NJ Exec Order 26.4b1 .	F 695	1. Resident 4 was affected by this deficient practice. A physician□s order was obtained for Resident #4 to receive NJ Exec Order 26.4b1. 2. All residents are at risk for this deficient practice. 3. All nurses will be in-serviced on the facility□s Oxygen Administration policy and the need to verify there is a physician□s order for this procedure. 4. The ADON / Designee will audit 5 resident□s charts weekly x 4 week then monthly x 2 months to ensure that all treatment procedures have an appropriate physician□s order. Issues identified during the audit will be discussed with the Nurse. Audits will be reviewed through the monthly QAPI process for the next three months.	

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F 695	Continued From page 64	F 695		

Review of Resident #4's "Admission Record," located in the EMR under the "Profile" tab, revealed the resident was transferred to the hospital on [redacted], and returned to the facility on [redacted].

Review of Resident #4's "Orders" tab of the EMR revealed all orders were discontinued when Resident #4 was discharged to [redacted] on [redacted] No order for [redacted] was written upon Resident #4's return to the facility on [redacted]

[redacted] an observation on 12/02/24 at 11:45 AM, Resident #4 was lying in [redacted] bed with a [redacted]. Resident #4's [redacted] was running at [redacted] A portable [redacted] with [redacted] in a bag hung from the back of Resident #4's wheelchair.

During an observation on 12/02/24 at 3:00 PM, Resident #4 was lying in bed with [redacted] running at [redacted] via [redacted].

During an interview on 12/05/24 at 10:23 AM, Certified Nurse Aide (CNA #6) stated Resident #4 [redacted], if he/she left it in his/her [redacted].

During an interview on 12/05/24 at 1:53 PM, Licensed Practical Nurse (LPN #1) reported not seeing an [redacted] order that morning for Resident #4, so LPN #1 placed Resident #4's [redacted] back in his bag. LPN #1 stated Resident #4 received [redacted] as needed). When asked if there should be orders for PRN [redacted] LPN #1 stated there should be an order for PRN

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F 695	Continued From page 65 [redacted] for a resident who had [redacted] in their room. During an interview on 12/05/24 at 5:15 PM, the [redacted]) reported she expected an order for [redacted] if routine or PRN to ensure the correct administration. Review of the facility's "Oxygen Administration" policy, updated 10/2024, revealed, ". . . Verify that there is a physician's order for this procedure. Review the physician's orders or facility protocol for oxygen administration." "After completing the oxygen setup or adjustment, the following information should be recorded in the resident's medical record: The date and time that the procedure was performed . . . the rate of oxygen flow, route, and rational, the frequency and duration of the treatment, the reason for p.r.n. [PRN] administration, all assessment data obtained before, during, and after the procedure, how the resident tolerated the procedure . . ."	F 695		
F 700 SS=D	NJAC 8:39-27.1 Bedrails CFR(s): 483.25(n)(1)-(4) §483.25(n) Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements. §483.25(n)(1) Assess the resident for risk of entrapment from bed rails prior to installation.	F 700		12/27/24

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F 700	Continued From page 66 §483.25(n)(2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation. §483.25(n)(3) Ensure that the bed's dimensions are appropriate for the resident's size and weight. §483.25(n)(4) Follow the manufacturers' recommendations and specifications for installing and maintaining bed rails. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure residents received alternative measures prior to installation of [NJ Ex Order 26.4(b)(1)], and that risk for [NJ Ex Order 26.4(b)(1)] was assessed for two residents reviewed for [NJ Ex Order 26.4(b)(1] (Resident #54 and R #36) of 31 sampled residents. The lack of alternate [NJ Ex Order 26.4(b] measures and assessment for [NJ Ex Order 26.4(b)(1)] could lead to potential [NJ Ex Order 26.4(b)] or NJ Ex Order 26.4(b)(1). Findings include: Review of Resident #36's "Face Sheet," located in the electronic medical record (EMR) under the "Profile" tab revealed the resident was re-admitted to the facility on [NJ Exec Order 26.4b], with diagnoses which included NJ Exec Order 26.4b1 [redacted]. Review of Resident #36's quarterly "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of [NJ Exec Order 26.4b], and located in the resident's EMR under the "MDS" tab, revealed a "Brief Interview for Mental Status (BIMS)" score	F 700	1. Residents #54 and # 36 [NJ Ex Order] [redacted] by this deficient practice. [NJ Ex Order 26.4] measurements and assessments were immediately completed and appropriate alternative approached were explored. 2. All residents with bedrails are at risk for this deficient practice. 3. The maintenance director was in-serviced on checking the bedrails upon application and quarterly to ensure there is no risk for entrapment. All nurses were in-serviced on completing the bedrail nursing assessment and following the facility□s bedrail policy. 4. The Director of Nursing / Designee will audit the 3 residents with bedrails weekly x 4 weeks then monthly x 2 months to ensure all assessments are complete and that the facility bedrail policy is being followed. Issues identified during the audit will be discussed with the staff member.	

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F 700	Continued From page 67 of NJ Exec Order 26.4b1 which indicated the resident's NJ Exec Order 26.4b1 . Review of Resident #36's "Care Plan," dated NJ Exec Order 26.4b1, and located in the resident's EMR under the "Care Plan" tab revealed, "The resident was at risk for further decline in NJ Ex Order 26.4(b)(1)] related to a diagnosis NJ Exec Order 26.4b1 ." Interventions in place were NJ Ex Order 26.4(b)(1) as ordered. Review of Resident #36's "Nursing Comprehensive Assessment" dated NJ Exec Order 26.4b1, and located in the EMR under the "Assessments" tab revealed risk for NJ Ex Order 26.4(b)(1) had not been completed and that no alternates were attempted prior to the placement of the NJ Ex Order 26.4(b)(1) 2. Review of Resident #54's "Face Sheet," located in EMR under the "Profile" tab revealed the resident was re-admitted to the facility on NJ Exec Order 26.4b1, with diagnosis of NJ Exec Order 26.4b1. Review of 54's quarterly "MDS" with an ARD of NJ Exec Order 26.4b1, and located in the EMR under the "MDS" tab revealed a "BIMS" score of NJ Exec Order 26.4b1 which indicated the resident's NJ Exec Order 26.4b1 Review of Resident #54's "Care Plan," dated NJ Exec Order 26.4b1, and located in the EMR under the "Care Plan" tab revealed, "The resident was at risk for further NJ Exec Order 26.4b1 related to diagnosis." Interventions in place were NJ Ex Order 26.4(b)(1) as ordered. Review of Resident #54's "Nursing Comprehensive Assessment" dated NJ Exec Order 26.4b1 and located in the resident's EMR under the	F 700	Audits will be reviewed through the monthly QAPI process.	

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT CHESTNUT HILL LLC	**360 CHESTNUT STREET PASSAIC, NJ 07055**

(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 700	Continued From page 68 "Assessments" tab, revealed risk for entrapment had not been completed and that no appropriate alternates were attempted. During an interview on 12/04/24 at 8:01 PM, the U.S. FOIA (b)(6)) said he checks NJ Ex Order 26.4(b) to ensure there was not a gap between the mattress and NJ Ex Order 26.4 of more than 5-6 inches space between the mattress and NJ Ex Order 26.4(b) He stated he got the 5-6 inches from looking online and that he uses a tape measurer. He said he is just measuring the distance between the NJ Ex Order 26.4(b) and the mattress, but he does not check for risk of NJ Ex Order 26.4(b)(1) He said he does not have a device to check for the risk of NJ Ex Order 26.4(b)(1) During an interview on 12/05/24 at 10:20 AM, Licensed Practical Nurse (LPN #1) said the nursing staff complete an initial assessment for NJ Ex Order 26.4 use but they are not completed quarterly after that. He stated they have the resident or representative sign for consent for NJ Ex Order 26.4(b)(1) but are not assessing appropriate alternatives prior to using them. During an interview on 12/05/24 at 10:39 AM, LPN #6 stated they get a physician's order for NJ Ex Order 26.4(b)(, and they complete a nursing assessment. She said they assess if the NJ Ex Order 26.4(b) are safe by just doing a visual assessment. She said they look at the NJ Ex Order 26.4(b) and see if anything looks unsafe. They do not explore using alternates prior to use. She said they use the NJ Ex Order 26.4(b) for most residents as a safety measure since they are a NJ Exec Order 26.4(b) . During an interview on 12/05/24 at 4:53 PM, the U.S. FOIA (b)(6)) stated nursing staff complete an initial assessment for NJ Ex Order 26.4 use but	F 700		

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F 700	Continued From page 69 they are not exploring alternatives. The [U.S. FOIA (6)] stated that she thought they were completing them quarterly but she's not sure and she thought maintenance was checking for [NJ Ex Order 26.4(b)(1)] and making sure the [NJ Ex Order 26.4(b)(1)] were not loose. The [U.S. FOIA (6)] was unaware that maintenance was measuring for a 5-6-inch space between the mattress and the bed and she did not know that it could not be more than 4 inches. Review of the facility's policy titled "Bed Rail Policy" dated 2024 revealed, it is the policy of the facility to utilize a person-centered approach when determining the use of bed rails. Appropriate alternative approaches are attempted prior to installing or using bed rails. NJAC 8:39-27.1(a)	F 700		
F 835 SS=K	Administration CFR(s): 483.70 §483.70 Administration. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on interviews and review of pertinent facility documents, it was determined that the facility failed to ensure the[U.S. FOIA (b)(6)] ensured staff implemented the facility's [NJ Ex Order 26.4(b)(1)] policy for residents during a medical emergency to ensure residents' wishes regarding [NJ Ex Order 26.4(b)(1)] were honored. This deficient practice was identified for 3 of 31 residents reviewed for	F 835	1. Residents R 40, 36 and 4 were [NJ Ex Order 26.4(b)(1)] by this deficient practice. Charts were reviewed, [NJ Ex Order 26.4(b)(1)] and care plan updated. All charts reviewed with no additional findings. [U.S. FOIA (b) (6)] [U.S. FOIA (b) (6)], [U.S. FOIA (b) (6)] immediately educated on reviewing, developing and implementing	12/6/24

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F 835	Continued From page 70 NJ Ex Order 26.4(b)(1) (Resident #4, R #36. and R #40). Refer F 578 1. Resident #40 had a 'NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1)) dated NJ Exec Order 26.4b, for a NJ Exec Order 26.4b1 status (NJ Exec Order 26.4b1). A review of a physician's order (PO) dated NJ Exec Order 26.4b, indicated the resident had a NJ Ex Order 26.4(b)(1) of NJ Ex Order 26 (NJ Exec Order 26.4b1 . Interview on 12/03/24, with Resident #40's guardian, Family Member (FM #2), revealed that the resident was always a NJ Exec Order 26.4b status; that during an emergency response, the resident wanted all NJ Exec Order 26.4b1 procedures implemented. Interview with staff on 12/03/24, revealed that during an emergency response, the resident was coded as a NJ Exec Order 26.4b1 would not be performed. 2. Resident #4 had an undated NJ Ex Order 26.4(that was scanned into the electronic medical record (EMR) on NJ Exec Order 26.4b, for a NJ Ex Order 26.4(b)(1) of NJ Exec Orde and NJ Exec Order 26). A review of the PO dated NJ Exec Order 26.4b, indicated the resident had a NJ Exec Order 26.4b status. Interview on NJ Exec Order 26.4b, with Resident #4's FM #1, revealed the resident had a NJ Exec Orde NJ Ex Order ; that during an emergency response, the resident did not wish for NJ Exec Orde to be performed. 3. Resident #36 had a NJ Ex Order 26.4(dated NJ Exec Order 26.4b, for a code status of NJ Exec Order 26.4b1; that the resident during an NJ Ex Order 26.4(b)(1) did not wish to	F 835	clear policies for staff to follow regarding code status. Code status policy was updated and reviewed with Administrator, Director of Nursing and Medical Director. 2. All residents have the potential to be affected by this deficient practice. 3. All nurses educated on verifying code status upon admission, completion of POLST, updating of order and care plan with code status, as well as on updated policy titled, Code Status. Policy updated to include process for obtaining and reviewing code status. 4. Administrator / Designee will conduct code status audit to ensure all residents have a code status upon admission, completion of POLST and that the plan of care is consistent with the POLST and physician order daily x 1 week and then weekly x 4 weeks and then monthly x 2 months. Administrator / Designee will conduct random nurse staff audits of 5 nurses to ensure compliance of code status policy, audits conducted through staff interviews, daily x 1 week and then weekly x 4 weeks and then monthly x 2 months. ADHOC QAPI to ensure compliance to the policy entitled, Code Status. Random audit of resident care plans for 3 residents, POLST, and physician order to ensure compliance 3 x per week for 1 week, then weekly x 4 weeks then	

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F 835	Continued From page 71 have [NJ Exec Orde] performed. A review of the PO dated [NJ Exec Order 26.4b1] indicated that the resident had a [NJ Exec Order 26.4b] status. Interview with staff on [NJ Exec Order 26.4b], revealed that the resident had a [NJ Exec Order 26.4b] status; that during an emergency response, all [NJ Exec Order 26.4b1] procedures would be implemented. This resulted in an Immediate Jeopardy (IJ) situation. The facility's failure to ensure the [U.S. FOIA (b)(6] and staff implemented the [NJ Ex Order 26.4(b)(1)] policy to ensure residents' [NJ Ex Order 26.4(b)(1)] were correct during an emergency response posed a likelihood of [NJ Ex Order 26.4(b)(1)] or [NJ Ex Order 2] for residents by receiving an incorrect emergency response. This resulted in an IJ situation. The IJ began on 12/04/24, when the [U.S. FOIA (b)(6] identified it was the nursing staff's responsibility to ensure staff were properly trained on policy, procedure, and protocol. The facility was notified of the IJ on 12/04/24 at 6:05 PM. The facility submitted an acceptable Removal Plan (RP) on 12/05/24 at 2:28 PM. The survey team verified the implementation of the Removal Plan during the continuation of the on-site survey on 12/05/24. Findings include: A review of the facility's "Administrator Job Description" dated revised 03/2024, included plans, develops, implements, evaluates and directs the overall operation of the facility as well as its programs and activities, in accordance with current state and federal laws and regulations; plans, develops, organizes, implements, evaluates and directs the facility's programs and	F 835	monthly x 2 months. Results of audit will be submitted during QAPI meeting monthly.	

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F 835	Continued From page 72 activities in accordance with guidelines issued by the governing body; identifies, in conjunction with the Director of Nursing and selected department heads, the facility's key performance indicators. establishes ongoing system to monitor these key indicators such as Quality Assurance and Performance Improvement process throughout the facility... A review of the facility's "Code Status" policy dated 2024, included it is the policy of this facility to adhere to residents' rights to formulate advance directives. In accordance to these rights, this facility will implement procedures to communicate a resident's code status to those individuals who need to know this information. Policy Explanation and Compliance Guidelines: I. The facility will follow facility policy regarding a resident's right to request, refuse and/or discontinue medical or surgical treatment and to formulate an Advance Directive. 2. When an order is written pertaining to a resident's presence or absence of an Advance Directive, the directions will be clearly documented in designated sections of the medical record. Examples of directions to be documented include. but are not limited to: a. Full Code b. Do Not Resuscitate c. Do Not Intubate d. Do not Hospitalize 3. In the absence of an Advance Directive or further direction from the physician, the default direction will be Full Code. 4. The presence of an Advance Directive or any physician directives related to the absence or presence of an Advance Directive shall be communicated to Social Services. 5. The resident's code status will be reviewed quarterly and documented in the medical record...The policy did not include where nursing staff verified the resident's code status information; how to	F 835		

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F 835	Continued From page 73 identify potential discrepancies in the medical records; or who was responsible for ensuring accuracy. 1. A review of Resident #40's EMR revealed a PO dated [redacted], for a [redacted] of [redacted]. A further review of the EMR revealed a [redacted] dated [redacted], which indicated the resident had a [redacted] status. During an interview on 12/03/24 at 11:59 AM, with Resident #40's guardian, FM #2, revealed before Resident #40 was admitted into the facility, it was documented on paper that Resident #40 was to be [redacted]. FM #2 verified that Resident #40's wishes had not changed, and no one from the facility had discussed a change in [redacted] with them. 2. A review of Resident #4's "orders" tab of EMR revealed all orders were discontinued when Resident #4 was discharged to the hospital on [redacted] There was no PO for [redacted] for Resident #4 upon their re-admission to the facility on [redacted]. On 12/03/24 at 3:02 PM, a PO for a [redacted] status was entered. A review of Resident #4's undated and signed [redacted] that was scanned into the EMR on [redacted], revealed that a physician signed the request by FM #1 for a [redacted] status. During an interview with FM #1 on 12/03/24 at 4:09 PM, FM #1 stated that Resident #4 had a [redacted] of [redacted].	F 835		

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F 835	Continued From page 74 3. A review of Resident #36's "Orders" tab of the EMR revealed there was no PO for [redacted]. A review of the [redacted] binder located at the nurse's station did not include a [redacted] for Resident #36. A review of the scanned [redacted] in the EMR dated [redacted], revealed Resident #36 had a [redacted]. During an interview on 12/04/24 at 10:54 AM, the [redacted] acknowledged he was unaware that the residents' physician's orders for [redacted] did not match their [redacted]. The [redacted] stated that care plan meetings were held every quarter, and the resident's [redacted] and [redacted] were discussed with the resident, family members, and the Interdisciplinary (IDT) team. The [redacted] stated it was the responsibility of the nursing staff to ensure staff were properly trained on the facility's policy, procedure, and protocol. The [redacted] confirmed he was unaware that staff were having issues implementing the [redacted] policy and procedure. During an interview on 12/04/24 at 11:42 AM, the U.S. FOIA (b)(6) stated he was not aware of the discrepancies with the residents' PO for [redacted] and their [redacted]. The U.S. FOIA (b)(6) stated he was unsure the facility's policy and procedure for [redacted] because it was a "nursing issue." When asked if a resident was NJ Ex Order 26.4(b)(1) what was the protocol for staff to determine [redacted] and to respond appropriately, the U.S. FOIA (b)(6) stated he did not know what the nursing staff did; "probably go look in the computer or the [redacted] book."	F 835		

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F 835	Continued From page 75 During an interview on 12/03/24 at 4:09 PM, the [U.S. FOIA (b)(6)]) stated she was unaware that staff were not fully aware of the protocol to follow for the residents' [NJ Ex Order 26.4(b)(1)]. The [U.S. FOIA (b)] acknowledged she was unaware that the residents' PO for [NJ Ex Order 26.4(b)(1)] did not match their [NJ Ex Order 26.4(b)] The acceptable Removal Plan (RP) on 12/05/24 at 2:28 PM, indicated the action the facility will take to prevent serious harm from occurring or reoccurring. The facility implemented a corrective action plan to remediate the deficient practice including; facility's "Code Status" policy was updated; the [U.S. FOIA (b)(6)] was educated on reviewing, developing, and implementing clear policies to staff regarding code status; Resident #4, Resident #36, and Resident #40's code status was updated; all residents' charts were reviewed to ensure the correct code status; and all nurses were educated on verifying code status upon admission, completion of POLST, updating of an order and care plan with code status. NJAC 8:39-13.1	F 835		
F 865 SS=F	QAPI Prgm/Plan, Disclosure/Good Faith Attmpt CFR(s): 483.75(a)(1)-(4)(b)(1)-(4)(f)(1)-(6)(h)(i) §483.75(a) Quality assurance and performance improvement (QAPI) program. Each LTC facility, including a facility that is part of a multiunit chain, must develop, implement, and maintain an effective, comprehensive, data-driven QAPI program that focuses on indicators of the outcomes of care and quality of life. The facility must: §483.75(a)(1) Maintain documentation and	F 865		12/27/24

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F 865	Continued From page 76 demonstrate evidence of its ongoing QAPI program that meets the requirements of this section. This may include but is not limited to systems and reports demonstrating systematic identification, reporting, investigation, analysis, and prevention of adverse events; and documentation demonstrating the development, implementation, and evaluation of corrective actions or performance improvement activities; §483.75(a)(2) Present its QAPI plan to the State Survey Agency no later than 1 year after the promulgation of this regulation; §483.75(a)(3) Present its QAPI plan to a State Survey Agency or Federal surveyor at each annual recertification survey and upon request during any other survey and to CMS upon request; and §483.75(a)(4) Present documentation and evidence of its ongoing QAPI program's implementation and the facility's compliance with requirements to a State Survey Agency, Federal surveyor or CMS upon request. §483.75(b) Program design and scope. A facility must design its QAPI program to be ongoing, comprehensive, and to address the full range of care and services provided by the facility. It must: §483.75(b)(1) Address all systems of care and management practices; §483.75(b)(2) Include clinical care, quality of life, and resident choice;	F 865		

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F 865	Continued From page 77 §483.75(b)(3) Utilize the best available evidence to define and measure indicators of quality and facility goals that reflect processes of care and facility operations that have been shown to be predictive of desired outcomes for residents of a SNF or NF. §483.75(b) (4) Reflect the complexities, unique care, and services that the facility provides. §483.75(f) Governance and leadership. The governing body and/or executive leadership (or organized group or individual who assumes full legal authority and responsibility for operation of the facility) is responsible and accountable for ensuring that: §483.75(f)(1) An ongoing QAPI program is defined, implemented, and maintained and addresses identified priorities. §483.75(f)(2) The QAPI program is sustained during transitions in leadership and staffing; §483.75(f)(3) The QAPI program is adequately resourced, including ensuring staff time, equipment, and technical training as needed; §483.75(f)(4) The QAPI program identifies and prioritizes problems and opportunities that reflect organizational process, functions, and services provided to residents based on performance indicator data, and resident and staff input, and other information. §483.75(f)(5) Corrective actions address gaps in systems, and are evaluated for effectiveness; and §483.75(f)(6) Clear expectations are set around	F 865		

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F 865	Continued From page 78 safety, quality, rights, choice, and respect. §483.75(h) Disclosure of information. A State or the Secretary may not require disclosure of the records of such committee except in so far as such disclosure is related to the compliance of such committee with the requirements of this section. §483.75(i) Sanctions. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions. This REQUIREMENT is not met as evidenced by: Based on record review, interviews, and policy review, the facility failed to maintain documentation of the facility's ongoing Quality Assessment and Performance Improvement (QAPI) program. This failure had the potential to negatively affect 103 of 103 residents who resided at the facility. Findings Include: Review of the facility's policy titled, "QAPI Plan Quality Assessment and Performance Improvement," updated 05/24 indicated, ". . . Complete Care's mission is to continue its long history of providing the highest quality person-centered post-acute short-term subacute rehabilitation and long-term care residency in an environment that couples warmth of care with clinical The administrator, or designee, is responsible for assuring that all QAPI activities and required documentation is completed and/or up to date." During an interview on 12/05/24 at 8:47 PM, with	F 865	1. No residents were NJ Ex Order 26.4(b)(1) by this deficient practice. 2. All residents are at risk for being affected by this deficient practice. 3. The U.S. FOIA (b) (6) and the QA Committee were in-serviced on ensuring that minutes of the QA meeting are recorded appropriately. 4. The Regional Administrator / Designee will audit the QA meeting minutes monthly x 3 months to ensure QA meeting minutes are being recorded appropriately	

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COMPLETE CARE AT CHESTNUT HILL LLC	**360 CHESTNUT STREET PASSAIC, NJ 07055**

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F 865	Continued From page 79 the U.S. FOIA (b)(6) [redacted] regarding items being reviewed and implemented in the facility's QAPI meeting, it was reported [redacted] reports, and maintenance concerns had been reviewed, along with laundry issues. When asked to provide the QAPI meeting minutes for the last year, they indicated that they have the agenda sheets but no documentation of the minutes. The minutes were not provided prior to the survey team exiting the building. NJAC 8:39-33.1 NJAC 8:39-33.2	F 865		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061605	A. BUILDING: _____ B. WING _____	C 12/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT CHESTNUT HILL LLC	360 CHESTNUT STREET PASSAIC, NJ 07055

(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) COMPLETE DATE
S 000	Initial Comments 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 review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey. Findings include: 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 at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in	S 560	1. No Residents were affected by this deficient practice 2. All Residents have the potential to be affected by this deficient practice. 3. Additional per diem, part time and fulltime were scheduled to meet minimum staff to resident ratios. Licenses/ certifications were verified by the staffing manager/ Human Resources for current licensed certified staff. DON / Designee to in-service Staffing Coordinator on appropriate staffing levels. The facility has advertised open jobs through online recruitment platforms as well as traditional	12/27/24

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

Electronically Signed | 12/27/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061605	A. BUILDING: _____ B. WING _____	C 12/05/2024

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COMPLETE CARE AT CHESTNUT HILL LLC	360 CHESTNUT STREET PASSAIC, NJ 07055

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S 560	Continued From page 1 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 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 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. 1. For the week of Complaint staffing from 03/12/2023 to 03/18/2023, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows: -03/12/23 had 10 CNAs for 100 residents on the day shift, required at least 12 CNAs. -03/13/23 had 10 CNAs for 99 residents on the day shift, required at least 12 CNAs. -03/14/23 had 11 CNAs for 99 residents on the day shift, required at least 12 CNAs. -03/15/23 had 9 CNAs for 99 residents on the day shift, required at least 12 CNAs. -03/16/23 had 9 CNAs for 99 residents on the day shift, required at least 12 CNAs. -03/17/23 had 8 CNAs for 99 residents on the day shift, required at least 12 CNAs. -03/18/23 had 9 CNAs for 99 residents on the day shift, required at least 12 CNAs. 2. For the week of Complaint staffing from 04/16/2023 to 04/22/2023, the facility was	S 560	recruitment firms. The facility has conducted job fairs and has contracts with nursing staffing agencies. 4. The Scheduling manager or designee will audit weekly x4 weeks and monthly x2 months to ensure staffing levels are within the mandated ratios. All identified concerns will be corrected immediately. The results of the audits will be reviewed in QAPI monthly.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061605	A. BUILDING: _____ B. WING _____	C 12/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT CHESTNUT HILL LLC	360 CHESTNUT STREET PASSAIC, NJ 07055

(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) COMPLETE DATE
S 560	Continued From page 2 deficient in CNA staffing for residents on 6 of 7 day shifts and deficient in total staff for residents on 4 of 7 evening shifts as follows: -04/16/23 had 8 CNAs for 108 residents on the day shift, required at least 13 CNAs. -04/16/23 had 10 total staff for 108 residents on the evening shift, required at least 11 total staff. -04/17/23 had 10 CNAs for 107 residents on the day shift, required at least 13 CNAs. -04/17/23 had 10 total staff for 107 residents on the evening shift, required at least 11 total staff. -04/18/23 had 10 total staff for 107 residents on the evening shift, required at least 11 total staff. -04/19/23 had 9 CNAs for 107 residents on the day shift, required at least 13 CNAs. -04/20/23 had 9 CNAs for 107 residents on the day shift, required at least 13 CNAs. -04/20/23 had 10 total staff for 107 residents on the evening shift, required at least 11 total staff. -04/21/23 had 10 CNAs for 107 residents on the day shift, required at least 13 CNAs. -04/22/23 had 11 CNAs for 107 residents on the day shift, required at least 13 CNAs. 3. For the week of Complaint staffing from 08/11/2024 to 08/17/2024, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts and deficient in total staff for residents on 1 of 7 evening shifts as follows: -08/11/24 had 8 CNAs for 107 residents on the day shift, required at least 13 CNAs. -08/12/24 had 11 CNAs for 107 residents on the day shift, required at least 13 CNAs. -08/12/24 had 10 total staff for 107 residents on the evening shift, required at least 11 total staff. -08/13/24 had 11 CNAs for 107 residents on the day shift, required at least 13 CNAs. -08/14/24 had 9 CNAs for 107 residents on the	S 560		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT CHESTNUT HILL LLC	360 CHESTNUT STREET PASSAIC, NJ 07055

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S 560	Continued From page 3 day shift, required at least 13 CNAs. -08/15/24 had 12 CNAs for 104 residents on the day shift, required at least 13 CNAs. -08/16/24 had 12 CNAs for 104 residents on the day shift, required at least 13 CNAs. -08/17/24 had 9 CNAs for 104 residents on the day shift, required at least 13 CNAs. 4. For the week of Complaint staffing from 09/04/2024 to 09/10/2024, the facility was deficient in CNA staffing for residents on 6 of 7 day shifts and deficient in total staff for residents on 2 of 7 overnight shifts as follows: -09/04/24 had 8 CNAs for 104 residents on the day shift, required at least 13 CNAs. -09/05/24 had 12 CNAs for 104 residents on the day shift, required at least 13 CNAs. -09/07/24 had 11 CNAs for 104 residents on the day shift, required at least 13 CNAs. -09/08/24 had 9 CNAs for 107 residents on the day shift, required at least 13 CNAs. -09/08/24 had 6 total staff for 107 residents on the overnight shift, required at least 8 total staff. -09/09/24 had 8 CNAs for 107 residents on the day shift, required at least 13 CNAs. -09/10/24 had 8 CNAs for 104 residents on the day shift, required at least 13 CNAs. -09/10/24 had 6 total staff for 104 residents on the overnight shift, required at least 7 total staff. 5. For the week of Complaint staffing from 09/18/2024 to 09/24/2024, the facility was deficient in CNA staffing for residents on 5 of 7 day shifts and deficient in total staff for residents on 1 of 7 evening shifts as follows: -09/18/24 had 9 CNAs for 107 residents on the day shift, required at least 13 CNAs. -09/19/24 had 10 CNAs for 106 residents on the	S 560		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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COMPLETE CARE AT CHESTNUT HILL LLC	360 CHESTNUT STREET PASSAIC, NJ 07055

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S 560	Continued From page 4 day shift, required at least 13 CNAs. -09/19/24 had 10 total staff for 106 residents on the evening shift, required at least 11 total staff. -09/20/24 had 12 CNAs for 106 residents on the day shift, required at least 13 CNAs. -09/21/24 had 11 CNAs for 104 residents on the day shift, required at least 13 CNAs. -09/24/24 had 10 CNAs for 103 residents on the day shift, required at least 13 CNAs. 6. For the 2 weeks of Complaint staffing from 10/13/2024 to 10/26/2024, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts, deficient in total staff for residents on 6 of 14 evening shifts, and deficient in CNAs to total staff on 1 of 14 evening shifts as follows: -10/13/24 had 10 CNAs for 107 residents on the day shift, required at least 13 CNAs. -10/14/24 had 11 CNAs for 107 residents on the day shift, required at least 13 CNAs. -10/14/24 had 10 total staff for 107 residents on the evening shift, required at least 11 total staff. -10/15/24 had 11 CNAs for 104 residents on the day shift, required at least 13 CNAs. -10/15/24 had 9 total staff for 104 residents on the evening shift, required at least 10 total staff. -10/16/24 had 10 CNAs for 104 residents on the day shift, required at least 13 CNAs. -10/16/24 had 9 total staff for 104 residents on the evening shift, required at least 10 total staff. -10/17/24 had 9 CNAs for 104 residents on the day shift, required at least 13 CNAs. -10/18/24 had 10 CNAs for 104 residents on the day shift, required at least 13 CNAs. -10/18/24 had 9 total staff for 104 residents on the evening shift, required at least 10 total staff. -10/19/24 had 9 CNAs for 104 residents on the day shift, required at least 13 CNAs. -10/20/24 had 9 CNAs for 103 residents on the	S 560		

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S 560	Continued From page 5 day shift, required at least 13 CNAs. -10/20/24 had 9 total staff for 103 residents on the evening shift, required at least 10 total staff. -10/21/24 had 9 CNAs for 102 residents on the day shift, required at least 13 CNAs. -10/21/24 had 8 total staff for 102 residents on the evening shift, required at least 10 total staff. -10/21/24 had 3 CNAs to 8 total staff on the evening shift, required at least 4 CNAs. -10/22/24 had 11 CNAs for 102 residents on the day shift, required at least 13 CNAs. -10/23/24 had 11 CNAs for 102 residents on the day shift, required at least 13 CNAs. -10/24/24 had 11 CNAs for 102 residents on the day shift, required at least 13 CNAs. -10/25/24 had 11 CNAs for 102 residents on the day shift, required at least 13 CNAs. -10/26/24 had 8 CNAs for 103 residents on the day shift, required at least 13 CNAs. 7. For the 2 weeks of staffing prior to survey from 11/17/2024 to 11/30/2024, the facility was deficient in CNA staffing for residents on 10 of 14 day shifts and deficient in total staff for residents on 4 of 14 evening shifts as follows: - 11/17/24 had 8 CNAs for 104 residents on the day shift, required at least 13 CNAs. -11/17/24 had 9 total staff for 104 residents on the evening shift, required at least 10 total staff. -11/18/24 had 11 CNAs for 103 residents on the day shift, required at least 13 CNAs. -11/18/24 had 9 total staff for 103 residents on the evening shift, required at least 10 total staff. -11/20/24 had 11 CNAs for 103 residents on the day shift, required at least 13 CNAs. -11/21/24 had 12 CNAs for 102 residents on the day shift, required at least 13 CNAs. -11/22/24 had 11 CNAs for 102 residents on the day shift, required at least 13 CNAs.	S 560		

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S 560	Continued From page 6 -11/23/24 had 10 CNAs for 103 residents on the day shift, required at least 13 CNAs. -11/24/24 had 10 CNAs for 102 residents on the day shift, required at least 13 CNAs. -11/26/24 had 12 CNAs for 101 residents on the day shift, required at least 13 CNAs. -11/28/24 had 8 total staff for 101 residents on the evening shift, required at least 10 total staff. -11/29/24 had 11 CNAs for 105 residents on the day shift, required at least 13 CNAs. -11/29/24 had 9 total staff for 105 residents on the evening shift, required at least 10 total staff. -11/30/24 had had 9 CNAs for 105 residents on the day shift, required at least 13 CNAs.	S 560		
S1680	8:39-25.2(b)(1)&(2) Mandatory Nurse Staffing (b) The facility shall provide nursing services by registered professional nurses, licensed practical nurses, and nurse aides (the hours of the director of nursing are not included in this computation, except for the direct care hours of the director of nursing in facilities where the director of nursing provides more than the minimum hours required at N.J.A.C. 8:39-25.1(a) above) on the basis of: 1. Total number of residents multiplied by 2.5 hours/day; plus 2. Total number of residents receiving each service listed below, multiplied by the corresponding number of hours per day: Wound care 0.75 hour/day Nasogastric tube feedings and/or gastrostomy 1.00 hour/day Oxygen therapy 0.75 hour/day	S1680		12/27/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061605	A. BUILDING: _____ B. WING _____	C 12/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT CHESTNUT HILL LLC	360 CHESTNUT STREET PASSAIC, NJ 07055

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S1680	Continued From page 7 Tracheostomy 1.25 hours/day Intravenous therapy 1.50 hours/day Use of respirator 1.25 hours/day Head trauma stimulation/advanced neuromuscular/orthopedic care 1.50 hours/day This REQUIREMENT is not met as evidenced by: Based on review of the Nurse Staffing Reports for the weeks of 11/17/2024 to 11/30/2024, it was determined that the facility failed to provide at least minimum staffing levels for 5 of 14 days. The required staffing hours and actual staffing hours are as follows: For the week of 11/17/24	S1680	1. No Residents were affected by this deficient practice 2. All Residents have the potential to be affected by this deficient practice. 3. Additional per diem, part time and fulltime were scheduled to meet minimum	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S1680	Continued From page 8 Required Staffing Hours: 283.25 -11/17/24 had 248 actual staffing hours, for a difference of -35.25 hours. -11/18/24 had 264 actual staffing hours, for a difference of -19.25 hours. -11/22/24 had 280 actual staffing hours, for a difference of -3.25 hours. For the week of 11/24/24 Required Staffing Hours: 283.24 -11/24/24 had 280 actual staffing hours, for a difference of -3.25 hours. -11/29/24 had 280 actual staffing hours, for a difference of -3.25 hours.	S1680	staff to resident ratios. Licenses/ certifications were verified by the staffing manager/ Human Resources for current licensed certified staff. DON / Designee to in-service Staffing Coordinator on appropriate staffing levels. The facility has advertised open jobs through online recruitment platforms as well as traditional recruitment firms. The facility has conducted job fairs and has contracts with nursing staffing agencies. 4. The Scheduling manager or designee will audit weekly x4 weeks and monthly x2 months to ensure staffing levels are within the mandated ratios. All identified concerns will be corrected immediately. The results of the audits will be reviewed in QAPI monthly.	

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
315085 Y1	A. Building B. Wing Y2	1/22/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT CHESTNUT HILL LLC	360 CHESTNUT STREET PASSAIC, NJ 07055

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 F0550	Correction	ID Prefix F0552	Correction	ID Prefix F0568	Correction
Reg. # 483.10(a)(1)(2)(b)(1)(2)	Completed	Reg. # 483.10(c)(1)(4)(5)	Completed	Reg. # 483.10(f)(10)(iii)	Completed
LSC	12/27/2024	LSC	12/27/2024	LSC	12/27/2024
ID Prefix F0578	Correction	ID Prefix F0609	Correction	ID Prefix F0610	Correction
Reg. # 483.10(c)(6)(8)(g)(12)(i)-(v)	Completed	Reg. # 483.12(b)(5)(i)(A)(B)(c)(1)(4)	Completed	Reg. # 483.12(c)(2)-(4)	Completed
LSC	12/06/2024	LSC	12/27/2024	LSC	12/27/2024
ID Prefix F0645	Correction	ID Prefix F0657	Correction	ID Prefix F0686	Correction
Reg. # 483.20(k)(1)-(3)	Completed	Reg. # 483.21(b)(2)(i)-(iii)	Completed	Reg. # 483.25(b)(1)(i)(ii)	Completed
LSC	12/27/2024	LSC	12/27/2024	LSC	12/27/2024
ID Prefix F0690	Correction	ID Prefix F0695	Correction	ID Prefix F0700	Correction
Reg. # 483.25(e)(1)-(3)	Completed	Reg. # 483.25(i)	Completed	Reg. # 483.25(n)(1)-(4)	Completed
LSC	12/27/2024	LSC	12/27/2024	LSC	12/27/2024
ID Prefix F0835	Correction	ID Prefix F0865	Correction	ID Prefix	Correction
Reg. # 483.70	Completed	Reg. # 483.75(a)(1)-(4)(b)(1)-(4)(f)(1)-(6)(h)(i)	Completed	Reg. #	Completed
LSC	12/06/2024	LSC	12/27/2024	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	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
12/5/2024	☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
061605 Y1	A. Building B. Wing Y2	1/22/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT CHESTNUT HILL LLC	360 CHESTNUT STREET PASSAIC, NJ 07055

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 S1680 Reg. # 8:39-25.2(b)(1)&(2) LSC	Correction Completed 12/27/2024	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

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 12/5/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ **YES** ☐ **NO**			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061605	A. BUILDING: _____ B. WING _____	R-C 01/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT CHESTNUT HILL LLC	360 CHESTNUT STREET PASSAIC, NJ 07055

(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) COMPLETE DATE
{S 000}	Initial Comments An onsite revisit was conducted on 1/22/2025 to verify the facility's Plan of Correction associated with the 12/5/2024 Recertification survey. The facility was not in compliance with the standards in the New Jersey Administrative code, 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: NOT CORRECTED Based on observation, interview, and review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey. This deficient practice was evidenced by the following: Reference: NJ State requirement, CHAPTER	{S 560}	1. No Residents were affected by this deficient practice 2. All Residents have the potential to be affected by this deficient practice. 3. Additional per diem, part time and fulltime were scheduled to meet minimum staff to resident ratios. Licenses/ certifications were verified by the staffing manager/ Human Resources for current	1/23/25

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

Electronically Signed | 02/03/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061605	A. BUILDING: _____ B. WING _____	R-C 01/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT CHESTNUT HILL LLC	360 CHESTNUT STREET PASSAIC, NJ 07055

(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) COMPLETE DATE
{S 560}	Continued From page 1 112. An Act concerning staffing requirements for nursing homes and supplementing Title 30 of the Revised Statutes. Be It Enacted by the Senate and General Assembly of the State of New Jersey: C.30:13-18 Minimum staffing requirements for nursing homes effective 2/1/21. 1. a. Notwithstanding any other staffing requirements as may be established by law, every nursing home as defined in section 2 of P.L.1976, c.120 (C.30:13-2) or licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall maintain the following minimum direct care staff -to-resident ratios: (1) one certified nurse aide to every eight residents for the day shift; (2) 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 certified nurse aides, and each staff member shall be signed in to work as a certified nurse aide and shall perform certified nurse aide duties; and (3) 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 certified nurse aide and perform certified nurse aide duties b. Upon any expansion of resident census by the nursing home, the nursing home shall be exempt from any increase in direct care staffing ratios for a period of nine consecutive shifts from the date of the expansion of the resident census.	{S 560}	licensed certified staff. DON / Designee to in-service Staffing Coordinator on appropriate staffing levels. The facility has advertised open jobs through online recruitment platforms as well as traditional recruitment firms. The facility has conducted job fairs and has contracts with nursing staffing agencies. 4. The Scheduling manager or designee will audit weekly x4 weeks and monthly x2 months to ensure staffing levels are within the mandated ratios. All identified concerns will be corrected immediately. The results of the audits will be reviewed in QAPI monthly.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061605	A. BUILDING: _____ B. WING _____	R-C 01/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT CHESTNUT HILL LLC	360 CHESTNUT STREET PASSAIC, NJ 07055

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{S 560}	Continued From page 2 c. (1) The computation of minimum direct care staffing ratios shall be carried to the hundredth place. (2) If the application of the ratios listed in subsection a. of this section results in other than a whole number of direct care staff, including certified nurse aides, for a shift, the number of required direct care staff members shall be rounded to the next higher whole number when the resulting ratio, carried to the hundredth place, is fifty-one hundredths or higher. (3) All computations shall be based on the midnight census for the day in which the shift begins. d. Nothing in this section shall be construed to affect any minimum staffing requirements for nursing homes as may be required by the Commissioner of Health for staff other than direct care staff, including certified nurse aides, or to restrict the ability of a nursing home to increase staffing levels, at any time, beyond the established minimum ... A review of "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report" for the two-week period beginning 1/5/2025 and ending 1/18/2025 revealed the facility was not in compliance with the State of New Jersey minimum staffing requirements for 10 of 14 day shifts. The facility was deficient in CNA staffing for residents on 10 of 14 day shifts as follows: -01/05/25 had 9 CNAs for 101 residents on the day shift, required at least 13 CNAs.	{S 560}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061605	A. BUILDING: _____ B. WING _____	R-C 01/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT CHESTNUT HILL LLC	360 CHESTNUT STREET PASSAIC, NJ 07055

(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) COMPLETE DATE
{S 560}	Continued From page 3 -01/07/25 had 11 CNAs for 100 residents on the day shift, required at least 12 CNAs. -01/08/25 had 10 CNAs for 100 residents on the day shift, required at least 12 CNAs. -01/11/25 had 11 CNAs for 103 residents on the day shift, required at least 13 CNAs. -01/12/25 had 9 CNAs for 102 residents on the day shift, required at least 13 CNAs. -01/14/25 had 12 CNAs for 102 residents on the day shift, required at least 13 CNAs. -01/15/25 had 12 CNAs for 102 residents on the day shift, required at least 13 CNAs. -01/16/25 had 12 CNAs for 102 residents on the day shift, required at least 13 CNAs. -01/17/25 had 9 CNAs for 102 residents on the day shift, required at least 13 CNAs. -01/18/25 had 10 CNAs for 106 residents on the day shift, required at least 13 CNAs. On 1/22/25 at 1:02 PM, the surveyor interviewed the Staffing Coordinator (SC) who stated the facility tried their best to follow the state regulations for staffing. The SC explained based on the regulations the facility should have 1 CNA to 8 residents for the day shift, 1 CNA to 10 residents for the evening shift, and 1 CNA to 14 residents for the night shift. The SC stated the facility had increased the numbers of CNAs the facility hired, recruited new CNAs at schools, utilized staffing and recruitment agencies. On 1/22/25 at 1:50 PM, the surveyor interviewed the Licensed Nursing Home Administrator (LNHA) and the Director of Nursing (DON). The LNHA stated that the facility was working hard to meet CNA to resident ratio requirements, which included increasing the number of CNAs the facility was hiring.	{S 560}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061605	A. BUILDING: _____ B. WING _____	R-C 01/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT CHESTNUT HILL LLC	360 CHESTNUT STREET PASSAIC, NJ 07055

(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) COMPLETE DATE
{S 560}	Continued From page 4 On 1/27/24 at 1:17 PM, the surveyor over the phone informed the DON about the concerns for the nurse staffing report results of CNA to resident ratios. The LNHA was not available at the time. The surveyor reviewed the facility's policy titled, "Staffing", with a last revised date of October 2024. Under Policy Interpretation and Implementation, it documented " ...2. Staffing numbers and the skill requirements of direct care staff are determined by the needs of the residents based on each resident's plan of care or applicable federal/state laws ..."	{S 560}		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
061605 Y1	A. Building B. Wing Y2	2/20/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT CHESTNUT HILL LLC	360 CHESTNUT STREET PASSAIC, NJ 07055

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 Reg. # 8:39-5.1(a) LSC	Correction Completed 01/23/2025	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

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 12/5/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315085	A. BUILDING **02** B. WING _____	**12/05/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT CHESTNUT HILL LLC	**360 CHESTNUT STREET** **PASSAIC, NJ 07055**

(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
E 000	Initial Comments An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH), Health Facility Survey and Field Operations on 12/04/24. The facility was found to be in compliance with 42 CFR 483.73.	E 000		
K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH), Health Facility Survey and Field Operations on 12/04/24 and the facility and was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 Existing Health Care Occupancy. Complete Care at Chestnut Hill LLC is a one-story building built in the 1970's. It is composed of Type V (000) construction and has four smoke compartments. The facility has a complete automatic wet sprinkler system and a natural gas generator that powers 50% of the building. The number of occupied beds was 103 out of 111 at the time of the survey.	K 000		
K 353 SS=F	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire	K 353		12/27/24

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

Electronically Signed | 12/27/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315085	A. BUILDING 02 B. WING _____	12/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT CHESTNUT HILL LLC	360 CHESTNUT STREET PASSAIC, NJ 07055

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K 353	Continued From page 1 Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to maintain the sprinkler system in accordance with NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems (2011 Edition). This deficient practice had the potential to affect all 103 residents who resided at the facility. Findings include: A review of the facility's untitled sprinkler system records revealed no documented evidence the wet system sprinkler gauges were inspected monthly. During an interview on 12/04/24 at 4:00 PM, the U.S. FOIA (b) (6) confirmed the findings and revealed the facility was unable to provide documentation of the monthly inspections of the sprinkler gauges during the survey. NJAC 8:39-31.1(c), 31.2(e)	K 353	1. The wet system sprinkler gauges were immediately inspected. 2. All residents have the potential to be affected by this deficient practice. 3. The U.S. FOIA (b) (6) was in-serviced on ensuring documented evidence that the wet system sprinkler gauges are inspected monthly. 4. Maintenance director / designee will conduct weekly audits x 3 months to ensure there is documented evidence that the wet system sprinkler gauges are inspected monthly. Audits will be reviewed through the monthly QAPI process for the next three months.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315085	A. BUILDING **02** B. WING _____	**12/05/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT CHESTNUT HILL LLC	**360 CHESTNUT STREET** **PASSAIC, NJ 07055**

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K 353	Continued From page 2 NFPA 25	K 353		
K 364 SS=F	Corridor - Openings CFR(s): NFPA 101 Corridor - Openings Transfer grilles are not used in corridor walls or doors. Auxiliary spaces that do not contain flammable or combustible materials are permitted to have louvers or be undercut. In other than smoke compartments containing patient sleeping rooms, miscellaneous openings are permitted in vision panels or doors, provided the openings per room do not exceed 20 square inches and are at or below half the distance from floor to ceiling. In sprinklered rooms, the openings per room do not exceed 80 square inches. Vision panels in corridor walls or doors shall be fixed window assemblies in approved frames. (In fully sprinklered smoke compartments, there are no restrictions in the area and fire resistance of glass and frames.) 18.3.6.5.1, 19.3.6.5.2, 8.3 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure miscellaneous openings were not located in smoke compartments containing patient sleeping rooms in accordance with NFPA 101(2012), 19.3.6.5.1, 19.3.6.5.2. This deficient practice had the potential to affect all 103 residents. Findings include: An observation on 12/04/24 at 4:00 PM of the sliding glass pass through window, located in a compartment with patient sleeping rooms at the reception office revealed the sliding glass window	K 364	1. The sliding pass through window is located in a compartment with patient sleeping rooms at the reception office. 2. All residents have the potential to be affected by this deficient practice. 3. The sliding pass through window located in a compartment with patient sleeping rooms at the reception office was replaced with a wall. 4. The maintenance director / designee will conduct a monthly audit x 3 months to	1/15/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315085	A. BUILDING 02 B. WING	12/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT CHESTNUT HILL LLC	360 CHESTNUT STREET PASSAIC, NJ 07055

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K 364	Continued From page 3 was located in the corridor wall within a patient sleeping compartment. The window was 23.75 inches from the ceiling and 42.75 inches from the finish floor level, the glass area for the window was 28.5 by 28.5 inches. The Director of Maintenance measured the location of the glass sliding window location. During an interview at the time of the observation, the U.S. FOIA (b)(6) were unaware that the pass through window could not be located in a smoke compartment with patient sleeping room.	K 364	ensure that the wall replacing the sliding pass through window located in a compartment with patient sleeping rooms at the reception office remains intact. Audits will be reviewed through the monthly QAPI process for the next three months.	
K 371 SS=F	NJAC 8:39-31.2(e) Subdivision of Building Spaces - Smoke Compar CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Compartments 2012 EXISTING Smoke barriers shall be provided to form at least two smoke compartments on every sleeping floor with a 30 or more patient bed capacity. Size of compartments cannot exceed 22,500 square feet or a 200-foot travel distance from any point in the compartment to a door in the smoke barrier. 19.3.7.1, 19.3.7.2 Detail in REMARKS zone dimensions including length of zones and dead-end corridors. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure the smoke compartment size did not exceed 22,500 square feet in accordance with NFPA 101 Life Safety Code (2012 Edition) sections 19.3.7.1 and 19.3.7.2. This deficient practice had the potential to affect all 103	K 371	1. The facility will separate smoke compartments to ensure each one does not exceed 22,500 square feet. 2. All residents had the potential to be affected by this deficient practice.	2/10/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315085	A. BUILDING 02 B. WING _____	12/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT CHESTNUT HILL LLC	360 CHESTNUT STREET PASSAIC, NJ 07055

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K 371	Continued From page 4 residents who resided at the facility. Findings include: Observations on 12/04/24 at 10:45 AM and 2:45 PM of the smoke barriers located throughout the facility, revealed the location of the smoke barrier below the ceiling could not be determined. Continued observation revealed doors were missing, leaving a cased opening where a set of doors should have been located at the entrance to the Pavilion and between the Pavilion and dining room. Observation revealed the U.S. FOIA (b)(6) measured the smoke compartment and verified it measured 30,105 square feet. During an interview at the time of the observations, the U.S. FOIA (b)(6) confirmed the findings and stated the facility was unaware that the smoke compartment exceeded 22,500 square feet without doors in line with the smoke walls located above the ceiling.	K 371	3. U.S. FOIA (b) (6) was in-serviced on ensuring that all smoke compartments do not exceed 22,500 square feet. 4. Maintenance director / designee will conduct weekly audit x 4 weeks and then monthly x 2 months to ensure that each smoke compartment does not exceed 22,500 square feet. Audits will be reviewed through the monthly QAPI process for the next three months.	
K 926 SS=F	NJAC 8:39-31.2(e) Gas Equipment - Qualifications and Training CFR(s): NFPA 101 Gas Equipment - Qualifications and Training of Personnel Personnel concerned with the application, maintenance and handling of medical gases and cylinders are trained on the risk. Facilities provide continuing education, including safety guidelines and usage requirements. Equipment is serviced only by personnel trained in the maintenance and operation of equipment. 11.5.2.1 (NFPA 99)	K 926		12/27/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315085	A. BUILDING 02 B. WING _____	12/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT CHESTNUT HILL LLC	360 CHESTNUT STREET PASSAIC, NJ 07055

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K 926	Continued From page 5 This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure personnel that handled medical gases and the cylinders that contained medical gases were trained on the risks associated with handling and use as required by NFPA 99 Health Care Facilities Code (2012 Edition), Section 11.5.2.1. The deficient practice had the potential to affect staff and all 103 residents. Findings include: An observation on 12/04/24 at 10:15 AM of the Oxygen Storage Room located on the main level revealed the storage room contained oxygen E cylinders for resident care. During an interview on 12/04/24 at 3:20 PM, the U.S. FOIA (b)(6) stated the facility did not have any documented evidence of oxygen safety guidelines or training of staff responsible for handling oxygen. NJAC 8:39-31.2(e) NFPA 99	K 926	1. Staff members that handle medical gases and the cylinders that contain medical gases were trained on the risks associated with their handling and use. 2. All residents have the potential to be affected by this deficient practice. 3. U.S. FOIA (b) (6) was in-serviced on ensuring that all staff that handle medical gases and the cylinders that contain medical gases are trained on the risks associated with their handling and use. 4. Maintenance director / designee will conduct a monthly audit x 3 months to ensure personnel that handle medical gases and the cylinders that contain medical gases are trained on the risks associated with their handling and use. Audits will be reviewed through the monthly QAPI process for the next three months.	

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
315085 Y1	A. Building 02 - CHESTNUT HILL B. Wing Y2	2/20/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT CHESTNUT HILL LLC	360 CHESTNUT STREET PASSAIC, NJ 07055

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	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed
LSC K0353	12/27/2024	LSC K0364	01/15/2025	LSC K0371	02/10/2025
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # NFPA 101	Completed	Reg. #	Completed	Reg. #	Completed
LSC K0926	12/27/2024	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	

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	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
12/5/2024	☐ YES ☐ NO