

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

PRINTED: 11/27/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315110	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/10/2024
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT WAYNE HILLS REHAB & RESP CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 130 TERHUNE DRIVE WAYNE, NJ 07470		
(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 #: NJ00176749 Survey Dates: 09/10/2024 Census: 85 Sample Size: 4 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000			
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, 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.	F 609		10/7/24	

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

TITLE

(X6) DATE

Electronically Signed

10/07/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 609	<p>Continued From page 1</p> <p>§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: Complaint #: NJ00176749</p> <p>Based on interviews and a review of the medical records and other facility documentation, it was determined that the facility staff failed to report an NJ Exec Order 26.4b1 made by a resident (Resident #2) to the New Jersey Department of Health (NJDOH) as required. This deficient practice was identified for 1 of 4 residents (Resident #2) and was evidenced by the following:</p> <p>The surveyor reviewed Resident #2's medical record on 09/10/2024. The Admission Record reflected the Resident #2 was admitted to the facility with medical diagnoses which included but not limited to: NJ Exec Order 26.4b1</p> <p>[REDACTED] Review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated NJ Exec Order 26.4b1 reflected the resident had a Brief Interview for Mental Status (BIMS) score of [REDACTED] out of 15, which indicated NJ Exec Order 26.4b1. The resident's care plan initiated on NJ Exec Order 26.4b1 and revised on NJ Exec Order 26.4b1, indicated that Resident #2 had a history of NJ Exec Order 26.4b1 towards staff. Resident #2's care plan also indicated that Resident #2 utilized</p>	F 609	<p>F609</p> <ol style="list-style-type: none"> 1. Resident #2 NJ Ex Order 26.4(b)(1) by this deficient practice. Audit conducted on events and allegations, no other events found to be not reported. 2. All residents with allegations of abuse, neglect, exploitation, or mistreatment have the potential to be affected by this deficient practice. 3. US FOIA (b)(6) [REDACTED] were re-educated on reportable events and proper time frame for reporting all allegations to the department of health, in-services conducted by regional staff. 4. Administrator/Designee will conduct an audit to determine compliance of submission of reportable events weekly x 4 weeks, then monthly x 2 months. The results of the audits will be presented at the monthly QAPI meetings for review 		

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F 609	<p>Continued From page 2</p> <p>NJ Exec Order 26.4b1 to NJ Exec Order 26.4b1 resident's needs.</p> <p>Review of resident #2's Progress Notes (PNs) revealed that resident #2 was admitted to the hospital on NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1.</p> <p>During the entrance interview with the surveyor on 09/10/2024, the US FOIA (b)(6) in the presence of the US FOIA (b)(6) stated that the administrative staff was gathering for morning rounds meeting on NJ Exec Order 26.4b1 when the US FOIA (b)(6) received a text from the US FOIA (b)(6) at the hospital stating that Resident # 2 reported to have been NJ Exec Order 26.4b1 while at the nursing facility.</p> <p>The US FOIA (b)(6) stated that after learning about the NJ Exec Order 26.4b1 during the morning meeting, she did not address the NJ Exec Order 26.4b1 because the US FOIA (b)(6) had not gotten in touch with her directly to report it, and the resident was not in the facility during the timeframe of the NJ Exec Order 26.4b1. The US FOIA (b)(6) acknowledged that they should have reported the NJ Exec Order 26.4b1 to the appropriate agencies within the stipulated timeframe, as per state and federal regulations. The US FOIA (b)(6) further acknowledged that they did not follow their facility's policy for reporting and investigating NJ Exec Order 26.4b1.</p> <p>A review of the facility's policy titled "Compliance with Reporting Allegations of Abuse/Neglect/Exploitation states "It is the policy of this facility to report all allegations of abuse/neglect/exploitation or mistreatment,</p>	F 609			

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F 609	Continued From page 3 including injuries of unknown sources and misappropriation of resident property are reported immediately to the Administrator or the facility and to other appropriate agencies in accordance with state and federal regulations within prescribed timeframes." The policy further states: 5. Alleged violation - A situation or occurrence that is observed or reported by staff, resident, relative, visitors or others but has not yet been investigated and, if verified, could be noncompliance with the Federal requirements related to mistreatment, exploitation, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property. 6. Investigation - The facility will investigate all allegations and types of incidents as listed above in accordance with facility procedure for reporting/response as described below. 7. Reporting/Response - The facility will report all alleged allegations and all substantiated incidents to the state agency and to all other agencies as required and take all necessary corrective actions depending on the results of the investigation. The facility will analyze the occurrences to determine what changes are needed, if any, to policies and procedures to prevent further occurrences.	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,	F 610		10/7/24	

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F 610	<p>Continued From page 4</p> <p>neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated.</p> <p>§483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.</p> <p>§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: Complaint #: NJ00176749</p> <p>Survey Dates: 09/10/2024</p> <p>Census: 85</p> <p>Sample Size: 4</p> <p>Based on interviews and a review of the medical records and other facility documentation, it was determined that the facility staff failed to investigate an NJ Exec Order 26.4b1 made by a resident (Resident #2) to the New Jersey Department of Health (NJDOH) as required. This deficient practice was identified for 1 of 4 residents (Resident #2) and was evidenced by the following:</p> <p>The surveyor reviewed Resident #2's medical record on 09/10/2024. The Admission Record</p>	F 610	<p>F610</p> <p>1. Resident #2 NJ Ex Order 26.4(b)(1) by this deficient practice. Audit conducted on events and allegations and no other events found to be not investigated.</p> <p>2. All residents with allegations of abuse, neglect, exploitation or mistreatment have the potential to be affected by this deficient practice.</p> <p>3. US FOIA (b)(6) were re-educated on proper investigation of alleged incidents of abuse, neglect, exploitation or mistreatment. In-services conducted by the regional staff.</p> <p>4. Administrator/ Designee will conduct and audit to determine that all alleged incidents are reviewed and investigated weekly x 4 weeks, then monthly x 2 months. The results of the audits will be</p>		

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F 610	<p>Continued From page 5</p> <p>reflected the Resident #2 was admitted to the facility with medical diagnoses which included but not limited to: NJ Exec Order 26.4b1</p> <p>[REDACTED]</p> <p>Review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated NJ Exec Order 26.4b1, reflected the resident had a Brief Interview for Mental Status (BIMS) score of NJ out of 15, which indicated NJ Exec Order 26.4b1. The resident's care plan initiated on NJ Exec Order 26.4b1 and revised on NJ Exec Order 26.4b1, indicated that Resident #2 had a NJ Exec Order 26.4b1 towards staff. Resident #2's care plan also indicated that Resident #2 utilized NJ Exec Order 26.4b1 to NJ Exec Order 26.4b1 resident's needs.</p> <p>Review of resident #2's Progress Notes (PNs) revealed that resident #2 was admitted to the hospital on NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1.</p> <p>During the entrance interview with the surveyor on 09/10/2024, the US FOIA (b)(6) in the presence of the US FOIA (b)(6) stated that the administrative staff was gathering for morning rounds meeting on NJ Exec Order 26.4b1 when the US FOIA (b)(6) received a text from the US FOIA (b)(6) at the hospital stating that Resident # 2 reported to have been NJ Exec Order 26.4b1 while at the nursing facility.</p> <p>The US FOIA (b)(6) stated that after learning about the NJ Exec Order 26.4b1 during the morning meeting, she did not address the NJ Exec Order 26.4b1 because the US FOIA (b)(6) had not</p>	F 610	presented at the monthly QAPI meetings for review.		

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F 610	<p>Continued From page 6</p> <p>gotten in touch with her directly to report it, and the resident was not in the facility during the timeframe the NJ Exec Order 26.4b1. The US FOIA (b)(6) acknowledged that they should have reported the NJ Exec Order 26.4b1 to the appropriate agencies within the stipulated timeframe, as per state and federal regulations. The US FOIA (b)(6) further acknowledged that they did not follow their facility's policy for reporting and investigating NJ Exec Order 26.4b1.</p> <p>During an interview with the surveyor on 09/10/2024 at 12:53 P.M., the US FOIA (b)(6) stated that the NJ Exec Order 26.4b1 was not reported to her, but she heard about the NJ Exec Order during morning rounds meeting. The US FOIA (b)(6) stated that she did not investigate the NJ Exec Order 26.4b1 because the information did not come to her directly. She stated that it is the responsibility of the US FOIA (b)(6) and the US FOIA (b)(6) to report any NJ Exec Order. The US FOIA (b)(6) did acknowledge that her role as a US FOIA (b)(6) is to ensure the safety of the residents and she acknowledged that she should have taken the necessary steps to investigate the NJ Exec Order 26.4b1.</p> <p>A review of the facility's policy titled "Compliance with Reporting Allegations of Abuse/Neglect/Exploitation states "It is the policy of this facility to report all allegations of abuse/neglect/exploitation or mistreatment, including injuries of unknown sources and misappropriation of resident property are reported immediately to the Administrator or the facility and to other appropriate agencies in accordance with state and federal regulations within prescribed timeframes."</p>	F 610			

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F 610	<p>Continued From page 7</p> <p>The policy further states:</p> <p>5. Alleged violation - A situation or occurrence that is observed or reported by staff, resident, relative, visitors or others but has not yet been investigated and, if verified, could be noncompliance with the Federal requirements related to mistreatment, exploitation, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property.</p> <p>6. Investigation - The facility will investigate all allegations and types of incidents as listed above in accordance with facility procedure for reporting/response as described below.</p> <p>NJAC 8:39-9.4(f)</p>	F 610			

New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

COMPLETE CARE AT WAYNE HILLS REHAB & RESP **130 TERHUNE DRIVE**
WAYNE, NJ 07470

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S 000	Initial Comments 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 The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00176749 Based on interviews and review of facility documents on 09/04/2024, it was determined that the facility failed to ensure staffing ratios were met for 13 of 14-day shifts reviewed. This deficient practice had the potential to affect all residents. 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	S 560	S560 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 recruitment firms.	10/7/24

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

Electronically Signed

TITLE

(X6) DATE

10/07/24

New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>Governor signed into law P.L. 2020 c 112, codified as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.</p> <p>For the 2 weeks of staffing prior to survey from 08/25/2024 to 09/07/2024, the facility was deficient in CNA staffing for residents on 13 of 14 day shifts as follows:</p> <p>-08/25/24 had 9 CNAs for 86 residents on the day shift, required at least 11 CNAs. -08/26/24 had 10 CNAs for 86 residents on the day shift, required at least 11 CNAs. -08/27/24 had 9 CNAs for 86 residents on the day shift, required at least 11 CNAs. -08/28/24 had 8 CNAs for 86 residents on the day shift, required at least 11 CNAs. -08/29/24 had 9 CNAs for 87 residents on the day shift, required at least 11 CNAs. -08/30/24 had 8 CNAs for 83 residents on the day shift, required at least 10 CNAs. -08/31/24 had 9 CNAs for 83 residents on the day shift, required at least 10 CNAs. -09/01/24 had 9 CNAs for 82 residents on the day shift, required at least 10 CNAs.</p>	S 560	<p>The facility has conducted job fairs and has contracts with nursing staffing agencies.</p> <p>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.</p>	

New Jersey Department of Health

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S 560	Continued From page 2 -09/02/24 had 9 CNAs for 82 residents on the day shift, required at least 10 CNAs. -09/03/24 had 9 CNAs for 82 residents on the day shift, required at least 10 CNAs. -09/04/24 had 9 CNAs for 82 residents on the day shift, required at least 10 CNAs. -09/05/24 had 9 CNAs for 88 residents on the day shift, required at least 11 CNAs. -09/07/24 had 10 CNAs for 85 residents on the day shift, required at least 11 CNAs.	S 560			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315110	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/11/2024
NAME OF FACILITY COMPLETE CARE AT WAYNE HILLS REHAB & RESP CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 130 TERHUNE DRIVE WAYNE, NJ 07470	

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 F0609	Correction	ID Prefix F0610	Correction	ID Prefix	Correction
Reg. # 483.12(b)(5)(i)(A)(B)(c)(1)(4)	Completed	Reg. # 483.12(c)(2)-(4)	Completed	Reg. #	Completed
LSC	10/07/2024	LSC	10/07/2024	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 9/10/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 61610	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/11/2024
NAME OF FACILITY COMPLETE CARE AT WAYNE HILLS REHAB & RESP CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 130 TERHUNE DRIVE WAYNE, NJ 07470	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	10/07/2024	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
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 9/10/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			