STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315276	A. BUILDING _____ B. WING _____	C 03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT MILFORD MANOR LLC	**69 MAPLE ROAD WEST MILFORD, NJ 07480**

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F 000	INITIAL COMMENTS A Recertification and Complaint survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH). The facility was found not to be in substantial compliance with 42 CFR 483 subpart B. Complaint #'s: NJ163093, NJ174798, NJ174973, NJ176441, NJ180052, NJ183156, NJ183175, NJ183727, and NJ183773. Survey Dates: 03/03/25 - 03/07/25. Survey Census: 107 Sample Size: 38 A Recertification and Complaint Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);	F 580		3/10/25

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

Electronically Signed | 03/27/2025

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

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F 580	Continued From page 1 (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on interview, record review, and facility policy review, the facility failed to: 1.) notify the physician of a [redacted] event that required	F 580	1.Immediately upon notification, the Director of Nursing notified the physician of R40 and the resident's representative	

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F 580	Continued From page 2 medication intervention for one of one resident (Resident (R) 40) reviewed for NJ Exec Order 26.4b1 management out of a total sample of 38. This placed R40 at risk of harm related to NJ Exec Order 26.4b1 and 2.) notify the Responsible Party (RP) of an alteration in treatment for one of one (Resident (R) 76) reviewed for notification out of a total sample of 38. R76 was started on a NJ Exec Order 26.4b1 without the RP's notification. This prevented the RP from having input into R76's treatment. Findings include: 1. Review of R40's "Admission Record," located under the "Profile" tab of the electronic medical record (EMR), indicated R40 was admitted to the facility on NJ Exec Order 26.4b1, with diagnoses that included NJ Exec Order 26.4b1. Review of R40's quarterly "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 the resident had a "Brief Interview for Mental Status (BIMS)" score of NJ Exec Order 26.4b1 out of 15, which indicated R40 was NJ Exec Order 26.4b1. Review of R40's "MAR," located in the EMR under the "Orders" tab and dated NJ Exec Order 26.4b1, revealed ". . . NJ Exec Order 26.4b1 . . . NJ Exec Order 26.4b1 every NJ Exec Order 26.4b1 as needed for NJ Exec Order 26.4b1 difficulty to NJ Exec Order 26.4b1 or NJ Exec Order 26.4b1 Administer Immediately repeat NJ Exec Order 26.4b1] in NJ Exec Order 26.4b1 if not response to NJ Exec Order 26.4b1] repeat NJ Exec Order 26.4b1 if NJ Exec Order 26.4b1 to NJ Exec Order 26.4b1]. In NJ Exec Order 26.4b1 repeat NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 if not presently established	F 580	of R76. The Director of Nursing conducted a nurses' in-service that the nurses must consult with the resident's physician and notify resident representative, and document when there is a significant change, that is deterioration in the resident's status in either life- threatening conditions or clinical complications and if there is a need to commence new form of treatment. 2.All residents have the potential to be affected by the alleged deficient practice of not notifying the resident's physician and resident's representative. 3.The Director of Nursing/designee conducted a facility-wide audit, no other residents were identified as not having the resident's physician and resident's representative were notified on any significant change in health status or commencement of new form of treatment. 4.The Director of Nursing/designee will conduct an audit 5 residents weekly x 4 weeks, monthly x 2 months thereafter to ensure notification of resident's physician and resident's representative of any significant change in health status or commencement of new form of treatment. Negative findings will be corrected immediately and reviewed monthly at the Quality Assurance and Performance Improvement meeting.	

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F 580	Continued From page 3	F 580		

and go to next step based on results . . ." NJ Exec Order 26.4b1 - ". . . May do NJ Exec Order 26.4b1 as needed if suspected NJ Exec Order 26.4b1 notify MD if NJ Exec Order 26.4b1 or NJ Exec Order 26.4b1 unless otherwise specified as needed . . ."

Review of R40's "MAR," dated NJ Exec Order 26.4b1 at 6:49 PM, revealed R40 received one dose of NJ Exec Order 26.4b1 Review of R40's "Progress Notes" and "Orders" tabs of the EMR revealed no documented evidence of why R40 received the NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1 at 6:49 PM. There were no documented NJ Exec Order 26.4b1, assessments, or monitoring recorded for either before or after the administration of NJ Exec Order 26.4b1 There was no documentation to show why R40 required NJ Exec Order 26.4b1 There was no documented evidence that the physician was notified.

During an interview on 03/06/25 at 6:00 PM, LPN4 stated she was responsible for R40 during the evening shift on NJ Exec Order 26.4b1. She stated she remembered working with R40 and that NJ Exec Order 26.4b1 She stated that R40's NJ Exec Order 26.4b1 was NJ Exec Order 26.4b1 so she gave R40 NJ Exec Order 26.4b1 and then checked NJ Exec Order 26.4b1 later. She stated it went even NJ Exec Orde so she administered the NJ Exec Order 26.4b1 She stated the NJ Exec Orde should have been documented, a note should have been written, and the physician should have been called.

During an interview on 03/06/25 at 6:51 PM, the US FOIA (b)(6)) confirmed the physician should have been notified of the need to administer NJ Exec Order 26.4b1 to the resident.

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F 580	Continued From page 4	F 580		

During an interview on 03/06/25 at 7:35 PM, the physician stated he was '[NJ Exec Order 26.4b1] with the whole thing, [NJ Exec Order] a [NJ Exec Order 26.4b1], which is why [NJ Exec] has the [NJ Exec Order] . . . [R40] had just been [NJ Exec Order 26.4b1] . . . there is a [NJ Exec Order 26.4b1] including [NJ Exec Order] of not telling me, I was already concerned about [NJ Exec] [R40]."

2. Review of the facility's policy titled, "Notification of Changes," dated October 2024, indicated, "The purpose of this policy is to ensure the facility promptly informs . . . the resident's representative when there is a change requiring notification . . . circumstances that require a need to alter treatment. That may include: New treatment . . ."

Review of R76's "Admission Record," located in the electronic medical record (EMR) under the "Profile" tab, indicated R76 was admitted to the facility on [NJ Exec Order 26.4b1] with diagnoses of [NJ Exec Order 26.4b1] of [NJ Exec Order 26.4b1]

Review of R76's quarterly "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 the resident had a "Brief Interview for Mental Status (BIMS)" score of [NJ Exec] out of 15, which indicated R76 was [NJ Exec Order 26.4b1] .

Review of R76's "Medication Administration Record" (MAR)," dated [NJ Exec Order 26.4b1] and located in the EMR under the "Orders" tab, revealed R76 had an order to receive '[NJ Exec Order 26.4b1] Give 1 capsule by mouth one time a day for [NJ Exec Order 26.4b1] ."

During an interview on 03/04/25 at 1:03 PM,

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F 580	Continued From page 5 Responsible Party (RP) stated she was unaware that R76 was receiving [NJ Exec Order 26] until the doctor told her. She stated she felt "[NJ Exec Order 2]" that she did not know and expected to be told before her mother started any medication. During an interview on 03/05/25 at 3:56 PM, Licensed Practical Nurse (LPN) 2 stated the responsible party should be informed if a resident starts [NJ Exec Order 26.4] She stated if residents started [NJ Exec Order 26.4] then it was the responsibility of the US FOIA (b)(6) to inform all responsible parties. During an interview on 03/05/35 at 4:06 PM with the US FOIA (b)(6) and the US FOIA (b)(6), the [US FO] stated the responsible party should be notified if a resident started [NJ Exec Order 26.4] She stated with R76, [NJ Exec] nurse should have notified the family. The US FOIA (b)(6) stated she thought they had told the family since they talked to the family member so frequently. She stated it "probably was not documented." The US FOIA (b)(6) stated R76's responsible party should have been made aware that R76 started [NJ Exec Order 26] prior to starting it. NJAC 8:39-4.1(a)3 NJAC 8:39-13.1(c)	F 580		
F 583 SS=D	Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii) §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records. §483.10(h)(l) Personal privacy includes	F 583		3/10/25

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F 583	Continued From page 6 accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. §483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service. §483.10(h)(3) The resident has a right to secure and confidential personal and medical records. (i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(h)(2) or other applicable federal or state laws. (ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, and policy review, the facility failed to protect a resident's right to privacy during care for one of 38 sampled residents (Resident (R) 8). This failure had the potential to have a NJ Exec Order 26.4b1 on the residents' NJ Exec Order 26.4b1 . Findings: Review of the facility's "Statement of Residents	F 583	1. Immediately upon notification, the Director of Nursing and unit managers conducted the in-services to all nursing staff about residents right to privacy, that every resident has the right to privacy during care. 2. All residents have the potential to be affected by the alleged deficient practice of not able to protect resident's right to	

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F 583	Continued From page 7 Rights," located in the admission packet, revealed, "Right to Privacy: Each resident shall have the right to personal privacy and confidentiality of his or her personal care and clinical records . . . The facility's foremost concern is to achieve and to maintain the optimum level of independence and dignity of our residents while, at the same time, providing a safe and secure environment . . ." During an observation on 03/05/25 at 5:23 AM, Certified Nursing Aide (CNA)4 was performing personal care for R8. The door of the resident's room was ajar, and the resident's privacy curtain was not drawn. R8 was visible from the hallway and was NJ Ex Order 26.4(b)(1). Review of 8's quarterly "Minimum Data Set (MDS)," with an Assessment Reference Date (ARD) of NJ Exec Order 26.4b1 and located in the "MDS" tab of the electronic medical record (EMR), revealed R8 was admitted to the facility on NJ Exec Order 26.4b1 with diagnoses that included NJ Exec Order 26.4b1 [redacted]. It was recorded R8 had a "Brief Interview for Mental Status (BIMS)" score of NJ Exec out of 15, which indicated R8 was NJ Exec Order 26.4b1. During an interview on 03/05/25 at 5:46 AM, CNA4 stated he was not familiar with R8 and NJ Exec roommate and preferred to leave the door open during personal care because the residents can NJ Exec Order 26.4b1, and he did not have another CNA with him as a witness. During an interview on 03/05/25 at 9:03 AM, R8 stated NJ Exec recalled the aide NJ Exec Order 26 NJ Exec earlier in the morning. R8 stated if NJ Exec were paying	F 583	privacy during care. 3. The Director of Nursing and unit managers conducted a facility wide unit rounds to observe if privacy was provided to the residents during care. No other residents were observed not provided with privacy during care. 4. The Director of Nursing and unit managers will conduct unit rounds every shift weekly x 4 weeks, monthly x 2 months thereafter to ensure all residents are provided privacy during care. Negative findings will be corrected immediately and reviewed monthly at the Quality Assurance and Performance Improvement monthly.	

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F 583	Continued From page 8 attention, NJ Exec O would have told the aide to close the door or at least NJ Exec curtain. R8 stated NJ Exec O would like NJ Exec privacy protected. During an interview on 03/05/25 at 3:40 PM, the US FOIA (b)(6)) stated it was her expectation that residents' privacy be protected at all times and that CNA4 should have closed the door and the curtain while providing care for R8.	F 583		
F 686 SS=D	NJAC 8:39-4.1(a)16 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 ensure pressure relieving interventions were consistently implemented and NJ Exec Order 26.4b1 were completed for one (Resident (R)37) of two residents reviewed for NJ Exec Order 26.4b1 out of a total sample of 38 residents. This failure	F 686	1. Immediately upon notification, the Director of Nursing NJ Ex Order 26.4(b)(1) R37's NJ Exec Orde and conducted an in-service to all nurses to ensure NJ Exec Order 26.4b1 relieving interventions were consistently implemented and NJ Exec Order 26.4b1 assessments are completed.	3/10/25

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F 686	Continued From page 9 increased the NJ Exec Order 26.4b1 and/or the development of new NJ Exec Order 26.4b1. Findings include: Review of the facility policy titled "Pressure Ulcer Management," dated 01/24, revealed "c. Licensed nurses will conduct a full body skin assessment on all residents upon admission/readmission, weekly, and after any newly identified pressure injury. Findings will be documented in the medical record . . . c. Evidence-based interventions for prevention will be implemented for all residents who are assessed at risk or who have a pressure injury present. Basic or routine care interventions could include, but are not limited to: i. Redistribute pressure (such as repositioning, protecting and/or offloading heels, etc.) . . ." Review of R37's quarterly "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of NJ Exec Order 26.4b1 located in the electronic medical record (EMR) under the "MDS" tab revealed an admission date of NJ Exec Order 26.4b1 and had no "Brief Interview for Mental Status (BIMS)," indicating R37's NJ Exec Order 26.4b1 was NJ Exec Order 26.4b1. The MDS assessment indicated R37 had diagnosis of NJ Exec Order 26.4b1 [redacted]. Review of R37's "Nurses Notes," dated NJ Exec Order 26.4b1, located in the EMR under the "Progress Note" tab revealed "Dr [name] notified order given to send NJ Exec [R37] to the hospital. [Company] Ride responding."	F 686	2. All residents have the potential to be affected by the alleged deficient practice of not having pressure relieving interventions to residents at risk and skin assessments not done weekly. 3. The Director of Nursing and unit managers did a facility wide audit of residents at risk for pressure ulcers. No other residents were identified with no pressure relieving interventions. A facility skin sweep was done together by the wound care consultant and unit managers to all residents and skin assessments were documented. 4. The Director of Nursing/designee will conduct an audit on 5 residents on skin assessments and consistency in the implementation of pressure relieving interventions weekly x 4 weeks, monthly x 2 months thereafter to ensure all residents with pressure ulcers receive the necessary intervention to promote healing, prevent infection and prevent new ulcers from developing, unless the resident's condition demonstrates that they were unavoidable. Negative findings will be corrected immediately and reviewed monthly at the Quality Assurance and Performance Improvement meeting.	

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F 686	Continued From page 10 Review of R37's "Nurses' Note," dated [redacted], located in the EMR under the "Progress Note" tab revealed "Nursing admission note: arrived via: [redacted] Admitted from: Hospital ....' [redacted] Review of R37's Comprehensive Assessments, dated [redacted] located in the EMR under the "Assessment" tab, revealed a [redacted] with a score of [redacted] and a [redacted] to the NJ Exec Order 26.4b1 and a NJ Exec Order 26.4b1 . A [redacted] of [redacted] indicated NJ Exec Order 26.4b1 of developing a NJ Exec Order 26.4b1. Review of R37's care plan, revised [redacted] located in the EMR under the "Care Plan" tab revealed "R37 has NJ Exec Order 26.4b1 . . . Readmitted on [redacted] - Noted with [redacted] to NJ Exec Order 26.4b1 [redacted] . . ." Interventions included NJ Exec Order 26.4b1 and [redacted] while in bed and when [redacted] to [redacted]. Monitor for placement [redacted]," "[R37's] [redacted] will be assessed on a weekly basis on my scheduled bath day and document findings on a [redacted] assessment," and "Encourage [R37] to off [redacted] Review of R37's "orders," located in the EMR under the "Order" tab revealed: NJ Exec Order 26.4b1 while in bed every shift for	F 686		

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NJ Exec Order 26.4b1, dated NJ Exec Order 26.4b1 'NJ Exec Order 26.4b1 to promote NJ Exec Order 26 NJ Exec Order 26.4b dated NJ Exec Order 26.4b1

During R37's NJ Exec Order 26 care observation on NJ Exec Order 26.4b1 at 11:10 AM, Licensed Practical Nurse (LPN) 3 removed the NJ Exec Order 26.4b from R37's NJ Exec Order 26. and stated that the NJ Exec Order 26.4b to the NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 beside the NJ Exec Orde was new. The area was observed to be NJ Exec Orde. After LPN3 and Registered Nurse (RN)2 completed the NJ Exec Order 26 care procedure RN2 and LPN3 straightened the bed linens and NJ Exec Order 26.4b R37.

During an interview on 03/05/24 at 11:40 AM, when asked what was being done to prevent NJ Exec O for R37, neither RN2 nor LPN3 responded. When asked if R37's NJ Exec Orde were supposed to be NJ Exec Order 26.4b1 both RN2 and LPN3 stated that they did not know. When asked if R37 had NJ Exec Order 26.4b1 both RN2 and LPN3 stated that R37 had NJ Exec Order 26.4b1 that covered NJ Exec Order 26.4b1 and kept NJ Exec Order 26.4b1.

During an interview on 03/05/25 at 3:30 PM with the US FOIA (b)(6) and the US FOIA (b)(6) after being informed of the NJ Exec Order 26.4b1 to R37's NJ Exec Order 26 and NJ Exec O the US FOIA (b) stated that R37 was on an NJ Exec Order 26.4b1 and she would make sure that R37's NJ Exec Orde were NJ Exec Order 26.4b1

Further review of the "Orders" revealed the following order dated NJ Exec Order 26.4b1: 'NJ Exec Order 26.4b1 to NJ Exec Orde and NJ Exec Order 26.4b1 while in Bed and OOB [out of bed] to NJ Exec Order 26.4b1 of

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F 686	Continued From page 12 the NJ Exec Order 26 Monitor placement NJ Exec Order . every shift for NJ Exec Order 26.4b1 " On 03/06/25 at 4:38 PM, R37 was observed sitting in a NJ Exec Order chair in the dining room with NJ Exec NJ Exec Orde against a NJ Exec O R37 was NJ Exec Order 26.4b1 . No NJ Exec Order 26.4b1 were in place or NJ Exec Order 26.4b1 of the NJ Exec Order During an interview on 03/06/25 at 4:41 PM, LPN5 was asked what interventions were in place for prevention. LPN5 stated they use NJ Exec Order 26.4b1 and NJ Exec Orde NJ Exec Order 26.4b1 with NJ Exec Order 26 and now they use NJ Exec Order 26.4b1]. During an interview on 03/06/25 at 5:26 PM, LPN5 was asked who was responsible to complete the NJ Exec Order 26.4b1 assessments. LPN5 states "it's the floor nurse on that shift." LPN5 confirmed the most recent NJ Exec Order 26.4b1 assessments were completed on NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 . During an interview on 03/06/25 at 7:02 PM, the US FOIA (b)(6) was asked about current weekly NJ Exec O evaluations, per the care plan and policy, as last evaluations were NJ Exec Order 26.4b1 The US FOIA (b)(6) stated she had instructed the NJ Exec Order 26.4b1 to also complete the weekly NJ Exec Order 26.4b1 during their visits. The US FOIA (b)(6) reviewed the NJ Exec Order 26.4b1 notes and acknowledged there were no notes confirming the NJ Ex Order 26. care service had completed a NJ Exec Order 26.4b1 . During an interview on 03/06/25 at 10:45 PM, the US FOIA (b) was asked why did R37's NJ Exec Order 26.4b1 . The US FOIA (b) stated it was "due to NJ Exec medical condition. NJ Exec Order 26.4b1]." However, the US FOIA (b)	F 686		

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F 686	Continued From page 13 could not provide an explanation associated with NJ Exec Order 26.4b1 diagnoses as R37 was NJ Exec Order 26.4b1 on staff for NJ Exec Order 26.4b1 including NJ Exec Order 26.4b1 to prevent further NJ Exec Order 26.4b1. NJAC 8:39-27.1(a) NJAC 8:39-27.1(e)	F 686		
F 692 SS=D	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, record review, and facility policy review, the facility failed to implement interventions to NJ Exec Order 26.4b1 for two of five residents (Resident (R) 85 and R80) reviewed for NJ Exec Order 26.4b out of a total sample	F 692	1. Immediately upon notification, the Director of Nursing, the dietitian and their respective aides NJ Ex Order 26.4(b)(1) R85 and R80, and all the residents in the facility were NJ Exec Order 26.4b1 The dietitian provided R85 and	3/10/25

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F 692	Continued From page 14 of 38. This had the potential to cause NJ Exec Orde to R85 and R80 related to NJ Exec Order 26.4b1 . Findings include: Review of a policy provided by the facility titled "Weight Policy," dated December 2024, indicated "Based on the resident's comprehensive assessment, the facility will ensure that all residents maintain acceptable parameters of nutritional status, such as usual body weight or desirable god weight range ... If nutritional goals are not achieved, care planned interventions will be reevaluated for effectiveness and modified as appropriate." 1. Review of R80's quarterly "Minimum Data Set (MDS)," with an Assessment Reference Date (ARD) of NJ Exec Order 26.4b1 and located in the Electronic Medical Record (EMR) under the "MDS" tab, revealed an admission date of NJ Exec Order 26.4b and a "Brief Interview for Mental Status (BIMS)" score of NJ Ex out of 15, which indicated R80's NJ Exec Order 26.4b1 was NJ Exec Order 26.4b1 It was recorded R80 required NJ Exec Order 26.4b1 or NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1 assistance as resident completes activity, NJ Exec Order 26.4b1 , received a NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 and had diagnoses that included NJ Exec Order 26.4b1 Review of R80's "Care Plan," revised NJ Exec Order 26.4b1 and located in the EMR under the "Care Plan" tab, revealed, ". . . NJ Exec Order 26.4b1 [R80] has NJ Exec Order 26 r/t [related to] NJ Exec Order 26.4b1 , NJ Exec Order 26 and NJ Exec Order 26.4b1 NJ Exec O	F 692	R80 with NJ Exec Order 26.4b1 to replace the NJ Exec Order 26.4b1 , and the director of nursing ensured R85 and R80 were provided assistance and supervision at mealtimes. 2. All residents have the potential to be affected by the alleged deficient practice of not implementing the interventions to prevent weight loss. 3.The administrator educated the dietitian to ensure the residents have interventions to maintain acceptable parameters of their nutritional status and monitor effectiveness of these interventions. The DON provided in-services to the aides to report any changes to the nurse about the residents' meal consumption, any refusal and changes in appetite. The administrator educated the US FOIA (b)(to communicate with the dietitian if magic cup is not available to make recommendations for substitution. The dietitian conducted a facility wide audit of all residents' weights, meal consumption and health status to ensure these residents have interventions to maintain acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise. 4. The dietitian will conduct an audit on 5 residents weekly x 4 weeks, monthly x 2 months of residents' meal consumption, and supplement acceptance and	

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F 692	Continued From page 15 NJ Exec Order 26 has beer NJ Exec Order 26 per NJ Exec O rec [recommendation]. [R80] is on a NJ Exec Order 26.4b1 due to NJ Exec Order 26.4b1]. Is at risk for NJ Exec Order 26.4b1 . [R80] has an NJ Exec Order 26.4b1 ." Interventions included, "Will provide NJ Exec O as ordered. NJ Exec Order 26.4b1 with lunch and dinner." Review of R80's "Nutrition Assessment," dated NJ Exec Order 26.4b1 and located in the EMR under the "Assessment" tab, revealed R80 had a 'NJ Exec O of NJ Exec Order 26.4b1], NJ Exec Order 26.4b1 with NJ or more criteria needed, [R80] is due for NJ Exec quarterly review. NJ Exec0 remains NJ Exec Order 26.4b1 with good NJ Exec Order 26.4b1 , NJ Exec Order 26.4b1 . NJ Exec Order 26.4b1 in place BID [twice daily] to aid in NJ Exec Order 26.4b1 and in view of NJ Exec Res [resident] is able to NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 following tray set up." Review of R80's "Order," located in the EMR under the "Order" tab, revealed 'NJ Exec Order 26.4b1 with L [lunch] and D [dinner]," dated NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 two times a day for NJ Exec Order 26.4b1 ," dated NJ Exec Order 26.4b1 , and 'NJ Exec Order 26.4b1 dated NJ Exec Order 26.4b1 . Review of R80's NJ Exec Order2 history, located in the EMR under the 'NJ Exec Order 26.4b1 tab, revealed the following NJ Exec Order 26.4 for R80: NJ Exec Order 26.4b1 - NJ Exec Order 26.4b1 NJ Ex Order 2 NJ Exec Order 26.4b1	F 692	tolerance to ensure interventions implemented are effective to prevent weight loss. Negative findings will be corrected immediately and reviewed monthly at the Quality Assurance and Performance Improvement meeting.	

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NJ Exec Order 26.4b1
No NJ Exec Order 26.4b1 was recorded
NJ Exec Order 26.4b1
This constituted an NJ Exec Order 26.4b1 in
NJ Exec Order 26.4b1.

Review of R80's "NJ Exec Order 26.4b1 Note," dated NJ Exec Order 26.4b1, revealed, "NJ Exec Order 26.4 Res [resident] noted with a NJ Exec Order 26.4b1 this month. NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 likely d/t [due to] variable NJ Exec Order 26.4b1. NJ Exec O remains NJ Exec with variable NJ Exec Order 26.4b1 Res appreciates NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1 to optimize NJ Exec Order 26.4b1. Res is being followed by NJ Exec Order 26.4b1 for an NJ Exec Order 26.4b1 . Will NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 added BID to better meet estimated NJ Exec Order 26 needs. Res continues to meet criteria for NJ Exec Order 26.4b1 CP [care plan] reviewed and updated."

Review of R80's NJ Exec Order 26.4b1," dated NJ Exec Order 26.4b1 through NJ Exec Order 26.4b1) and located in the EMR under the "Task" tab, revealed only nine days included NJ Exec Order 26.4b1 documentation. Of these nine days, only 16 NJ Exec Order 2 were documented.

During an observation on 03/03/25 at 1:30 PM, R80 was sitting in NJ Exec wheelchair NJ Exec Order 26.4b1

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lunch. NJ Exec Order 26.4b1 [redacted] There was not a NJ Exec Order 26.4b1 on the tray, and R80 did not receive meal assistance. R80's NJ Exec Order 26.4b1 was less than NJ Exec Order 26.4b1.

During an observation on 03/04/25 at 1:09 PM, R80 was asleep in bed, and NJ Exec lunch tray was observed on the hall cart with NJ Exec Order 26.4b1 [redacted]. There was not a NJ Exec Order 26.4b1 on the tray. R80's NJ Exec Order 26.4b1 was NJ Exec Order 26.4b1.

During an observation on 03/04/25 at 5:22 PM, R80 was asleep in bed, and NJ Exec supper tray had been served. The meal included a NJ Exec Order 26.4b1 [redacted]. There was not a NJ Exec Order 26.4b1 on the tray. At 5:47 PM, R80 was still asleep in bed, and NJ Exec meal was covered with the tray lid. At 6:09 PM, Certified Nurse Aide (CNA) 3 walked into the room and attempted to wake R80, and R80 remained asleep. R80 ate NJ Exec O

During an observation on 03/05/25 at 8:20 AM, R80 was asleep in bed asleep, and NJ Exec breakfast tray was on NJ Exec overbed table, positioned out of reach away from the bed. At 8:25 AM, CNA10 came into the room and set up R80's tray that included NJ Exec Order 26.4b1 [redacted] CNA10 NJ Exec Order 26.4b1 R80, and NJ Exec Order 26.4b1. R80 ate NJ Exec Order 26.4b1.

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F 692	Continued From page 18 During an observation on 03/05/25 at 12:40 PM, R80 was served lunch while up in NJ Exec wheelchair. CNA10 set up NJ Exec tray and NJ Exec Order 26.4b1 R80 NJ Exec meal that included NJ Exec Order 26.4b1 No NJ Exec Order 26.4b1 was on the tray. CNA10 was asked about providing R80 NJ Exec Order 26.4b1. CNA10 stated R80 starts NJ Exec Order 26.4b1 but then she steps in to help further and NJ Exec does well. CNA10 was asked about the meal ticket listing NJ Exec Order 26.4b1 at lunch and supper. CNA10 confirmed the NJ Exec Order 26.4b1 was not on the tray as the kitchen puts it on the tray before the tray leaves the kitchen. CNA10 stated she would get NJ Exec one from the kitchen after he ate because R80 liked NJ Exec Order 26.4b1. Review of R80's 'NJ Exec Order 26.4b1," dated NJ Exec Order 26.4b1 and located in the EMR under the "Task" tab, revealed NJ Exec Order 26.4b documentation. During an interview on 03/05/25 at 1:45 PM, the US FOIA (b)(6)) was asked about the NJ Exec Order 26.4b1 and why R80 had not received one on NJ Exec tray for several meals during the week of the survey. The US FOIA stated, "Maybe they didn't put one on the tray but they've only been out since yesterday." During an interview on 03/05/25 at 3:02 PM, the US FOIA (b)(6) was asked if she was aware of R80's NJ Exec Order 26.4b1. The US FOIA (b) stated she was not sure but would need to check the records. The US FOIA (b) was asked if she was aware the kitchen was out of the NJ Exec Order 26.4b1. The US FOIA (b) and US FOIA (b)(6) stated, "No," but they could have used a comparable replacement or go to	F 692		

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the store and get more. The [US FOIA (b)] and [US FOIA (b)(6)] were asked if [NJ Exec Order 26.4b1] should be documented. The [US FOIA (b)] and [US FOIA (b)(6)] stated, "Yes." The [US FOIA (b)] reviewed R80's [NJ Exec Order 26.4b1] documentation under the task tab and confirmed the documentation was not consistent. The [US FOIA (b)] confirmed meal [NJ Exec Order 26.4b1] was important in assessing [NJ Exec Order 26.4b1].

On 03/05/25 at 5:34 PM, R80's served supper in bed and [NJ Exec] meal did not include a [NJ Exec Order 26.4b1] CNA6 confirmed no [NJ Exec Order 26.4b1] provided.

During an interview on 03/06/25 at 2:20 PM, the [US FOIA (b)(6)]) was asked if she was aware of R80's [NJ Exec Order 26.4b1]. The [US FOIA] stated, "Yes." The [US FOIA] was asked why R80 was [NJ Exec Order 26.4b1], and R80 stated because R80 was compromised and she ordered for [NJ Exec O] to have a [NJ Exec Order 26.4b1] and [NJ Exec Order 26] for [NJ Exec Order 26.4b1] was in place. The [US FOIA] was asked why there was [NJ Exec Order 26.4b1] in [NJ Exec Order 26.4b] The [US FOIA] stated she was not sure, but she did tell the staff to obtain the [NJ Exec Order 26] The [US FOIA] stated R80 received staff assist with [NJ Exec Order] and '[NJ Exec Order 26.4b1] The [US FOIA] was asked if she had conducted a Risk/Cause/Analysis, and the [US FOIA] stated she was not sure what that was. The [US FOIA] was asked if she was aware the kitchen was out of [NJ Exec Order 26.4b1] and that R80 did not receive one for several meals during the week of the survey. The [US FOIA] stated she was only made aware last night, [NJ Exec Order 26.4b] and staff could have replaced it with a [NJ Exec Order 26.4b1] The [US FOIA] confirmed R80 had [NJ Exec Order 26.4b1] . The [US FOIA] was asked if she was aware the [NJ Exec Order 26.4b1] logs under the task tab were incomplete. The [US FOIA] stated, "No." The [US FOIA]

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was asked if she used the meal information in her assessments. The [US FOIA] stated, "Not all the time, because not all information is there," so she would talk with the CNAs. The [US FOIA] stated she made observations every morning at breakfast and had "noticed sometimes R80's tray "just sitting." The [US FOIA] was asked if she was aware the [NJ Exec Order 26.4] should be obtained using the same method and R80's [NJ Exec Order 2] were obtained sometimes sitting and other times using the [NJ Exec Order 26.4b1]. The [US FOIA] stated," No, not aware of that."

2. Review of R85's electronic medical record (EMR) "Admission Record," located under the "Profile" tab, indicated R85 was admitted to the facility on [NJ Exec Order 26.4b1] with diagnoses that included [NJ Exec Order 26.4b1]

Review of R85's [NJ Exec Order 26.4b1] Assessment," dated [NJ Exec Order 26.4b1], located in the EMR under the "Assessments" tab and completed by the [US FOIA (b)(6)]) revealed the resident was [NJ Exec Order 26.4b1] with [NJ Exec Order 2] and did not [NJ Exec Order 26.4b1]. The summary revealed R85 "had a [NJ Exec Order 26.4b1] . . does not desire further [NJ Exec Order 26.4b1] . . will place on weekly [NJ Exec Order 26.4b1]. Meds and labs reviewed low [NJ Exec Order 26.4] noted. Will order [NJ Exec Order 26.4b1] in view of [NJ Exec Order 26.4b1] level, [NJ Exec Order 26.4b1]

Review of R85's admission "Minimum Data Set (MDS)," located in the EMR under the "MDS" tab with an Assessment Reference Date (ARD) of [NJ Exec Order 26.4b1] revealed the resident had a "Brief Interview for Mental Status (BIMS)" score of [NJ Exec Order] out of 15, which indicated R85 was

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NJ Exec Order 26.4b1. It was recorded that R85 had a NJ Exec Order 26.4b1 of more than NJ Exec in the last NJ Exec Order 26 was not on physician prescribed NJ Exec Order 26.4b1, and received a NJ Exec Order 26.4b1

Review of R85's 'NJ Exec Order 26.4b1," located under the NJ Exec Order 26.4b1" tab in the EMR revealed R85 NJ Exec Order 26.4b1

NJ Exec Order 26.4b1

This constituted a NJ Exec Order 26.4b1 from NJ Exec Order 26.4b1 through NJ Exec Order 26.4b1 and a NJ Exec Order 26.4b1 from NJ Exec Order 26.4b1 through NJ Exec Order 26.4b1

Review of R85's "Care Plan," located in the EMR under the "Care Plan" tab and dated NJ Exec Order 26.4b1, revealed R85 "meets criteria for NJ Exec Order 26 NJ Exec Order 26.4b1 ." The goal was, 'NJ Exec Order 26.4b1)." The intervention was to NJ Exec Order 26.4b1 as ordered. NJ Exec Order 26.4b1) with lunch and dinner and NJ Exec Order 26.4b1."

Review of the "Orders," 'NJ Exec Order 26.4b1 "Progress Notes," and "MAR (Medication Administration Record)" tabs of the clinical record revealed no documented evidence to show that weekly NJ Exec Order 26.4 were obtained or that Ensure was ordered as noted by the US FOM on NJ Exec Order 26.4b1. There was no documented evidence that R85 received a NJ Exec Order 26.4b1, as per the "Care Plan."

Review of R85's "Progress Note," located in the EMR under the "Progress Note" tab dated

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT MILFORD MANOR LLC	69 MAPLE ROAD WEST MILFORD, NJ 07480

(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 692	Continued From page 22 NJ Exec Order 26.4b1 and documented by the US FOIA revealed R85 had a NJ Exec Order 26.4b1 from NJ Exec Order 26.4b1 to NJ Exec Order 26.4b1. It was recorded, ". . . Will order Ensure NJ Exec Order 26.4b to NJ Exec Order 26.4b1 in view of NJ Exec Order 2 Continue on NJ Exec Order 26.4b1 . Resident continues to meet criteria for NJ Exec Order 26.4b1 r/t (related to) NJ Exec Order 26.4b1 , variable PO (by mouth) NJ Exec Order 26.4b1." Review of R85's "POC (Plan of Care) Response History," located in the EMR under the "Tasks" tab and dated NJ Exec Order 26.4b1 , revealed on 13 of 30 days, there was no documentation of R85's NJ Ex Order 26.4(b)(1) for any NJ Ex Order 2 There were 90 opportunities to document R85's NJ Ex Order 26.4 On 03/04/25, at the request of the surveyor, R85's NJ Exec Order 2 was obtained and was noted to be NJ Exec Order 26.4 . During an observation on 03/05/25 at 1:05 PM and 5:45 PM the NJ Exec Order 26.4b1 was not observed on R85's room tray. During an interview on 03/05/25 at 1:05 PM, R85 stated NJ Exec O knew NJ Exec O was NJ Exec Order 26.4b1 but was not sure why. NJ Exec O stated NJ Exec O "probably should not NJ Exec O anymore." During an interview on 03/06/35 at 2:26 PM, the US FOIA (b)(6) confirmed the kitchen was out of NJ Exec Order 26.4b1 and stated she did not know that until the evening of NJ Exec Order 26.4b1. The US FOIA stated the NJ Exec Order 26.4b1 could have been replaced by a NJ Exec Order 26.4b1 and R85 should have received something. The US FOIA stated she was aware R85 had a NJ Exec Order 26.4b1 from NJ Exec Order 26.4b1 . She stated normally she would initiate	F 692		

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F 692	Continued From page 23 NJ Exec Order 26.4b1 discuss resident preferences, request NJ Exec Order 26.4b1, and add another NJ Exec Order 26.4b1. The US FOM confirmed she had not implemented NJ Exec Order 26.4b1 but should have and had only ordered NJ Exec Order 26.4b1 as of NJ Exec Order 26.4b1. The US FOM stated she relied on the intake reports when reviewing residents. During an observation on 03/06/25 at 5:48 PM, the NJ Exec Order 26.4b1 was not observed on R85's room tray. NJAC 8:39-17.1(c) NJAC 8:39-27.1(a)	F 692		
F 697 SS=G	Pain Management CFR(s): 483.25(k) §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to ensure NJ Exec Order 26.4b1) was ordered in a timely manner to provide a resident with NJ Exec Order 26.4b1 their NJ Exec Order 26.4b1 for NJ Exec Order 26.4b1) which caused the resident to miss NJ Exec doses of the NJ Exec O that resulted in the resident experiencing NJ Exec Order 26.4b1 including; NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 all over their body. This deficient practice was identified for 1 of 38 residents reviewed for NJ Ex Ord (Resident #1), and was evidenced by the following:	F 697	1. Immediately upon notification, the Director of Nursing conducted a NJ Exec O assessment on R1 with no complaints of NJ Exec Ord The nurse notified the doctor to order NJ Ex Ord medication until the NJ Exec Order 26.4b1 could be filled. The doctor sent the E-script to the pharmacy for a refill of NJ Exec Order 26.4b1 2. All residents on opioid pain medication have the potential to be affected by this deficient practice of not receiving pain medications in a timely manner.	3/10/25

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F 697	Continued From page 24 On 03/03/25 at 11:19 AM, Resident #1 was observed awake in bed and stated they did not NJ Exec Order 26.4b1, but wanted to talk later. On 03/03/25 at 1:26 PM, Resident #1 was observed awake in bed and stated that they NJ Exec Order 26.4b1, but they were still not feeling NJ Exec Order 26.4b1 at that time because they were NJ Exec Order 26.4b1 from the weekend. On 03/04/25 at 11:43 AM, Resident #1 was observed in their room sitting in a chair, dressed in a night gown. Resident #1 stated they were NJ Exec Order 26.4b1 from running out of their NJ Exec Order 26.4b1 over the weekend. Resident #1 stated they had NJ Exec O from NJ Exec Order 26.4b1 that had caused NJ Exec Order 26.4b1. Resident #1 stated the facility knew they were about to run out of their NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1 as they had NJ Exec Order 26.4b1, and the nurses did not reorder timely. Resident #1 stated they received NJ Exec Order 26.4b1 over the weekend and [Resident #1] had to go without it. Resident #1 stated that the physician ordered another NJ Exec Orde NJ Exec Order 26.4b1 but that did not help. The surveyor reviewed the medical record for Resident #1. A review of the quarterly Minimum Data Set (MDS), an assessment tool dated NJ Exec Order 26.4b1, revealed a Brief Interview for Mental Status (BIMS) score of NJ Exe out of 15, which indicated Resident #1's NJ Exec Order 26.4b1 was NJ Exec Order The MDS assessment further indicated that Resident #1 had diagnoses that included; NJ Exec Order 26.4b1	F 697	3. The Director of Nursing/ designee educated staff on ordering of medication in a timely manner. The Director of Nursing did a facility wide audit of all residents on pain management; no other residents were identified as not receiving appropriate pain medication. 4. The Director of Nursing/designee will conduct an audit of 5 residents on opioid pain medication weekly x4 weeks, monthly x2 months thereafter on ensuring residents are receiving appropriate pain medication by ordering medications in a timely manner. Negative findings will be corrected immediately and reviewed monthly at the Quality Assurance and Performance Improvement Meeting.	

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F 697	Continued From page 25	F 697		

NJ Exec Order 26.4b1), and NJ Exec Order 26.4b1 . A further review of the MDS revealed Resident #1 had frequent NJ Ex Ord at ' NJ Exec on a NJ Exec Order 26.4b1) and received an NJ Exec Order 2

A review of Resident #1's orders included a physician's order dated NJ Exec Order 26.4b1 , for NJ Exec Order 26.4b1); administer one tablet by mouth every 12 hours for NJ Exec Order 26.4b1.

A review of Resident #1's individualized comprehensive care plan dated revised NJ Exec Order 26.4b1 included a focus area that the resident had NJ Exec Order 26.4b1 . The goal included for the resident to not have an interruption in normal activities due to NJ Exec O through the review date. Interventions included to administer NJ Exec O medication(s) per orders and notify physician if goal was not met with regime.

A review of the Progress Notes included a Nurse Practitioner Note dated NJ Exec Order 26.4b1 , that the resident had NJ Exec Order 26.4b1; to continue NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1) as prescribed for NJ Exec Order 26.4b1.

A review of a Medication Administration Note dated NJ Exec Order 26.4b1 at 9:58 PM, included NJ Ex Order 26.4(b)(1) NJ Exec Order 26.4b1 administer one tablet by mouth every twelve hours for NJ Exec Order 26.4b1 was "awaiting for the pharmacy."

A review of the NJ Exec Order 26.4b1 Medication

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F 697	Continued From page 26 Administration Record (MAR), revealed six doses of the NJ Exec Order 26.4b1 were not administered from NJ Exec Order 26.4b1 through NJ Exec Order 26.4b1. The MAR also revealed a physician's order dated NJ Exec Order 26.4b1 for NJ Exec Order 26.4b1 administer one tablet by mouth every six hours as needed for NJ Exec O for "one day administer" until NJ Exec Order 26.4b1 was received from the pharmacy. This order was obtained two days after Resident #1's NJ Exec Order 26.4b1 was out. A review of the Nurses Note dated NJ Exec Order 26.4b1, and provided by the facility, revealed pending pharmacy drop off of NJ Exec Order 26.4b1, physician notified. A new order was received to start NJ Exec Order 26.4b1 administer one tablet as needed every six hours until NJ Exec Order 26.4b1 was received. 'NJ Exec Order 26.4b1 ." On 03/04/25 at 5:56 PM, the US FOIA (b)(6) was observed making rounds and discussing with Resident #1 the problem of the facility running out of the NJ Exec Order 26.4b1 over the weekend, NJ Exec Order 26.4b1 through NJ Exec Order 26.4b1. After the US FOIA (b)(6) left Resident #1's room, the surveyor asked the US FOIA (b)(6) the facility ran out of Resident #1's NJ Exec Order 26.4b1 for several days over the weekend. The US FOIA (b)(6) stated he was aware, and he ordered NJ Exec Order 26.4b1 until the NJ Exec Order 26.4b1 could be filled. The US FOIA (b)(6) stated the nursing staff needed to order the medication three days before running out to give time for the reordering process. During an interview on 03/05/25 at 2:52 PM, the US FOIA (b)(6)) was asked if she was aware Resident #1's NJ Exec Order 26.4b1 ran out of over the weekend and Resident #1 missed six doses. The US FOIA (b) stated she was informed yesterday,	F 697		

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NJ Exec Order 26.4b1. The US FOIA (b) stated the nurse called the physician, but the prescription was not sent to the pharmacy. The US FOIA (b) was asked what the process was for reordering NJ Exec Order 26.4b medications, and the US FOIA (b) stated the nurses reordered the medication eight days ahead of time, before the last dose, and the nurse called the physician first for an electronic prescription (e-script). The US FOIA (b) stated the physician then sent the e-script to the pharmacy and the nurse followed-up with the pharmacy. The US FOIA (b) stated that her staff should not wait until the last day to start the process.

During a follow-up interview on 03/06/25 at 4:56 PM, Resident #1 was asked to describe how it made them feel being without the NJ Exec Order 26.4b1 over the weekend. Resident #1 stated I felt 'NJ Exec Order 26.4b1 ." Resident #1 stated, "NJ Exec Order 26.4b1 " Resident #1 was unable to provide a NJ Exec Order 26.4b1, stating that my NJ Exec Order 26.4b1 Resident #1 stated the NJ Exec Order 26.4b1 NJ Ex Order 26 their NJ Exec Order 26.4b1. Resident #1 stated they were NJ Exec Order 26.4b1 Resident #1 stated the NJ Exec Order 26.4b1 worked in a different way and did not NJ Ex Order 26.4(b) their usual NJ Exec O whereas the NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 ."

A review of the facility's policy titled, "Pain Management," revised 01/25, revealed, "The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences."

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F 697	Continued From page 28 A review of the facility's policy titled, "Medication Reordering," revised 06/24, revealed, "Acquisition of medications should be completed in a timely manner to ensure medications are administered in a timely manner."	F 697		
F 757 SS=D	NJAC 8:39- 27.1(a) Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- §483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to monitor for [redacted]	F 757	1. Immediately upon notification, the director of nursing did a [redacted]	3/10/25

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F 757	Continued From page 29 of an NJ Exec Order 26.4b1 for one of five residents (Resident #98) reviewed for NJ Exec Order 26.4b1 out of a total sample of 38. The deficient practice could potentially result in NJ Exec Order 26.4b1 Findings include: Review of the facility policy titled "High Risk Medications- Anticoagulants," dated 09/01/24, revealed, ". . . The resident's plan of care shall alert staff to monitor for adverse consequences. Risks associated with anticoagulants include: a. Bleeding and hemorrhage (bleeding gums, nosebleed, unusual bruising, blood in urine or stool) b. Fall in hematocrit or blood pressure c. Thromboembolism . . ." Review of R98's admission "Minimum Data Set (MDS)," with an Assessment Reference Date (ARD) of NJ Exec Order 26.4b and located in the electronic medical record (EMR) under the "MDS" tab, revealed as admission date of NJ Exec Order 26.4b and a "Brief Interview for Mental Status (BIMS)" score of NJ Exec out of 15, which indicated R98's NJ Exec Order 26.4b1 was NJ Exec Order 26.4b1 The MDS assessment indicated R98 had diagnoses that included NJ Exec Order [redacted]. It was recorded R98 received an NJ Exec Order 26.4b1 Review of R98's "Nursing Comprehensive Assessment," dated NJ Exec Order 26.4b1 and located in the EMR under the "Assessment" tab, revealed under the NJ Exec Order 26.4b1 section that R98 had NJ Exec Order 26.4b to NJ Exec Order 26.4b1 [redacted]. No other NJ Exec O assessments were found in the EMR. Review of R98's "Orders," dated NJ Exec Order 26.4b1	F 757	assessment on R98 and updated the residents plan of care to monitor for risks associated with the use of NJ Exec Order 26.4b1 The Director of Nursing conducted an in-service to the CNAs to report any unusual occurrences such as NJ Exec Order 26.4b [redacted] in the NJ Exec Orde as NJ Exec Order 26.4b1 to NJ Exec Order 26.4b1 The Director of Nursing conducted an in-service to the nurses about NJ Exec Order 26.4b1 to NJ Exec Order 26.4b1 notifying attending physicians, and residents' representatives, documenting and updating care plan. 2. All residents have the potential to be affected by the alleged deficient practice by not monitoring the residents on anticoagulant for adverse reactions. 3. The Director of Nursing conducted a facility wide audit of residents on anticoagulants. No other residents have any sign of adverse reactions and all residents on anticoagulants have a care plan in place. 4. The Director of Nursing/designee will conduct an audit on 5 residents weekly x 4 weeks, monthly x 2 months thereafter that all residents on anticoagulants are care planned on monitoring for any signs of adverse reactions. Negative findings will be corrected immediately and reviewed monthly at the Quality Assurance and Performance Improvement meeting.	

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located in the EMR under the "Order" tab, revealed R98 was to receive [redacted] Give 1 tablet by mouth two times a day for [redacted] . . ."

Review of R98's "Physician's Order Note," dated [redacted] and located in the EMR under the "Progress Note" tab, revealed, ". . . The system has identified a [redacted] with the following orders: [redacted] Give 1 tablet by mouth two times a day for [redacted]: Use of [redacted] with [redacted] may [redacted] the risk of [redacted] . . ."

Review of R98's "Care Plan," located in the EMR under the "Care Plan" tab, revealed no care plan addressing [redacted] and/or [redacted]

Review of R98's "Progress Notes," dated [redacted] and located in the EMR under the "Progress Note" tab, revealed no [redacted] monitoring.

Review of R98's "Medication Administration Record (MAR)," dated [redacted] and located in the EMR under the "Order" tab, revealed no [redacted] monitoring.

On 03/05/25 at 8:03 AM, R98 was observed in his room sitting in a wheelchair eating breakfast. R98 was noted to have a [redacted].

During an interview on 03/05/25 at 2:33 PM, the [redacted]) and [redacted] were asked if the use of [redacted] medications

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should be care planned. The [US FOIA (b)] and [NJ Exec Order 26.4b1] stated, "Yes." The [US FOIA (b)] and US FOIA (b)(6) were asked why R98's [NJ Exec Order 26.] was not care planned, The [US FOIA (b)] stated the unit managers added the care plans. The US FOIA (b)(6) were asked if NJ Exec Order 26.4b1 should be monitored for NJ Exec Order 26.4b1. The [US FOIA (b)] stated, "Yes." The US FOIA (b)(6) were asked how NJ Exec Order 26.4b1 were monitored. The US FOIA (b)(6) stated certified nurse aides were to report any unusual occurrence such as NJ Exec Order 26.4b1, etc. to the nurse. The US FOIA (b)(6) were asked how the certified nurse aides (CNAs) knew to monitor for these NJ Exec Order 26.4b1 The [US FOIA (b)] stated, "they are in-serviced."

During an interview on 03/06/25 at 10:14 AM, CNA16 was asked if she knew what [NJ Exec Order 26.4b] related to NJ Exec Order 26.4b1 she was to monitor for. CNA16 stated, "No." CNA16 was asked if she was aware of which residents, including R98, on a NJ Exec Order 26.4b1. CNA16 stated "No," and it's not on their POC [plan of care]." CNA16 stated the POC included [NJ Exec Order] and [NJ Exec Order 26.4b] description of the NJ Exec Order 26.4b1, [NJ Exec Order 26.4b1] NJ Exec Order 26.4b1, and [NJ Exec Order 26.4b1] CNA stated she had not received an in-service on NJ Exec Order 26.4b1 to NJ Exec Order 26.4b1

During an interview on 03/06/25 at 4:53 PM, Licensed Practical Nurse (LPN)2 was asked about NJ Exec Order 26.4b1. LPN2 stated if she observed [NJ Exec Order 26.4b] or other side effects of an NJ Exec Order 26.4b1 she called the physician and documented it in the progress notes because they did not have a place to document on the MAR. LPN2 confirmed R98

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F 757	Continued From page 32 received an NJ Exec Order 26.4b1 and had NJ Exec Order 26 due to NJ Exec Order 26.4b1 and bed. During an interview on 03/06/25 at 5:10 PM, CNA15 stated she did not have a resident on her caseload on a NJ Exec Order 26.4b1. CNA15 stated she looked for NJ Exec Order 26 only. CNA15 was asked if she knew which residents were on a NJ Exec Order 26.4b1 on her hall. CNA15 stated the nurse tells her. CNA15 was asked if R98 was on a NJ Exec Order 26.4b1. CNA15 stated she was not sure. During an interview on 03/06/25 at 7:03 PM, the US FOIA (b)(6) was asked why there were no NJ Exec Order 26.4b1 for R98 as he was on an NJ Exec Order 26.4b1 and had NJ Exec Order 26.4b The US FOIA (b)(6) confirmed there should be weekly US FOIA (b) and acknowledged the importance of NJ Exec Order 26.4b1, especially for a resident on NJ Exec Order 26.4b1. The US FOIA (b)(6) provided a NJ Exec Order 26.4b1 report that did not include a full body assessment. NJAC 8:39-29.3(a) NJAC 8:39-29.8	F 757		
F 803 SS=E	Menus Meet Resident Nds/Prep in Adv/Followed CFR(s): 483.60(c)(1)-(7) §483.60(c) Menus and nutritional adequacy. Menus must- §483.60(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines.; §483.60(c)(2) Be prepared in advance; §483.60(c)(3) Be followed;	F 803		3/10/25

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	315276	A. BUILDING _____ B. WING _____	C 03/07/2025

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COMPLETE CARE AT MILFORD MANOR LLC	69 MAPLE ROAD WEST MILFORD, NJ 07480

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F 803	Continued From page 33 §483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups; §483.60(c)(5) Be updated periodically; §483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and §483.60(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to plan menus for two of 46 residents (Resident (R #1 and R #80) reviewed for menus and for [redacted] and NJ Exec Order 26.4b1. This deficient practice could cause residents to NJ Exec Order 26.4b1 and/or [redacted]. Findings include: A facility policy for menus was requested and not provided. Review of the facility policy titled "Food: Quality and palatability," dated 02/02/03, provided by the facility revealed "1. The Dining Services Director and Cook(s) are responsible for food preparation. Menu items are prepared according to the menu, production guidelines, and standardized recipes." Review of the facility's 'NJ Exec Order 26.4b1	F 803	1. Immediately upon notification, the US FOIA (b)(6) assessed R1 and R80 with the dietitian, with their menu on [redacted] and NJ Exec Order 26.4b1. Both residents showed no signs of [redacted] on the food. 2. All residents have the potential to be affected of not able to plan for the menu of puree, and mechanical soft diet. 3. The Food Service Director planned the extension menu with the facility's dietitian to meet the nutritional needs of the residents in accordance with established national guidelines. See attached. 4. The dietitian will conduct an audit on 5 residents weekly x 4 weeks, monthly x 2 months thereafter to ensure all residents are meeting their nutritional needs based	

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F 803	Continued From page 34 Week 1" menu extensions for the week of NJ Exec Order 26.4b1 provided by the facility, revealed NJ Exec Order were planned only regular, NJ Exec Order [redacted] Review of the facility's NJ Exec Order roster, dated NJ Exec Order 26.4b1, revealed 35 residents were prescribed a NJ Exec Order 26.4b1 and 11 residents were prescribed a NJ Exec Order 26.4b1 1. Review of R80's quarterly "Minimum Data Set (MDS)," with an Assessment Reference Date (ARD) of NJ Exec Order 26.4b1 and located in the Electronic Medical Record (EMR) under the "MDS" tab, revealed an admission date of NJ Exec Order 26.4b and a "Brief Interview for Mental Status (BIMS)" score of NJ Exec out of 15, which indicated R80's NJ Exec Order 26.4b1 was NJ Exec Order 26.4b1. It was recorded R80 received a NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 and had diagnoses that included NJ Exec Order 26.4b1 [redacted] Review of R80's "Order," dated NJ Exec Order 26.4b1 and located in the EMR under the "Order" tab of the EMR, revealed, ". . . NJ Exec Order 26.4b1 [redacted] . . ." On 03/03/25 at 1:30 PM, R80 was sitting in NJ Exec wheelchair in NJ Exec room NJ Exec Order 26.4b1 lunch. His meal was NJ Exec Order 26.4b1 [redacted]. Review of the lunch "Week 1 menu extensions" for NJ Exec Order 26.4b1 provided by the facility revealed no menus for a NJ Exec Order 26.4b1.	F 803	on the planned menus. Negative findings will be corrected immediately and reviewed monthly at the Quality Assurance and Performance Improvement meeting.	

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F 803	Continued From page 35 2. Review of R1's quarterly "MDS," with an ARD of [redacted] and located in the EMR under the "MDS" tab, revealed R1 had an admission date of [redacted] and a "BIMS" score of [redacted] out of 15, which indicated R1's [redacted] was [redacted] The MDS assessment indicated R1 had diagnoses that included [redacted]. Review of R1's "Order," dated [redacted] and located in the EMR under the "Order" tab, revealed, " . . . [redacted] . . . " During an observation on 03/04/25 05:49 PM, R1 was served the evening meal in her room. [redacted] meal included a [redacted]. R1 stated [redacted] requested [redacted] from the alternate menu for the evening meal on [redacted] did not receive it. R1 stated [redacted] did not like what was served, and the [redacted] was easy to eat. Review of the evening meal "Week 1 menu extensions" for [redacted] provided by the facility, revealed no menus for a [redacted] During an interview on 03/04/25 02:57 PM, the [redacted] was asked for all the menu extensions for all [redacted] prescribed in the facility. The [redacted] stated they were in the survey book. During an interview on 03/06/25 at 3:07 PM, the [redacted]) was asked why there	F 803		

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F 803	Continued From page 36 were no menus planned for [NJ Exec Order 26] and NJ Exec Order 26.4b1. The [US FOIA] stated she was not aware there were not any. The [US FOIA] stated the menu company provided them, and they have an [US FOIA] that approves the menus as she does not. During an interview on 03/06/25 at 5:35 PM, the US FOIA (b)(6) was asked for menus and extensions for NJ Exec Order 26.4b1. The US FOIA (b)(6) stated the kitchen used the regular menu and [NJ Exec Order 26] those foods. The US FOIA (b)(6) was asked if the regular menu was a salad, what would the NJ Exec Order 26.4b1 of. The US FOIA (b)(6) stated they just puree the salad. The US FOIA (b)(6) was informed that this may not be appropriate and the [US FOIA] would have to approve the food item to ensure it was balanced and [NJ Exec Order 26.4b1] The US FOIA (b)(6) stated she would attempt to get the menus from the menu company. During an interview on 03/06/25 at 6:04 PM, the US FOIA (b)(6) was asked why the menus and extensions did not include [NJ Exec Or] for [NJ Exec Order 26] and NJ Exec Order 26.4b1. The [US FOIA] confirmed they did not have any menus for the [NJ Exec Order 26] and NJ Exec Order 26.4b1. The [US FOIA] stated he called the old menu company and they did not have them. During a follow up interview on 03/06/25 at 8:16 PM, the US FOIA (b)(6) was asked again for the menus for the [NJ Exec Order 26] and NJ Exec Order 26.4b1 None were provided by the end of the survey.	F 803		
F 842 SS=D	NJAC 8:39-17.2 Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(h)(1)-(5)	F 842		3/10/25

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F 842	Continued From page 37 §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(h) Medical records. §483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(h)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted	F 842		

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F 842	Continued From page 38 by and in compliance with 45 CFR 164.512. §483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(h)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(h)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to maintain an accurate and complete medical record for one (Resident (R) 40) of 38 sampled residents. R40 suffered a NJ Exec Order 26.4b1 incident requiring medication intervention. The clinical record contained no documentation of the event. Findings include: Review of the facility's policy titled, "Nursing Care	F 842	1. Immediately upon notification, the Director of Nursing reviewed the medical record of R40 and conducted an in-service to the nurses regarding documentation on each resident should be complete, accurate, readily accessible and systematically. 2. All residents have the potential to be affected by the alleged deficient practice of not maintaining medical records on	

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F 842	Continued From page 39 of the Resident with Diabetes Mellitus," dated October 2019, indicated ". . . The management of individuals with diabetes mellitus should follow relevant protocols and guidelines . . . The nurse will closely monitor the diabetes management . . ." Review of R40's "Admission Record," located under the "Profile" tab of the electronic medical record (EMR), indicated R40 was admitted to the facility on [redacted] with diagnoses that included [redacted]. Review of R40's quarterly "Minimum Data Set (MDS)," located in the EMR under the "MDS" tab and with an Assessment Reference Date (ARD) of [redacted] revealed the resident had a "Brief Interview for Mental Status (BIMS)" score of [redacted] out of 15, which indicated R40 was [redacted] Review of R40's "MAR," located in the EMR under the "Orders" tab and dated [redacted], revealed, ". . . [redacted]. Administer Immediately repeat [redacted] in [redacted] if not response to 1st admin[stration] repeat [redacted] if no response to [redacted] In [redacted] and [redacted] if not presently established and go to next step based on results." Review of R40's "MAR," dated [redacted] at 6:49 PM, revealed R40 received one dose of [redacted] Review of R40's "Progress Notes" and "Orders" tabs of the EMR revealed no documented evidence of why R40 received the	F 842	each resident. 3. The Director of Nursing in-serviced nursing staff regarding ensuring documentation is complete, accurate, readily accessible and systemically organized. The Director of Nursing and unit managers conducted a facility wide audit of medical records, no other residents were affected. 4. The Director of Nursing/designee will conduct an audit of 5 residents weekly x4 weeks, monthly x2 months thereafter on ensuring that medical records are maintained on each resident. Negative findings will be corrected immediately and reviewed monthly at the Quality Assurance and Performance Improvement meeting.	

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F 842	Continued From page 40 [redacted] on [redacted] at 6:49 PM. There were no documented [redacted], assessments, or monitoring recorded for either before or after the administration of [redacted] There was no documentation to show why R40 required [redacted] During an interview on 03/06/25 at 6:00 PM, LPN4 stated she was responsible for R40 during the evening shift on [redacted]. She stated she remembered working with R40 and that [redacted] She stated that R40's [redacted] was beeping so she gave R40 [redacted] and then checked her [redacted]. She stated it went [redacted] so she administered the [redacted] She stated the [redacted] should have been documented, and a note should have been written. During an interview on 03/06/25 at 6:51 PM, the [redacted]) confirmed there was no documentation regarding the [redacted] administration on [redacted] and there should have been. She stated there should be a note as to what the [redacted] was and a note indicating the physician was notified. NJAC 8:39-35.2	F 842		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable	F 880		3/10/25

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F 880	Continued From page 41 diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility	F 880		

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F 880	Continued From page 42 must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observations, record review, interviews, and facility policy review, the facility failed to: 1. Ensure staff appropriately donned and doffed gloves and perform hand hygiene during care for three of three residents (Resident (R) 3, R62, and R37) out of a total sample of 38 residents and 2. Ensure five of five staff observed (Certified Nurse Aide) (CNA #1), and CNA #5, (Licensed Practical Nurse) (LPN #1) and (Registered Nurse) (RN #1) and RN #4 wore face masks as indicated. This had the potential to affect all 107 residents who resided at the facility. Findings include: Review of the policy titled Transmission-Based Precautions," dated 09/01/24 revealed: "11. Droplet Precautions- ...	F 880	1. Immediately upon notification, the Infection Preventionist Nurse conducted a facility wide in-service to staff on proper handwashing, proper use of gloves and proper use of masks. 2. All residents have the potential to be affected by this deficient practice of not following the infection prevention and control program. 3. The Infection Preventionist Nurse performed a competency evaluation on CNA1 and CNA5, LPN1 and LPN3 and RN1 and RN4. These staff were observed to meet the requirements during the competency	

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F 880	Continued From page 43 a. Intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions (i.e., respiratory droplets that are generated by a resident who is coughing, sneezing, or talking) ... e. Healthcare personnel will wear a facemask for close contact with an infectious resident..." Review of the policy titled "Personal Protective Equipment - Using Gloves" dated 05/2024 revealed: "Miscellaneous - 4. Use non-sterile gloves primarily to prevent the contamination of the employee's hands when providing treatment or services to the patient and when cleaning contaminated surfaces. 5. Wash hands after removing gloves. (Note: Gloves do not replace handwashing.)" 1.a.During R3's NJ Exec Order 26.4b1 care observation on NJ Exec Order 26.4b1 at 5:20 AM, CNA1 donned two pairs of gloves. CNA1 prepared supplies then doffed the outer layer of gloves. CNA1 did not perform hand hygiene. CNA1 NJ Exec Order 26.4b1 R3 on R3's NJ Exec Order 26.4 and used moistened disposable towels to remove NJ Exec Orde removed the NJ Exec Order 26.4b1 and discarded it in the trash. CNA1 doffed her gloves and donned a new pair of gloves without performing hand hygiene and then placed a NJ Ex Order 26.4(b)(1) R3. b. During R62's NJ Exec Order 26.4b1 care observation on 03/05/25 at 5:50 AM, CNA1 donned two pairs of gloves. CNA1 prepared supplies then doffed the outer layer of gloves. CNA1 did not perform hand hygiene. CNA1 NJ Exec Order 26.4b1 R62 on R62's NJ Exec Order 26.4 and used moistened disposable towels to remove NJ Exec Orde from R62's NJ Exec Order 26.4b1. CNA1 placed the NJ Exec Order 26.4b1 in the trash bag. CNA1 doffed her gloves and donned a new pair of gloves without	F 880	evaluation. No negative findings were noted. 4. The Infection Preventionist Nurse will conduct an audit of 5 staff members weekly x 4 weeks, monthly x 2 months thereafter to ensure staff are following the facility's outbreak protocol. Negative findings will be corrected immediately and reviewed monthly at the Quality Assurance and Performance Improvement meeting.	

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F 880	Continued From page 44 performing hand hygiene, then placed a [NJ Ex Order 2] [NJ Exec Order 26.4b1] and [NJ Exec O] under R62. During an interview on 03/05/25 at 6:15 AM when asked about donning two pairs of gloves, CNA1 stated that she always donned two pairs of gloves and knew that she was not supposed to. When asked why she did not wash her hands before and after glove changes CNA1 stated that that was the way she performed care and that she had gloves on and did not need to wash her hands. c. During R37's [NJ Exec Order 2] care observation on 03/05/25 at 11:10 AM, LPN3 cleaned an [NJ Exec Order 26.4b1], doffed her gloves and donned a clean pair of gloves without performing hand hygiene. After applying [NJ Exec Order 26.4b] to the [NJ Exec Order 26.4b1], LPN3 discarded the right glove and applied a new glove to her right hand without performing hand hygiene. During an interview on 03/05/25 at 11:40 AM when asked what her understanding of glove use and hand hygiene protocol was, LPN3 stated that she is supposed to wash hands after changing gloves. 2. Upon entrance to the facility on 03/03/25 at 9:45 AM, surveyors were informed that the facility had had an outbreak of a respiratory infection and still had a mask mandate for all staff and visitors. During observations on 03/05/25 on nightshift, the following were observed: On 03/05/25 at 5:18 AM, RN1 was wearing a mask on her chin and pulled it over her mouth as	F 880		

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F 880	Continued From page 45	F 880		

the surveyor approached. When asked why she was not wearing a mask when the facility was under a mask mandate, she denied that she had had her mask on her chin.

On 03/05/25 at 5:19 AM, CNA1 was not wearing a mask. When asked if she was aware that there was a mask mandate in the facility due to the recent respiratory infection outbreak, CNA1 stated she would get a mask.

On 03/05/25 at 5:20 AM, RN4 was observed at the nurse's station not wearing a mask. RN4 stated she was aware that she should be wearing a mask, but she was not performing any patient care at the time; she was "just returning medications."

On 03/05/25 at 5:21 AM, LPN1 was observed in the hallway at the medication cart not wearing a mask. LPN1 stated she had not been told she had to wear a mask.
On 03/05/25 at 5:22 AM, CNA5 was observed not wearing a mask. CNA5 stated she had just started working at the facility and that no one told her she should be wearing a mask.

During an interview with the US FOIA (b)(6) on 03/05/25 at 11:00 AM, the US FO stated it was her expectation that staff should be wearing masks, that although the outbreak was over, precautions were not yet concluded, and that staff was aware.

During an interview with the US FOIA (b) on 03/05/25 at 3:43 PM, the US FOIA (b) stated it was her expectation that all staff wear masks at all times in compliance with the facility's outbreak protocol. When asked when and how staff were notified of

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F 880	Continued From page 46 the mask mandate, the [redacted] stated there was a clipboard at every nurses' station with the instructions.	F 880		
F 883 SS=E	NJAC 8:39-19.4 Influenza and Pneumococcal Immunizations CFR(s): 483.80(d)(1)(2) §483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that- (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. §483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that-	F 883		3/10/25

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F 883	Continued From page 47 (i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and facility policy review, the facility failed to ensure residents had accurate NJ Ex Order 26.4(b) records and were current with their NJ Exec Order 26.4b1 for five of five residents (Resident #1, #7, #39, #45, and #91 reviewed for NJ Exec Order 26.4b1 out of a total sample of 38 residents. This practice had the potential to increase the risk for these residents to contract NJ Exec Order 26.4b1 Findings include: Review of the facility's policy titled, "Pneumococcal vaccine (Series)," dated 09/01/24 and reviewed 05/09/24 revealed, ". . . It is our	F 883	1. Immediately upon notification, the Infection Preventionist Nurse audited the NJ Ex Order 26.4(b)(1) Record of R #1, # 7, #39, #45 and #91. R#1, #7, #39, #45 and #91 were offered subsequent dose to complete NJ Ex Order 26.4(b)(1) status and informed the residents representatives. 2. All residents have the potential to be affected by the alleged deficient practice of not having an accurate vaccine record of the residents. 3. The administrator reviewed the policy	

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F 883	Continued From page 48 policy to offer residents and staff immunization against pneumococcal disease in accordance with current CDC guidelines and recommendations. 1. Each resident will be assessed for pneumococcal immunization upon admission. Self-report of immunization shall be accepted. Any additional efforts to obtain information shall be documented, including efforts to determine date of immunization or type of vaccine received... The type of pneumococcal vaccine (PCV15, PCV20, PCV21 or PPSV23) offered will depend upon the recipient's age, having certain risk conditions, and previously received pneumococcal vaccines, in accordance with current CDC guidelines and recommendations . . . 9. Adults 50 years or older: a. Routine vaccination: 1. Administer PCV15, PCV20, or PCV21 for all adults 50 years or older who have never received any pneumococcal conjugate vaccine or whose previous vaccination history is unknown. b. PCV15: Additional vaccination needed: 1. If PCV15 is used, administer a dose of PCV23 one year later, if needed. n. The minimal interval is 8 weeks and can be considered in adults with an immunocompromising condition, cochlear implant, cerebrospinal fluid leak. c. PCV20 or PCV21: Additional vaccination not recommended: i. If PCV20 or PCV21 is used, a dose of PPSV23 is not indicated. Regardless of which vaccine is used (PCV20 or PCV21), their pneumococcal vaccinations are complete. 10. Based on shared clinical decision-making, adults 65 years or older have the option to get	F 883	and procedure on Immunization with the Infection Preventionist Nurse and the Infection Preventionist Nurse educated the residents and the resident's representative about the benefits and potential side effects of the immunization. The Infection Preventionist Nurse conducted a facility wide Immunization record audit. The Infection Preventionist Nurse completed the audit, reoffered the vaccination and documented. The Infection Preventionist Nurse will check on admission the resident's immunization history, offer the immunization as needed and document accurately. The Infection Preventionist Nurse will maintain the tracking of the residents'immunization status. 4. The Infection Preventionist Nurse will conduct an audit 5 residents weekly x 4 weeks, monthly x 2 months thereafter to ensure that the residents are offered immunization against pneumococcal disease in accordance with current CDC guidelines and recommendations. Negative findings will be corrected immediately and reviewed monthly at the Quality Assurance and Performance Improvement meeting.	

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F 883	Continued From page 49 PCV20 or PCV21, or to not get additional pneumococcal vaccines. They can get PCV20 or PCV21 if they have received both PCV13 (but not PCV15, PCV20, or PCV21) at any age and PPSV23 at or after the age of 65 years old." 1. Review of R1's "Admission Record," located in electronic medical record under the "Profile" tab, revealed R1 was admitted to the facility on [redacted] with diagnoses that included [redacted]. Review R1's '[redacted] Record," located under the '[redacted] tab of the EMR, revealed R1 received '[redacted] or [redacted] when R1 was [redacted]. The [redacted] record failed to indicate whether R1 had since been offered subsequent [redacted] doses to complete R1's [redacted] status per facility policy and CDC guidelines. 2. Review of R7's "Admission Record," located under the "Profile" tab of the EMR, revealed R7 was admitted to the facility on [redacted] with diagnoses that included [redacted] Review R1's '[redacted] Record," located under the '[redacted] tab of the EMR, revealed R7 received '[redacted] on [redacted] when R7 was [redacted] years old. R7's [redacted] record failed to identify the kind of [redacted] R7 received, nor did the record indicate whether the facility had offered or provided further dosages to complete the [redacted] series per facility policy and CDC guidelines.	F 883		

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F 883	Continued From page 50	F 883		

3. Review of R39's "Admission Record," located under the "Profile" tab of the EMR, revealed R39 was admitted to the facility on [redacted] with diagnoses that included [redacted]

Review R39's '[redacted] Record," located under the '[redacted] tab of the EMR, revealed R39 received '[redacted]" on [redacted] when R39 was [redacted]. R39's [redacted] record failed to identify the kind of [redacted] R39 received, nor did the record indicate whether the facility had offered or provided further dosages to complete the [redacted] series per facility policy and CDC guidelines.

4. Review of R45's "Admission Record," located under the "Profile" tab of the EMR, revealed R45 was admitted to the facility on [redacted] with diagnoses that included [redacted]

Review of R45's '[redacted] Record," located under the '[redacted] tab of the (EMR) revealed R45 received '[redacted] on [redacted] when R45 was [redacted]. R45's [redacted] record failed to identify the kind of [redacted] R39 received, nor did the record indicate whether the facility had offered or provided further dosages to complete the [redacted] series per facility policy and CDC guidelines.

5. Review of R91's "Admission Record," located under the "Profile" tab of the EMR, revealed R91

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F 883	Continued From page 51	F 883		

was originally admitted to the facility on NJ Exec Order 26.4b1 with the latest admission on NJ Exec Order 26.4b1 with diagnoses that included NJ Exec Order 26.4b1

Review of R91's 'NJ Exec Order 26.4b1 Record," located under the 'NJ Exec Order 26.4b1 tab of the EMR, failed to reveal R91 had received any NJ Exec Order 26.4b1 , nor did the record document a refusal or a NJ Exec Order 26.4b1 to the NJ Exec Order 26.4 R91 was NJ Ex years old at the time of admission to the facility.

During an interview on 03/05/25 at 4:25 PM, the US FOIA (b)(6) presented a spreadsheet of residents' NJ Exec Order 26.4b1 records. When told the spreadsheet was inaccurate and did not match the residents' medical records, the US FO stated the spreadsheet was started by her predecessor. The US FO stated she had been the facility's US FO since NJ Exec Order 26.4b1. When asked about the NJ Exec Order 26.4b1 statuses of R1, R7, R39, R45, and R91, the US FO admitted she was unaware of the latest CDC guidelines for NJ Exec Order 26.4b1 and did not know why the residents were not up to date with their NJ Exec Order 26.4b1 per facility policy and CDC guidelines.

During an interview on 03/05/25 at 5:06 PM, Licensed Practical Nurse (LPN) 7, who was the previous US FO stated she had started a spreadsheet of residents' NJ Exec Order 26.4b1 statuses, but it was a work in progress and was not accurate. LPN7 stated she was entering the information manually and did not have access to the state NJ Ex Order 26.4(b) portal.

During an interview on 03/06/25 at 5:26 PM, the US FOIA (b)(6) stated it was her expectation that

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F 883	Continued From page 52 the transition between the previous [US FDA] and the current [US FDA] would have been smooth and that residents should be up to date with their [NJ Ex Order 26.4(b)(1)]	F 883		
F 945 SS=E	NJAC 8:39-19.4(i) Infection Control Training CFR(s): 483.95(e) §483.95(e) Infection control. A facility must include as part of its infection prevention and control program mandatory training that includes the written standards, policies, and procedures for the program as described at §483.80(a)(2). This REQUIREMENT is not met as evidenced by: Based on interview, personnel files review, and document review, the facility failed to ensure four of five Certified Nurse Aides (CNA #7, #18, #19, and #14) whose personnel files were reviewed received training on the facility's infection control program, including standards, policies, and procedures of the program. This had the potential to affect all 107 residents in the facility related to Infection Control. Findings include: 1. Review of CNA18's personnel files revealed CNA 18 had a date of hire (DOH) [NJ Exec Order 26.4b1] Review of CNA18's personnel file revealed she had not received Infection Control training since her hire date at the facility. 2. Review of CNA19's personnel files revealed CNA 19 had a DOH of [NJ Exec Order 26.4b]. Review of CNA	F 945	1. Immediately upon notification, the Infection Preventionist Nurse conducted the initial training on the facility's infection control program to CNAs #7, #18 and #19, and annual training on CNAs # 12 and #14. 2. All residents have the potential to be affected by the alleged deficient practice of not having the training on the facility's infection control program. 3. The administrator educated the [U.S. FOIA (b) (6)] that every staff should receive training on the facility's Infection Control program, including standards, policies, and procedures of the program. The Infection Preventionist Nurse conducted a facility wide audit of the	3/10/25

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F 945	Continued From page 53 19's personnel file revealed she had not received Infection Control training since his hire date at the facility. 3. Review of CNA14's personnel files revealed CNA 14 had a DOH of [redacted] Review of CNA14's personnel file revealed she had not received Infection Control training since her hire date at the facility. 4. Review of CNA7's personnel files revealed CNA 7 had a DOH of [redacted]. Review of CNA 7's personnel file revealed he had not received Infection Control since his hire date at the facility. Review of the facility's "2024 Annual Education Record," revealed "Infection Control: Essential Principles" should be included in the staff training. A review of the "2024 Annual Education Record" for CNA 18, CNA 19, CNA 12, CNA 14, and CNA 7 revealed no documented evidence that the CNAs had received "Infection Control Essential Principles" Training. During an interview on 03/05/25 at 10:17 AM, the [redacted] stated they were responsible for ensuring all nursing staff had training. They stated they would look for additional training documentation for the five CNAs. No further training records were provided by the end of the survey. NJAC 8:39-13.4(b) NJAC 8:39-33.4	F 945	staff's training on the facility's infection control program. The Infection Preventionist Nurse completed the annual training of staff according to their anniversary dates. 4. The Infection Preventionist Nurse will conduct an audit on 5 staff weekly x 4 weeks, monthly x 2 months thereafter to ensure completion of training of staff on facility's infection control program. Negative findings will be corrected immediately and reviewed monthly at the Quality Assurance and Performance Improvement meeting.	
F 946 SS=E	Compliance and Ethics Training CFR(s): 483.95(f)(1)(2)	F 946		3/10/25

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F 946	Continued From page 54 §483.95(f) Compliance and ethics. The operating organization for each facility must include as part of its compliance and ethics program, as set forth at §483.85- §483.95(f)(1) An effective way to communicate the program's standards, policies, and procedures through a training program or in another practical manner which explains the requirements under the program. §483.95(f)(2) Annual training if the operating organization operates five or more facilities. This REQUIREMENT is not met as evidenced by: Based on interview, personnel files review, and document review, the facility failed to ensure five of five Certified Nurse Aides (CNA #7, #18, #19, #12, and #14) received education related to the facility's Compliance and Ethics program. This had the potential to affect 107 residents who resided at the facility. Findings include: Review of the undated, "Certified Nursing Assistant Job Description", revealed ". . . Compliance as a condition of employment and performance appraisal. Agreement to abide by all standards, policies and procedures of the facility, including the facility's compliance and ethics program, is a condition of employment . . ." 1. Review of CNA 18's personnel files revealed CNA 18 had a date of hire (DOH) [redacted]. Review of CNA18's personnel file revealed she had not received Compliance and Ethics training since her hire date at the facility.	F 946	1. Immediately upon notification, the Director of Nursing conducted an in-service to CNAs #7, #18, #19, #12, and #14 on Facility's Compliance and Ethics Program. 2. All residents have the potential to be affected by the alleged deficient practice of not receiving the education related to the facility's Compliance and Ethics program. 3. The administrator educated the [redacted] to ensure every Certified Nurse Aide receives the education related to the facility's Compliance and Ethics program. The Director of Nursing/designee conducted a facility wide audit of the staff's education training on the facility's Compliance and Ethics program. The Director of Nursing/designee completed the education training to staff according to their anniversary dates.	

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F 946	Continued From page 55 2. Review of CNA19's personnel files revealed CNA 19 had a DOH of [NJ Exec Order 26.4b]. Review of CNA 19's personnel file revealed she had not received Compliance and Ethics training since his hire date at the facility. 3. Review of CNA12's personnel files revealed CNA 12 had a DOH of [NJ Exec Order 26.4b] Review of CNA12's personnel file revealed she had not received Compliance and Ethics training since her hire date at the facility. 4. Review of CNA14's personnel files revealed CNA 14 had a DOH of [NJ Exec Order 26.4b]. Review of CNA14's personnel file revealed she had not received Compliance and Ethics training since her hire date at the facility. 5. Review of CNA7's personnel files revealed CNA 7 had a DOH of [NJ Exec Order 26.4b]. Review of CNA 7's personnel file revealed he had not received Compliance and Ethics training since his hire date at the facility. Review of the facility's "2024 Annual Education Record," revealed "Ethics and Corporate Compliance" should be included in the staff training. A review of the "2024 Annual Education Record" for CNA #18, CNA #19, CNA #12, CNA #14, and CNA #7 did not include "Ethics and Corporate Compliance." During an interview on 03/05/25 at 10:17 AM, the [US FOIA (b)(6)] stated they were responsible for ensuring all nursing staff had training. They stated they would look for additional training documentation for the five CNAs. No further training documentation was provided by the end of the	F 946	4. The Director of Nursing/designee will conduct an audit on 5 staff weekly x 4 weeks, monthly x 2 months thereafter to ensure the staff will have the education training on the facility's Compliance and Ethics program. Negative findings will be corrected immediately and reviewed monthly at the Quality Assurance and Performance Improvement monthly.	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 946	Continued From page 56 survey. NJAC 8:39-5.1(a)	F 946		
F 949 SS=E	Behavioral Health Training CFR(s): 483.95(i) §483.95(i) Behavioral health. A facility must provide behavioral health training consistent with the requirements at §483.40 and as determined by the facility assessment at §483.71. This REQUIREMENT is not met as evidenced by: Based on interview, personnel files review, and document review, the facility failed to ensure five of five Certified Nurse Aides (CNA #7, #18, #19, #12, and #14) received mandatory Behavior Health training. This had the potential to impact all 107 residents in the facility. Findings include: 1. Review of CNA18's personnel files revealed CNA 18 had a date of hire (DOH) [NJ Exec Order 26.4b1] Review of CNA18's personnel file revealed she had not received Behavior Health training since her hire date at the facility. 2. Review of CNA19's personnel files revealed CNA 19 had a DOH of [NJ Exec Order 26.4b]. Review of CNA 19's personnel file revealed she had not received Behavior Health training since his hire date at the facility. 3. Review of CNA12's personnel files revealed CNA 12 had a DOH of [NJ Exec Order 26.4b1] Review of CNA12's personnel file revealed she had not received Behavior Health training since her hire	F 949	1. Immediately upon notification, the Director of Nursing conducted an in-service on Behavioral Health to CNAs #7, # 18, #19, #12, and #14. 2. All residents have the potential to be affected by the alleged deficient practice of not providing behavioral health training consistent with the requirements as determined by the facility assessment. 3.The administrator educated the [US FOIA (b)(6)] to ensure every Certified Nurse Aide received the mandatory Behavior Health Training. The Director of Nursing/designee conducted a facility wide audit to check staff's file on training with Behavioral Health. The Director of Nursing/designee completed the education training on Behavioral Health of staff according to their anniversary dates. 4. The Director of Nursing/designee will	3/10/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315276	A. BUILDING _____ B. WING _____	C 03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT MILFORD MANOR LLC	**69 MAPLE ROAD WEST MILFORD, NJ 07480**

(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 949	Continued From page 57 date at the facility. 4. Review of CNA14's personnel files revealed CNA 14 had a DOH of [NJ Exec Order 26.4b] Review of CNA14's personnel file revealed she had not received Behavior Health training since her hire date at the facility. 5. Review of CNA7's personnel files revealed CNA 7 had a DOH of [NJ Exec Order 26.4b]. Review of CNA 7's personnel file revealed he had not received Behavior Health since his hire date at the facility. Review of the facility's "2024 Annual Education Record," revealed "Behavior Health" should be included in the staff training. A review of the "2024 Annual Education Record" for CNA 18, CNA 19, CNA 12, CNA 14, and CNA 7 did not include "Behavior Health." During an interview on 03/05/25 at 10:17 AM, the [U.S. FOIA (b) (6)]) and the [U.S. FOIA (b) (6)] stated they were responsible for ensuring all nursing staff had training. They stated they would look for additional training documentation for the five CNAs. No further training documentation was provided by the end of the survey. NJAC 8:39-5.1(a)	F 949	conduct an audit on 5 staff weekly x 4 weeks, monthly x 2 months thereafter to ensure staff are provided with the training on Behavioral Health. Negative findings will be corrected immediately and reviewed monthly at the Quality Assurance and Performance Improvement meeting.	

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
	061612	A. BUILDING: _____ B. WING _____	C 03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT MILFORD MANOR LLC	69 MAPLE ROAD WEST MILFORD, NJ 07480

(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 deficiency. 2. All residents have the potential to be affected by this deficiency. 3. Additional Per Diem, Part Time, and Full Time 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 in-serviced staffing manager on appropriate staffing levels. The facility has advertised, open jobs through online recruitment platforms as well as traditional	3/8/25

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

Electronically Signed | 03/27/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061612	A. BUILDING: _____ B. WING _____	C 03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT MILFORD MANOR LLC	69 MAPLE ROAD WEST MILFORD, NJ 07480

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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 03/26/2023 to 04/01/2023, the facility was deficient in CNA staffing for residents on 6 of 7 day shifts as follows: -03/26/23 had 11 CNAs for 103 residents on the day shift, required at least 13 CNAs. -03/27/23 had 11 CNAs for 103 residents on the day shift, required at least 13 CNAs. -03/28/23 had 7 CNAs for 103 residents on the day shift, required at least 13 CNAs. -03/29/23 had 12 CNAs for 103 residents on the day shift, required at least 13 CNAs. -03/31/23 had 9 CNAs for 103 residents on the day shift, required at least 13 CNAs. -04/01/23 had 10 CNAs for 101 residents on the day shift, required at least 13 CNAs. 2.For the week of Complaint staffing from 03/31/2024 to 04/06/2024, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows:	S 560	recruitment forms. The facility has conducted job fairs and has contracts with nursing staffing agencies. 4. The Staffing Manager or designee will audit the daily schedule weekly x4 weeks, monthly x2 months to ensure staffing levels are within the staffing ratios. All identified concerns will be corrected immediately. The results of the audits will be reviewed in the Quality Assurance and Performance meeting monthly.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061612	A. BUILDING: _____ B. WING _____	C 03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT MILFORD MANOR LLC	69 MAPLE ROAD WEST MILFORD, NJ 07480

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S 560	Continued From page 2 -03/31/24 had 7 CNAs for 104 residents on the day shift, required at least 13 CNAs. -04/01/24 had 10 CNAs for 104 residents on the day shift, required at least 13 CNAs. -04/02/24 had 10 CNAs for 103 residents on the day shift, required at least 13 CNAs. -04/03/24 had 10 CNAs for 103 residents on the day shift, required at least 13 CNAs. -04/04/24 had 8 CNAs for 103 residents on the day shift, required at least 13 CNAs. -04/05/24 had 10 CNAs for 102 residents on the day shift, required at least 13 CNAs. -04/06/24 had 11 CNAs for 102 residents on the day shift, required at least 13 CNAs. 3. For the week of Complaint staffing from 06/16/2024 to 06/22/2024, the facility was deficient in CNA staffing for residents on 6 of 7 day shifts as follows: -06/16/24 had 12 CNAs for 105 residents on the day shift, required at least 13 CNAs. -06/17/24 had 12 CNAs for 105 residents on the day shift, required at least 13 CNAs. -06/18/24 had 12 CNAs for 105 residents on the day shift, required at least 13 CNAs. -06/19/24 had 11 CNAs for 103 residents on the day shift, required at least 13 CNAs. -06/20/24 had 12 CNAs for 103 residents on the day shift, required at least 13 CNAs. -06/22/24 had 11 CNAs for 102 residents on the day shift, required at least 13 CNAs. 4. For the 5 weeks of Complaint staffing from 06/30/2024 to 08/03/2024, the facility was deficient in CNA staffing for residents on 17 of 35 day shifts as follows: -06/30/24 had 10 CNAs for 97 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
	061612	A. BUILDING: _____ B. WING _____	C 03/07/2025

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COMPLETE CARE AT MILFORD MANOR LLC	69 MAPLE ROAD WEST MILFORD, NJ 07480

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S 560	Continued From page 3 day shift, required at least 12 CNAs. -07/06/24 had 9 CNAs for 91 residents on the day shift, required at least 11 CNAs. -07/07/24 had 8 CNAs for 99 residents on the day shift, required at least 12 CNAs. -07/08/24 had 10 CNAs for 99 residents on the day shift, required at least 12 CNAs. -07/09/24 had 9 CNAs for 98 residents on the day shift, required at least 12 CNAs. -07/14/24 had 9 CNAs for 98 residents on the day shift, required at least 12 CNAs. -07/15/24 had 11 CNAs for 98 residents on the day shift, required at least 12 CNAs. -07/16/24 had 9 CNAs for 98 residents on the day shift, required at least 12 CNAs. -07/18/24 had 11 CNAs for 98 residents on the day shift, required at least 12 CNAs. -07/20/24 had 8 CNAs for 98 residents on the day shift, required at least 12 CNAs. -07/23/24 had 11 CNAs for 98 residents on the day shift, required at least 12 CNAs. -07/28/24 had 11 CNAs for 98 residents on the day shift, required at least 12 CNAs. -07/29/24 had 11 CNAs for 98 residents on the day shift, required at least 12 CNAs. -07/30/24 had 11 CNAs for 102 residents on the day shift, required at least 13 CNAs. -07/31/24 had 12 CNAs for 102 residents on the day shift, required at least 13 CNAs. -08/01/24 had 12 CNAs for 102 residents on the day shift, required at least 13 CNAs. -08/03/24 had 11 CNAs for 102 residents on the day shift, required at least 13 CNAs. 5. For the week of Complaint staffing from 11/17/2024 to 11/23/2024, the facility was deficient in CNA staffing for residents on 4 of 7 day shifts as follows: -11/17/24 had 12 CNAs for 101 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
	061612	A. BUILDING: _____ B. WING _____	C 03/07/2025

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COMPLETE CARE AT MILFORD MANOR LLC	69 MAPLE ROAD WEST MILFORD, NJ 07480

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S 560	Continued From page 4 day shift, required at least 13 CNAs. -11/18/24 had 10 CNAs for 101 residents on the day shift, required at least 13 CNAs. -11/21/24 had 12 CNAs for 101 residents on the day shift, required at least 13 CNAs. -11/23/24 had 12 CNAs for 106 residents on the day shift, required at least 13 CNAs. 6. For the week of Complaint staffing from 02/02/2025 to 02/08/2025, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows: -02/02/25 had 12 CNAs for 105 residents on the day shift, required at least 13 CNAs. -02/03/25 had 10 CNAs for 104 residents on the day shift, required at least 13 CNAs. -02/04/25 had 10 CNAs for 102 residents on the day shift, required at least 13 CNAs. -02/05/25 had 12 CNAs for 102 residents on the day shift, required at least 13 CNAs. -02/06/25 had 10 CNAs for 102 residents on the day shift, required at least 13 CNAs. -02/07/25 had 11 CNAs for 102 residents on the day shift, required at least 13 CNAs. -02/08/25 had 12 CNAs for 102 residents on the day shift, required at least 13 CNAs. 7. For the 2 weeks of staffing prior to survey from 02/16/2025 to 03/01/2025, the facility was deficient in CNA staffing for residents on 6 of 14 day shifts as follows: -02/16/25 had 12 CNAs for 102 residents on the day shift, required at least 13 CNAs. -02/18/25 had 11 CNAs for 101 residents on the day shift, required at least 13 CNAs. -02/19/25 had 12 CNAs for 101 residents on the day shift, required at least 13 CNAs. -02/27/25 had 12 CNAs for 102 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
	061612	A. BUILDING: _____ B. WING _____	C 03/07/2025

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COMPLETE CARE AT MILFORD MANOR LLC	69 MAPLE ROAD WEST MILFORD, NJ 07480

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S 560	Continued From page 5 day shift, required at least 13 CNAs. -02/28/25 had 12 CNAs for 102 residents on the day shift, required at least 13 CNAs. -03/01/25 had 12 CNAs for 102 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
	315276	A. BUILDING _____ B. WING _____	R-C 04/30/2025

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COMPLETE CARE AT MILFORD MANOR LLC	**69 MAPLE ROAD WEST MILFORD, NJ 07480**

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{F 000}	INITIAL COMMENTS An onsite revisit was conducted on 4/30/2025 to verify the facility's Plan of Correction for compliance with Federal regulations. The facility was found to be in compliance.	{F 000}		

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

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.

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
315276 Y1	A. Building B. Wing Y2	4/30/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT MILFORD MANOR LLC	69 MAPLE ROAD WEST MILFORD, NJ 07480

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 F0580	Correction	ID Prefix F0583	Correction	ID Prefix F0686	Correction
Reg. # 483.10(g)(14)(i)-(iv)(15)	Completed	Reg. # 483.10(h)(1)-(3)(i)(ii)	Completed	Reg. # 483.25(b)(1)(i)(ii)	Completed
LSC	03/10/2025	LSC	03/10/2025	LSC	03/10/2025
ID Prefix F0692	Correction	ID Prefix F0697	Correction	ID Prefix F0757	Correction
Reg. # 483.25(g)(1)-(3)	Completed	Reg. # 483.25(k)	Completed	Reg. # 483.45(d)(1)-(6)	Completed
LSC	03/10/2025	LSC	03/10/2025	LSC	03/10/2025
ID Prefix F0803	Correction	ID Prefix F0842	Correction	ID Prefix F0880	Correction
Reg. # 483.60(c)(1)-(7)	Completed	Reg. # 483.20(f)(5), 483.70(h)(1)-(5)	Completed	Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed
LSC	03/10/2025	LSC	03/10/2025	LSC	03/10/2025
ID Prefix F0883	Correction	ID Prefix F0945	Correction	ID Prefix F0946	Correction
Reg. # 483.80(d)(1)(2)	Completed	Reg. # 483.95(e)	Completed	Reg. # 483.95(f)(1)(2)	Completed
LSC	03/10/2025	LSC	03/10/2025	LSC	03/10/2025
ID Prefix F0949	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.95(i)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	03/10/2025	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 3/7/2025

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

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
061612 Y1	A. Building B. Wing Y2	4/30/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT MILFORD MANOR LLC	69 MAPLE ROAD WEST MILFORD, NJ 07480

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	03/08/2025	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	
3/7/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
061612 Y1	A. Building B. Wing Y2	4/30/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT MILFORD MANOR LLC	69 MAPLE ROAD WEST MILFORD, NJ 07480

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	03/08/2025	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	
3/7/2025	☐ 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
	315276	A. BUILDING 01 B. WING _____	03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT MILFORD MANOR LLC	69 MAPLE ROAD WEST MILFORD, NJ 07480

(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 03/03/25. 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 03/03/25 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 Milford Manor LLC is a one-story building built in the 1970's. It is composed of Type II protected construction. The facility is divided into four - smoke zones. The generator powers approximately 60 % of the building per the U.S. FOIA (b) (6) . The current occupied beds are 107 of 120.	K 000		
K 355 SS=F	Portable Fire Extinguishers CFR(s): NFPA 101 Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced	K 355		3/8/25

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

Electronically Signed | 03/27/2025

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315276	A. BUILDING **01** B. WING _____	**03/07/2025**

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COMPLETE CARE AT MILFORD MANOR LLC	**69 MAPLE ROAD** **WEST MILFORD, NJ 07480**

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K 355	Continued From page 1 by: Based on observation and interview, the facility failed to ensure one of 14 fire extinguishers were hydrostatically tested every 12 years in accordance with NFPA 10, Standard for Portable Fire Extinguishers (2010 Edition) Section 7.3.1.2.1. This deficient practice had the potential to affect all 107 residents and was evidenced by the following: During an observation on 03/03/25 at 12:54 PM of the Boiler room revealed a 10 lbs. (pound) fire extinguisher with a manufacturer's date of 2010. There was no documented evidence the fire extinguisher had been hydrostatically prior to, or in 2016. During an interview at the time of the observation, the US FOIA (b)(6) confirmed the fire extinguisher had not been hydrostatically tested since the manufacturer's date of 2010. NJAC 8:39-31.1(c), 31.2(e) NFPA 10	K 355	1. Upon notification, the Director of Maintenance called the vendor to come to hydrostatically test all fire extinguishers in the facility. The vendor came and replaced all fire extinguishers and removed all the existing fire extinguishers. See attached letter. The Director of Maintenance failed to ensure that the fire extinguishers were hydrostatically tested every 12 years in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 2. All residents have the potential to be affected by the alleged deficient practice of not having the fire extinguishers hydrostatically tested every 12 years in accordance with NFPA 10. 3. The Director of Maintenance made a checklist to follow to ensure for the completion of hydrostatic testing of all fire extinguishers. The Director of Maintenance will call the vendor according to checklist as result of inventory rounds to ensure for the completion of hydrostatic testing of all fire extinguishers. The administrator educated the Director of Maintenance to ensure the hydrostatic testing of the fire extinguishers is completed as scheduled. 4. The Director of Maintenance will conduct and monitor the checking of the fire extinguishers with the use of the checklist made to follow to ensure for the completion of the hydrostatic testing of all	

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	315276	A. BUILDING **01** B. WING _____	**03/07/2025**

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COMPLETE CARE AT MILFORD MANOR LLC	**69 MAPLE ROAD** **WEST MILFORD, NJ 07480**

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K 355	Continued From page 2	K 355	fire extinguishers. The Director of Maintenance will continue to communicate with the vendor to ensure for the completion of the hydrostatic testing of all fire extinguishers according to the result of the checklist of his inventory rounds. Negative findings will be corrected immediately and reviewed monthly at the Quality Assurance and Performance Improvement meeting.	
K 712 SS=F	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire drills were conducted at least one fire drill per quarter per shift in accordance with NFPA 101 Life Safety Code (2012 Edition) Section 19.7.1.6. This deficient practice had the potential to affect all 107 residents and was evidenced by the following: A review of the facility's fire drill records provided by the facility revealed no documented evidence that a fire drill was conducted on the second shift	K 712	1. Upon notification, the Director of Maintenance contacted the vendor that there was no documented evidence that a fire drill was conducted on the second shift for the second quarter, but 2 fire drills were done on the first shift. The vendor will make sure they will do the drill on each shift every quarter. 2. All residents have the potential to be affected by the alleged deficient practice	3/8/25

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	315276	A. BUILDING **01** B. WING _____	**03/07/2025**

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K 712	Continued From page 3 for the second quarter of 2024. During an interview on 03/03/25 at 3:15 PM, the US FOIA (b)(6) confirmed the fire drill on the second shift was not completed for the second quarter of 2024. NJAC 8:39-31.2(e)	K 712	of not having the fire drill conducted on the second shift of the second quarter. 3. The Director of Maintenance will have a tracking list of fire drills every month for each quarter to monitor completion. The administrator educated the Director of Maintenance to ensure fire drills are done every shift quarterly by using the tracking list. See attached tracking list. 4. The Director of Maintenance/designee will keep the tracking list updated as fire drills are completed for proper monitoring. Negative findings will be corrected immediately and reviewed monthly at the Quality Assurance and Performance Improvement meeting.	
K 914 SS=F	Electrical Systems - Maintenance and Testing CFR(s): NFPA 101 Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the	K 914		3/8/25

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	315276	A. BUILDING 01 B. WING _____	03/07/2025

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K 914	Continued From page 4 electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure electrical outlet testing was conducted annually in accordance with NFPA 99 Health Care Facilities Code (2012 edition) Section 6.3.4.1.3. This deficient practice had the potential to affect all 107 residents and was evidenced by the following: Review of the facility's untitled fire inspection binder provided by the US FOIA (b)(6) revealed no documented evidence electrical outlet testing had been completed on the electrical outlets in the past 12 months. During an interview on 03/03/25 at 4:30 PM, the US FOIA (b)(6) stated the electrical outlet testing was not completed. NJAC 8:39-31.2(e) NFPA 99	K 914	1. Upon notification, the Director of Maintenance immediately conducted the testing of the electrical outlets and completed the electrical outlet testing. See attached inspection report. The Director of Maintenance failed to ensure electrical outlet testing was conducted annually in accordance with NFPA 99 Health Care Facilities Code. 2. All residents have the potential to be affected by the alleged deficient practice of not conducting annual testing of the electrical outlets. 3. The Regional Property Management educated the U.S. FOIA (b) (6) to ensure electrical outlet testing was conducted annually in accordance with NFPA 99 Health Care Facilities Code. The Director of Maintenance will ensure the electrical outlet testing will be completed annually as educated by the Regional Property Management. 4. The Director of Maintenance will conduct the electrical outlet testing as scheduled. Negative findings will be corrected immediately and reviewed monthly at the Quality Assurance and Performance Improvement meeting.	

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
315276 Y1	A. Building 01 - MAIN BUILDING 01 B. Wing Y2	4/30/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT MILFORD MANOR LLC	69 MAPLE ROAD WEST MILFORD, NJ 07480

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 K0355	03/08/2025	LSC K0712	03/08/2025	LSC K0914	03/08/2025
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	
3/7/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO