

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061627	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/03/2022
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NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT HAMILTON, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 56 HAMILTON AVENUE PASSAIC, NJ 07055
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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) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>Complaint #: NJ149234, NJ150218 Census: 92 Sample Size: 5</p> <p>TYPE OF SURVEY: Complaint Survey</p> <p>The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:39, Standards for Licensure of Long-Term Care Facilities.</p> <p>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 provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p>	S 000		
S 560	<p>8:39-5.1(a) Mandatory Access to Care</p> <p>(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint Intake #: NJ149234 and NJ150218</p> <p>Based on interviews, facility document review, and New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, it was determined that the facility failed to ensure staffing ratios were met for 15 of 42 shifts reviewed. This deficient practice had the potential to affect all residents.</p> <p>Findings included:</p>	S 560	<p>I. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>1. No residents were affected by this deficient practice.</p> <p>II. How the facility will identify other residents having the potential to be</p>	4/1/22

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

TITLE

(X6) DATE

Electronically Signed

04/01/22

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S 560	<p>Continued From page 1</p> <p>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 nursing homes. The following ratio(s) were effective on 02/01/2021:</p> <p>One certified nurse aid to every eight residents for the day shift.</p> <p>One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be certified nurse aides, and each direct staff member shall be signed in to work as a certified nurse aide and shall perform nurse aide duties: and</p> <p>One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a certified nurse aide (CNA) and perform certified nurse aide duties.</p> <p>1. A review of the "Nurse Staffing Report," completed by the facility for the 2 weeks of 10/17/2021 to 10/30/2021, revealed the facility was deficient in CNA staffing for residents on 8 of 14 day shifts and deficient in CNAs to total staff on 1 of 14 evening shifts as follows: -10/18/2021 had 10 CNAs for 81 residents on the day shift, required 11 CNAs. -10/19/2021 had 10 CNAs for 81 residents on the day shift, required 11 CNAs.</p>	S 560	<p>affected by the deficient practice.</p> <p>1. All residents have the potential to be affected by this deficient practice. 2. The DON/Designee and the Staffing Coordinator/Designee will conduct a review of the Staffing schedule daily to ensure that the facility complies with the nursing home's minimum staffing requirements.</p> <p>III. What measures will be put in place, or systemic changes will be made to ensure that the deficient practice will not recur.</p> <p>1. The Administrator in-serviced the Nursing Management Staff and Staffing Coordinator regarding the appropriate nursing staffing ratio requirements. The regulation requires that the facility assigns one 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 certified nurse aides and each direct staff member shall be signed in to work as a certified nurse aide and shall perform aide duties; and one direct care staff member to every 14 residents for the night shift to work in the capacity of a CNA. 2. The Staffing Coordinator will complete the monthly staffing schedule two weeks in advance and will be submitted to the DON/Designee for review. 3. The facility is currently participating in a CNA certification program. 4. The facility is implementing a program to improve staff recruitment and retention.</p>	
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S 560	<p>Continued From page 2</p> <p>-10/20/2021 had 10 CNAs for 81 residents on the day shift, required 11 CNAs. -10/24/2021 had 10 CNAs for 83 residents on the day shift, required 11 CNAs. -10/24/2021 had 5 CNAs to 11 total staff on the evening shift, required 6 CNAs. -10/27/2021 had 10 CNAs for 85 residents on the day shift, required 11 CNAs. -10/28/2021 had 8 CNAs for 85 residents on the day shift, required 11 CNAs. -10/29/2021 had 10 CNAs for 85 residents on the day shift, required 11 CNAs. -10/30/2021 had 10 CNAs for 89 residents on the day shift, required 12 CNAs.</p> <p>2. For the 2 weeks of 02/13/2022 to 02/26/2022, the facility was deficient in CNA staffing for residents on 6 of 14 day shifts as follows: -02/13/2022 had 8 CNAs for 86 residents on the day shift, required 11 CNAs. -02/14/2022 had 9 CNAs for 85 residents on the day shift, required 11 CNAs. -02/15/2022 had 9 CNAs for 83 residents on the day shift, required 11 CNAs. -02/16/2022 had 9 CNAs for 83 residents on the day shift, required 11 CNAs. -02/22/2022 had 9 CNAs for 83 residents on the day shift, required 11 CNAs. -02/26/2022 had 10 CNAs for 85 residents on the day shift, required 11 CNAs.</p> <p>During an interview on 03/03/2022 at 2:34 PM, the Director of Nursing (DON) indicated the number of staff scheduled to work was based on the daily census. The DON reported usually calling different employees to see if they would stay late or work extra when staff called out. The DON continued to report that enough staff was scheduled for each shift, and they continued to</p>	S 560	<p>IV. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e., what program will be put in place to monitor the continued effectiveness of the systemic change.</p> <p>1. The DON/Designee will conduct a weekly audit x 4 weeks and then monthly x 2 months to determine that the staffing ratio meets the regulation. All findings will be reported to the monthly QAPI meeting.</p>	

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S 560	Continued From page 3 work hard to make sure all the shifts were covered sufficiently. During an interview on 03/03/2022 at 2:40 PM, the Administrator acknowledged they had a shortage of staff for the following days: 10/17/2021 through 10/23/2021, 10/24/2021 through 10/30/2021, 02/13/2021 through 02/19/2021, and 02/20/2021 through 02/26/2021. The Administrator indicated they had been doing everything that they could get staff to work at their facility. The Administrator reported that to entice their employees to pick up extra open shifts, they had been offering extra money. The Administrator also stated there were times that the facility had licensed practical nurses (LPNs) helping the CNAs with their assignments, but this did not reflect on the reported staffing as they were counted in the LPN section.	S 560		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061627	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 4/1/2022	Y3
NAME OF FACILITY COMPLETE CARE AT HAMILTON, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 56 HAMILTON AVENUE PASSAIC, NJ 07055		

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

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	04/01/2022	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 3/3/2022		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		