STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 01/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS Complaint #: NJ00170690 Survey Date: 01/30/2024 Census: 102 Sample Size: 4 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000		
F 689 SS=G	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: C#: NJ00170690 Based on interviews and record review, as well as review of pertinent facility documents on 1/30/24, the facility failed to use a two-person assistance interventions for 1 of 4 residents (Resident #2), as determined necessary by the Resident's comprehensive Care Plan (CP). The failure to follow this intervention during morning care on [redacted] for Resident#2,.who was [redacted] towards the one staff member present at that	F 689	1. Resident 2 was affected by this deficient practice and was transferred to the emergency room at the time of the incident and admitted with diagnosis of NJ Exec Order 26.4b1. CNA was suspended pending investigation and terminated at the completion of the investigation. 2. All residents requiring staff assist of 2 have the potential to be affected by this	2/21/24

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

Electronically Signed | 02/20/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. BUILDING _____ B. WING _____	C 01/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	56 HAMILTON AVENUE PASSAIC, NJ 07055

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	Continued From page 1 time, resulted in the resident NJ Exec Order 26.4b1 and his/her NJ Exec Order 26.4b1 and requiring immediate transfer to an acute care hospital Emergency Room for further evaluation. The deficient practice was evidenced by the following: According to the "ADMISSION RECORD" Resident #2 was admitted with diagnoses which included, but were not limited to, NJ Exec Order 26.4b1 [redacted] The Minimum Data Set (MDS) an assessment tool dated NJ Exec Order 26.4b, revealed that Resident #2's NJ Exec Order 26.4b1 and required total of 2-person assistance from staff with Activities of Daily Living (ADL). The MDS further revealed that the Resident's NJ Exec Order 26.4b1 [redacted] Review of Resident #2's progress notes (PN), dated NJ Exec Order 26 at 3:44 p.m., documented by Licensed Practical Nurse (LPN #1), revealed that the Resident was NJ Exec Order 26.4b1 [redacted] Review of Resident #2's CP included but were not limited to: A CP initiated on NJ Exec Order 26, the CP and revised on NJ Exec Order 26.4b indicated that Resident #2 had NJ Exec Order 26 [redacted] related to (r/t) NJ Exec Order 26.4b1 [redacted]. Interventions included but were not limited to, NJ Exec Order 26.4b1 [redacted] assistance of 2 persons.	F 689	practice. Audit conducted and all residents requiring 2 person assist for care were identified and added to the KARDEX and plan of care was updated as needed. 3. Nursing staff educated on following the plan of care and use of Kardex to determine amount of assistance needed for residents. In-service on Residents Rights, Abuse and Neglect Prevention completed with all staff. 4. The Director of Nursing/Designee will conduct an audit to observe compliance of 3 residents 3 times a week x 4 weeks and the monthly x 2 months. Result of audit will be presented at monthly QAPI.	

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	315221	A. BUILDING _____ B. WING _____	C 01/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	56 HAMILTON AVENUE PASSAIC, NJ 07055

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F 689	Continued From page 2	F 689		

A C/P initiated on NJ Exec Order 26.4b indicated Resident #2 had potential NJ Exec Order 26.4b1 toward staff r/t NJ Exec Order. Interventions included but were not limited to, assess and anticipate resident's needs such as food, thirst and have two staff at all times, NJ Exec Order 26.4b1 Give the resident as many choices as possible about care and activities.

Review of Resident #2's form "Special Instructions (SI)," dated, printed, and provided by the facility via email on NJ Exec Order, the SI indicated that Resident required 2 persons assist during "NJ Exec Order 26.4b1 ."

The Certified Nursing Assistant (CNA) failed to use a two-person assist when CNA #2 started providing care to Resident #2 with 1 person assist which was not in accordance with the Resident's CP. This resulted in the Resident's immediate transfer to an Acute Care Hospital (ACH) due to NJ Exec Order 26.4b1.

During an interview with the Unit Manager/Licensed Practical Nurse (UM/LPN) on 01/30/24 at 9:29 a.m., the UM/LPN revealed that Resident #2 was transferred to an ACH on NJ Exec Order 26.4b morning of NJ Exec Order 26 because of an incident that happened (unable to say exact date) between Resident #2 and the CNA.

A review of Resident #2's PN, dated NJ Exec Order 26 at 7:41 a.m., documented by LPN #2, documented "Nursing observations, and recommendations are: during AM [morning] care [CNA #2] on duty call nurse to check resident that [he/she] was NJ Exec Order 26.4b1, nurse went in to assess, found

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	315221	A. BUILDING _____ B. WING _____	C 01/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 689	Continued From page 3	F 689		

the NJ Exec Order 26.4b1 , resident NJ Exec Order 26.4b1 , As per MD [resident's physician], resident [Resident #2] was sent out to [ACH] for further evaluation."

During the surveyors' telephone interview with LPN #2 on 2/01/24 at 3:11 p.m. she stated that on NJ Exec Order 26 at around 5:30 am she was passing medications in the hallway when CNA #2 requested she see Resident #2 in her/his room. According to LPN #2 when she arrived in Resident #2's room, there was no other staff inside the room. LPN #2 observed Resident #2 in bed lying on his NJ Exec Order 26.4b1 . According to LPN #2, Resident #2 reported that CNA #2 "NJ Exec Order 26.4b1 and [she/he] heard a NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 after she/he NJ Exec Order 26.4b1 ." LPN #2 added that the CNA reported that Resident #2 was NJ Exec Order 26.4b1 , she started changing the fitted sheet on resident's bed when the Resident started NJ Exec Order 26.4b1 CNA #2 tried to NJ Exec the Resident and heard a NJ Exec Order 26.4b1 ." LPN #2 stated that Resident #2 was a "two person assist, the CNA provided care by herself because the CNA stated that she was trying to start the process and will get help later because everybody was busy."

During the surveyors' telephone interview with CNA #2 on 01/30/24 at 4:06 pm, CNA #2 stated that on NJ Exec Order 26 around 5:00 a.m., Resident #2 was NJ Exec Order 26.4b1 The CNA stated, because the Resident was NJ Exec Order 26.4b1 , I decided to just change the linen, [Resident #2] was NJ Exec Order 26 , [she/he] said I don't like, I don't want to be bothered, so I continued to fix the bed." According to CNA #2,

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

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F 689	Continued From page 4	F 689		

Resident #2 started NJ Exec Order 26.4b1, she continued fixing the bed and she heard the NJ Exec Order 26.4b1" sound and called the nurse. The CNA stated that she did not call for help because she was just changing the linen and she was trying to make it "easier for my co-worker and she had to leave early."

Review of Resident #2's PN, dated NJ Exec Order 26.4b1 at 7:54 a.m., documented by LPN #2, revealed, "as per [ACH], patient (Resident #2) get admitted for NJ Exec Order 26.4b1"

Review of the Resident #2's hospital record (HR), dated NJ Exec Order 26.4b1 at 7:48am, revealed that Resident #2 had "NJ Exec Order 26.4b1." The HR further revealed that Resident #2 reported that "someone NJ Exec Order 26.4b1 [his/her] NJ Exec Order 26.4b1 while being cleaned and change x [at 5:30 a.m.]." The HR also indicated under "Physical Exam:... NJ Exec Order 26.4b1 ..FINAL DIAGNOSIS.. NJ Exec Order 26.4b1 ..."

The Facility's Reportable Event Record/Report (FRE) dated NJ Exec Order 26.4b1 at 10:00 a.m., indicated that at around 6:00 a.m. CNA #2 called LPN #2 to check on Resident #2. The FRE further indicated "CNA also added that while she was doing early morning care, she heard resident's NJ Exec Order 26.4b1 while NJ Exec Order 26.4b1 [her/him] during care. When assessed, resident was noted with NJ Exec Order 26.4b1 and resident was NJ Exec Order 26.4b1 [her/his] or her NJ Exec Order 26.4b1 while instructed. When [Resident #2] was interviewed, [she/he] reported that [she/he] heard a NJ Exec Order 26.4b1 coming from [her/his] NJ Exec Order 26.4b1 when CNA NJ Exec Order 26.4b1 [her/him] during care. [She/he] was medicated with NJ Exec Order 26.4b1 as ordered with NJ Exec Order 26.4b1 ..the Center received a call

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F 689	Continued From page 5	F 689		

from [Acute Care Hospital] at 10:00 a.m. that the resident was admitted for [diagnosis] of [redacted] ..[Town] PD [Police Department] came and informed the staff that the hospital and the resident's sister/brother reported to [the] incident and took statements from the staff. [CNA #2] is suspended pending completion of investigation."

Attached with the FRE was the "Summary of Reportable Even Record/Report (SRERR)," dated [redacted]. The SRERR confirmed the abovementioned FRE. The SRERR indicated "Conclusion: While [CNA #2] was [redacted] [Resident #2 she/he] sustained [redacted] CNA will be terminated for not following the plan of care of the resident..."

Attached with the FRE, a statement of RN #2 (assisted LPN #2) dated [redacted] indicated "I was asked to check the resident [Resident #2] downstairs by nurse [LPN #2] who reported that patient was [redacted] and was noted with a [redacted]. I came and assessed resident and noted [redacted]. When I spoke to the resident [she/he] stated that the CNA [redacted] and [redacted] in my arm..."

During an interview with the Director of Nursing (DON) on 1/30/24 at 3:03 pm, the DON stated that "staff behavior caused the [redacted] when she [redacted] the resident by herself; resident was a two person assist; CNA did not follow the CP, Kardex [special instructions]." DON stated CNA was [redacted] the Resident when CNA heard the [redacted]

The facility's policy titled "Care Plans, Comprehensive Person-Centered," updated on

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	315221	A. BUILDING _____ B. WING _____	C 01/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	**56 HAMILTON AVENUE PASSAIC, NJ 07055**

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F 689	Continued From page 6 10/2023 indicated under "Policy Interpretation and Implementation...#2. The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment...#8. The comprehensive, person-centered care plan will...b. Describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being...g. Incorporate identified problem areas, h. Incorporate risk factors associated with identified problems...#10. Identifying problem areas and their causes and developing interventions that are targeted and meaningful to the resident...#11. Care plan interventions are chosen only after careful data gathering, proper sequencing of events, careful consideration of the relationship between the resident's problem areas and their causes...a. When possible, interventions address the underlying source(s) of the problem area(s)..." N.J.A.C. 8:39-11.2 (f)	F 689		

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
	061627	A. BUILDING: _____ B. WING _____	C 01/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	56 HAMILTON AVENUE PASSAIC, NJ 07055

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S 000	Initial Comments The facility was not in compliance with the standards in the New Jersey Administrative code, 8:39, standards for licensure of Long Term Care Facilities. The facility must submit a Plan of Correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the provisions of the New Jersey Administrative Code, Title 8, chapter 43E, enforcement of licensure regulations.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (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 that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratios as mandated by the state of New Jersey for 1of 14-day shifts. This deficient practice had the potential to affect all residents. 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 as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio (s) were	S 560	1. No resident was affected by this deficient practice. 2. All residents have the potential to be affected by this deficient practice. 3. The staffing manager and the nursing administration were reeducated by the Administrator regarding the appropriate staffing ratio requirement as mandated by the state of New Jersey. Monthly staffing schedule, completed by the staffing manager will be submitted to the DON or designee two weeks in advance to review staffing levels meet the ratio requirement	2/21/24

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

Electronically Signed | 02/20/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061627	A. BUILDING: _____ B. WING _____	C 01/30/2024

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S 560	Continued From page 1 effective on 02/01/2021: One Certified Nurse Aide (CNA) to every 8 residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties. 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. As per the "Nurse Staffing Report" completed by the facility for the 2 weeks of staffing from 01/14/2024 to 01/27/2024, the staffing to resident ratios did not meet the minimum requirement of one CNA to eight residents for the day shifts. The facility was deficient in CNA staffing for residents on 1 of 14 day shifts as documented below: 01/14/24 had 11 CNAs for 95 residents on the dayshift required at least 12 CNAs.	S 560	mandated by the state of New Jersey and resolve staffing issues ahead of time. The DON/designee and the schedule manager will meet daily to review the current schedule as well as the schedule for the week to check if the staffing schedule is met. The facility has continued to advertise open jobs through on line recruitment platforms as well as traditional recruitment firms. 4. Weekly audit times four weeks and monthly times two to ensure that staffing levels are within the mandated staffing ratio will be conducted by the schedule manager. The result of the audit will be reviewed in QAPI monthly.	

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
315221	A. Building B. Wing	3/5/2024

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	56 HAMILTON AVENUE PASSAIC, NJ 07055

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0689 Reg. # 483.25(d)(1)(2) LSC	Correction Completed 02/21/2024	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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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 1/30/2024	☐ 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
061627 Y1	A. Building B. Wing Y2	3/5/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HAMILTON, LLC	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 Reg. # 8:39-5.1(a) LSC	Correction Completed 02/21/2024	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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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	
1/30/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO