

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

PRINTED: 09/24/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315221</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/28/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COMPLETE CARE AT HAMILTON, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>56 HAMILTON AVENUE</b> <b>PASSAIC, NJ 07055</b>
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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
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F 000	<p>INITIAL COMMENTS</p> <p>COMPLAINT # NJ 133324</p> <p>CENSUS: 70</p> <p>SAMPLE SIZE: 4</p> <p>THE FACILITY IS IN COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE <b>08/25/2020</b>
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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.

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>061627</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C <b>07/28/2020</b>
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S1680	<p>8:39-25.2(b)(1)&amp;(2) Mandatory Nurse Staffing</p> <p>(b) The facility shall provide nursing services by registered professional nurses, licensed practical nurses, and nurse aides (the hours of the director of nursing are not included in this computation, except for the direct care hours of the director of nursing in facilities where the director of nursing provides more than the minimum hours required at N.J.A.C. 8:39-25.1(a) above) on the basis of:</p> <p>1. Total number of residents multiplied by 2.5 hours/day; plus</p> <p>2. Total number of residents receiving each service listed below, multiplied by the corresponding number of hours per day:</p> <p>Wound care 0.75 hour/day</p> <p>Nasogastric tube feedings and/or gastrostomy 1.00 hour/day</p> <p>Oxygen therapy 0.75 hour/day</p> <p>Tracheostomy 1.25 hours/day</p> <p>Intravenous therapy 1.50 hours/day</p> <p>Use of respirator 1.25 hours/day</p> <p>Head trauma stimulation/advanced neuromuscular/orthopedic care 1.50 hours/day</p>	S1680		8/31/20

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TITLE

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S1680	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: COMPLAINT # 133324</p> <p>Based on interview and review of the Nurse Staffing Report from the week of 2/9/2020, it was determined that the facility failed to provide at least minimum staffing levels for 1 of 7 days.</p> <p>The required staffing hours, and actual staffing hours are as follows:</p> <p>For the week of 2/9/2020 Required staffing hours: 280.00</p> <p>Date 2/9/2020                      Actual Hours 264 Difference -16.00</p> <p>During a post survey telephone interview on 8/13/2020 at 2:08 p.m., the Administrator stated that when the facility has call outs they have several different agencies they can use, also the facility will see if someone wants to work a double shift.</p>	S1680	<p>How the corrective action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>1.Nursing Staffing Process reviewed including ensuring required and actual nursing staffing hours match to reflect the acuity.</p> <p>How the facility will identify other residents having the potential to be affected by the deficient practice:</p> <p>1. All the residents of the Center (Complete Care @ Hamilton Plaza)have the potential to be affected by the deficient practice.</p> <p>What measures will be put in place or systemic changes were made to ensure that deficient practice will not recur:</p> <p>1. DON/Designee in-serviced Facility Staffing Coordinator and Nursing Administrative Staff on Nursing Staffing process including ensuring nurse staffing</p>	

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S1680	Continued From page 2	S1680	<p>hours match, reflect the acuity. Initial Audit conducted for compliance.</p> <p>How facility will monitor it's 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 daily staffing and Acuity report audit. It will be completed daily x 14 days then weekly there after x 3 months. Negative trends will be corrected immediately. Result of the audit will be reviewed/presented @ the monthly QAPI committee meeting.</p>	