

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

PRINTED: 12/22/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315331	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/16/2023
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT FAIR LAWN EDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 77 EAST 43RD STREET PATERSON, NJ 07514		
(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	<p>INITIAL COMMENTS</p> <p>A Complaint Survey was conducted on behalf of the New Jersey Department of Health.</p> <p>Complaint #: NJ00157832, NJ00160960, NJ00160774, NJ00153648, NJ00163667 and NJ00154349</p> <p>Survey Dates: 06/13/23 to 06/16/23</p> <p>Survey Census: 133</p> <p>Sample Size: 8</p> <p>THE FACILITY IS IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

07/25/2023

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: 706000	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/16/2023
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S 000	<p>Initial Comments</p> <p>Complaint #: NJ00157832, NJ00160960, NJ00160774, NJ00153648, NJ00163667 and NJ00154349</p> <p>Survey Dates: 06/13/23 to 06/16/23</p> <p>Survey Census: 133</p> <p>Sample Size: 8</p> <p>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.</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 #: NJ00157832, NJ00160960, NJ00160774, NJ00153648, NJ00163667 and NJ00154349</p> <p>Based on review of pertinent facility documentation, it was determined that the facility failed to ensure staffing ratios were met to</p>	S 560	<ol style="list-style-type: none"> 1. No Residents were affected by this deficient practice 2. All Residents have the potential to be affected by this deficient practice. 3. Additional per diem, part time and fulltime were scheduled to meet minimum staff to resident ratios. DON / Designee to 	7/25/23

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S 560	<p>Continued From page 1</p> <p>maintain the required minimum staff-to-resident ratios as mandated by the state of New Jersey for 68 of 70 day shifts and 5 of 70 evening shifts and 11 of 70 overnight shifts as follows: This deficient practice had the potential to affect all residents .</p> <p>Findings include:</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 as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and one direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.</p> <p>As per the "Nurse Staffing Report" completed by the facility for the following weeks of staffing; 04/17/2022 to 04/30/2022, 08/28/22 to 09/10/2022, 01/08/2023 to 01/21/2023, 01/22/2023 to 02/04/2023 and 04/16/2023 to 04/29/2023 the staffing to resident ratios did not meet the minimum requirement of one CNA to eight residents for the day shift and one direct care staff member to every 14 residents for the</p>	S 560	<p>in-service Staffing Coordinator on the mandated staffing levels. The facility has advertised open jobs through online recruitment platforms as well as traditional recruitment firms. The facility has conducted job fairs and has contracts with nursing staffing agencies.</p> <p>4. The Scheduling manager or designee will audit staffing levels weekly x4 weeks and monthly x2 months to ensure staffing levels are within the mandated ratios. The results of the audits will be reviewed during QAPI monthly.</p>	
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S 560	<p>Continued From page 2</p> <p>night shift as documented below:</p> <p>1. For the 2 weeks of complaint staffing from 04/17/2022 to 04/30/2022, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts, deficient in total staff for residents on 1 of 14 evening shifts, and deficient in total staff for residents on 2 of 14 overnight shifts as follows:</p> <p>-04/17/22 had 8 CNAs for 100 residents on the day shift, required 12 CNAs. -04/18/22 had 8 CNAs for 100 residents on the day shift, required 12 CNAs. -04/18/22 had 6 total staff for 100 residents on the evening shift, required 7 total staff. -04/19/22 had 7 CNAs for 100 residents on the day shift, required 12 CNAs. -04/20/22 had 8 CNAs for 100 residents on the day shift, required 12 CNAs. -04/21/22 had 6 CNAs for 104 residents on the day shift, required 13 CNAs. -04/21/22 had 9 total staff for 104 residents on the evening shift, required 10 total staff. -04/22/22 had 9 CNAs for 104 residents on the day shift, required 13 CNAs. -04/23/22 had 8 CNAs for 104 residents on the day shift, required 13 CNAs.</p> <p>-04/24/22 had 7 CNAs for 103 residents on the day shift, required 13 CNAs. -04/25/22 had 7 CNAs for 103 residents on the day shift, required 13 CNAs. -04/26/22 had 9 CNAs for 101 residents on the day shift, required 13 CNAs. -04/27/22 had 7 CNAs for 101 residents on the day shift, required 13 CNAs. -04/28/22 had 8 CNAs for 98 residents on the day shift, required 12 CNAs. -04/29/22 had 7 CNAs for 98 residents on the day</p>	S 560		

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S 560	<p>Continued From page 3</p> <p>shift, required 12 CNAs. -04/29/22 had 6 total staff for 98 residents on the overnight shift, required 7 total staff. -04/30/22 had 7 CNAs for 98 residents on the day shift, required 12 CNAs.</p> <p>For the 2 weeks of complaint staffing from 08/28/22 to 09/10/2022, the facility was deficient in CNA staffing for residents on 13 of 14 day shifts, deficient in total staff for residents on 1 of 14 evening shifts, and deficient in total staff for residents on 2 of 14 overnight shifts as follows:</p> <p>-08/28/22 had 9 CNAs for 121 residents on the day shift, required 15 CNAs. -08/28/22 had 11 total staff for 121 residents on the evening shift, required 12 total staff. -08/29/22 had 12 CNAs for 121 residents on the day shift, required 15 CNAs. -08/30/22 had 11 CNAs for 121 residents on the day shift, required 15 CNAs. -08/31/22 had 12 CNAs for 121 residents on the day shift, required 15 CNAs. -09/01/22 had 14 CNAs for 123 residents on the day shift, required 15 CNAs. -09/02/22 had 10 CNAs for 124 residents on the day shift, required 15 CNAs. -09/02/22 had 8 total staff for 124 residents on the overnight shift, required 9 total staff. -09/04/22 had 9 CNAs for 124 residents on the day shift, required 15 CNAs. -09/04/22 had 7 total staff for 124 residents on the overnight shift, required 9 total staff. -09/05/22 had 9 CNAs for 124 residents on the day shift, required 15 CNAs. -09/06/22 had 11 CNAs for 121 residents on the day shift, required 15 CNAs. -09/07/22 had 13 CNAs for 120 residents on the day shift, required 15 CNAs.</p>	S 560		

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S 560	<p>Continued From page 4</p> <p>-09/08/22 had 14 CNAs for 119 residents on the day shift, required 15 CNAs. -09/09/22 had 12 CNAs for 119 residents on the day shift, required 15 CNAs. -09/10/22 had 10 CNAs for 119 residents on the day shift, required 15 CNAs.</p> <p>For the 2 weeks of complaint staffing from 01/08/2023 to 01/21/2023, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts, deficient in total staff for residents on 1 of 14 evening shifts, and deficient in total staff for residents on 6 of 14 overnight shifts as follows:</p> <p>-01/08/23 had 8 CNAs for 133 residents on the day shift, required 17 CNAs. -01/09/23 had 10 CNAs for 133 residents on the day shift, required 17 CNAs. -01/10/23 had 10 CNAs for 132 residents on the day shift, required 16 CNAs. -01/11/23 had 11 CNAs for 132 residents on the day shift, required 16 CNAs. -01/11/23 had 8 total staff for 132 residents on the overnight shift, required 9 total staff. -01/12/23 had 14 CNAs for 132 residents on the day shift, required 16 CNAs. -01/13/23 had 11 CNAs for 132 residents on the day shift, required 16 CNAs. -01/14/23 had 11 CNAs for 132 residents on the day shift, required 16 CNAs. -01/14/23 had 8 total staff for 132 residents on the overnight shift, required 9 total staff.</p> <p>-01/15/23 had 11 CNAs for 136 residents on the day shift, required 17 CNAs. -01/15/23 had 12.5 total staff for 136 residents on the evening shift, required 14 total staff. -01/15/23 had 9 total staff for 136 residents on the overnight shift, required 10 total staff. -01/16/23 had 12 CNAs for 136 residents on the</p>	S 560		

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S 560	<p>Continued From page 5</p> <p>day shift, required 17 CNAs. -01/16/23 had 8 total staff for 136 residents on the overnight shift, required 10 total staff. -01/17/23 had 12 CNAs for 136 residents on the day shift, required 17 CNAs. -01/18/23 had 14 CNAs for 136 residents on the day shift, required 17 CNAs. -01/18/23 had 9 total staff for 136 residents on the overnight shift, required 10 total staff. -01/19/23 had 14 CNAs for 136 residents on the day shift, required 17 CNAs. -01/19/23 had 9 total staff for 136 residents on the overnight shift, required 10 total staff. -01/20/23 had 12 CNAs for 135 residents on the day shift, required 17 CNAs. -01/21/23 had 12 CNAs for 135 residents on the day shift, required 17 CNAs.</p> <p>For the 2 weeks of complaint staffing from 01/22/2023 to 02/04/2023, the facility was deficient in CNA staffing for residents on 13 of 14 day shifts, deficient in total staff for residents on 1 of 14 evening shifts, and deficient in total staff for residents on 1 of 14 overnight shifts as follows:</p> <p>-01/22/23 had 11 CNAs for 135 residents on the day shift, required 17 CNAs. -01/22/23 had 9 total staff for 135 residents on the overnight shift, required 10 total staff. -01/23/22 had 11 CNAs for 134 residents on the day shift, required 17 CNAs. -01/24/23 had 9 CNAs for 134 residents on the day shift, required 17 CNAs. -01/25/23 had 11 CNAs for 134 residents on the day shift, required 17 CNAs. -01/26/23 had 14 CNAs for 133 residents on the day shift, required 17 CNAs. -01/27/23 had 10 CNAs for 133 residents on the day shift, required 17 CNAs. -01/28/23 had 11 CNAs for 133 residents on the</p>	S 560		

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S 560	<p>Continued From page 6</p> <p>day shift, required 17 CNAs.</p> <p>-01/29/23 had 8 CNAs for 133 residents on the day shift, required 17 CNAs.</p> <p>-01/30/23 had 13 CNAs for 133 residents on the day shift, required 17 CNAs.</p> <p>-01/31/23 had 13 CNAs for 133 residents on the day shift, required 17 CNAs.</p> <p>-02/02/23 had 14 CNAs for 133 residents on the day shift, required 17 CNAs.</p> <p>-02/03/23 had 11 CNAs for 133 residents on the day shift, required 17 CNAs.</p> <p>-02/03/23 had 12 total staff for 133 residents on the evening shift, required 13 total staff.</p> <p>-02/04/23 had 11 CNAs for 132 residents on the day shift, required 16 CNAs.</p> <p>For the 2 weeks of complaint staffing from 04/16/2023 to 04/29/2023, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts and deficient in total staff for residents on 1 of 14 evening shifts as follows:</p> <p>-04/16/23 had 9 CNAs for 130 residents on the day shift, required 16 CNAs.</p> <p>-04/17/23 had 11 CNAs for 127 residents on the day shift, required 16 CNAs.</p> <p>-04/17/23 had 12 total staff for 127 residents on the evening shift, required 13 total staff.</p> <p>-04/18/23 had 11 CNAs for 127 residents on the day shift, required 16 CNAs.</p> <p>-04/19/23 had 14 CNAs for 127 residents on the day shift, required 16 CNAs.</p> <p>-04/20/23 had 11 CNAs for 127 residents on the day shift, required 16 CNAs.</p> <p>-04/21/23 had 15 CNAs for 127 residents on the day shift, required 16 CNAs.</p> <p>-04/22/23 had 14 CNAs for 126 residents on the day shift, required 16 CNAs.</p>	S 560		

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S 560	<p>Continued From page 7</p> <p>-04/23/23 had 10 CNAs for 126 residents on the day shift, required 16 CNAs.</p> <p>-04/24/23 had 13 CNAs for 126 residents on the day shift, required 16 CNAs.</p> <p>-04/25/23 had 12 CNAs for 126 residents on the day shift, required 16 CNAs.</p> <p>-04/26/23 had 15 CNAs for 126 residents on the day shift, required 16 CNAs.</p> <p>-04/27/23 had 12 CNAs for 126 residents on the day shift, required 16 CNAs.</p> <p>-04/28/23 had 13 CNAs for 128 residents on the day shift, required 16 CNAs.</p> <p>-04/29/23 had 10 CNAs for 128 residents on the day shift, required 16 CNAs.</p>	S 560		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 706000 Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/25/2023 Y3
NAME OF FACILITY COMPLETE CARE AT FAIR LAWN EDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 77 EAST 43RD STREET PATERSON, NJ 07514	

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 _____	07/25/2023	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 6/16/2023		<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 		