

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

PRINTED: 07/26/2024
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 04/23/2024
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT FAIR LAWN EDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 77 EAST 43RD STREET PATERSON, NJ 07514		
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F 000	<p>INITIAL COMMENTS</p> <p>Complaints #: NJ170725, NJ170551, NJ169543, NJ169068, NJ167255, NJ167260, NJ167227, NJ167044, NJ166666, NJ165883, NJ165064, NJ164507</p> <p>Survey Dates: 04/15/2024 through 04/23/2024</p> <p>Census: 154</p> <p>Sample Size: 31 + 3 closed records</p> <p>A Recertification survey was conducted at Complete Care at Fair Lawn Edge from 04/15/2024 through 04/23/2024 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facility. Complaint investigations were also completed during this survey. Deficiencies were cited for this survey.</p> <p>During the survey a finding which constituted Immediate Jeopardy (IJ) for past non-compliance was identified under 42 CFR 483.25 F 689-J as the facility failed to ensure that a resident received adequate supervision to prevent [redacted] from the facility.</p> <p>The facility failed to provide adequate supervision for a [redacted] NJ Ex Order 26.4(b)(1), NJ Ex C [redacted] resident (#353) who [redacted] NJ Ex Order 26.4(b)(1) on [redacted] NJ Ex Order 26.4(b)(1).</p> <p>Review of the Admission Record indicated diagnoses that included but was not limited to, [redacted] NJ Ex Order 26.4(b)(1) [redacted] NJ Ex Order 26.4(b) and [redacted] NJ Ex Order 26.4(b)(1)</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

05/16/2024

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 000	<p>Continued From page 1</p> <p>Review of the [redacted] NJ Ex Order 26.4(b)(1), Quarterly Minimum Data Set (MDS) revealed the resident was [redacted] NJ Ex Order 26.4(b)(1).</p> <p>Review of the [redacted] NJ Ex Order 26.4(b)(1) risk assessment dated [redacted] NJ Ex Order 26.4(b)(1), revealed a score of [redacted] NJ Ex Order 26.4(b)(1), indicating the resident was a [redacted] NJ Ex Order 26.4(b)(1).</p> <p>Review of a nursing progress note dated [redacted] NJ Ex Order 26.4(b)(1), revealed the resident was [redacted] NJ Ex Order 26.4(b)(1) in the unit hallway stating s/he [redacted] NJ Ex Order 26.4(b)(1) [redacted].</p> <p>Review of a progress note dated [redacted] NJ Ex Order 26.4(b)(1) revealed the resident was found [redacted] NJ Ex Order 26.4(b)(1) stating s/he was [redacted] NJ Ex Order 26.4(b)(1). The resident was [redacted] NJ Ex Order 26.4(b)(1) to the unit and monitored for [redacted] NJ Ex Order 26.4(b)(1).</p> <p>Review of the resident's care plan initiated on [redacted] NJ Ex Order 26.4(b)(1) indicated that the resident was at risk for [redacted] NJ Ex Order 26.4(b)(1) related to the resident stating, [redacted] NJ Ex Order 26.4(b)(1) " [redacted] NJ Ex Order 26.4(b)(1) "</p> <p>Review of the facility's investigation report indicated that the resident [redacted] NJ Ex Order 26.4(b)(1) from the facility on [redacted] NJ Ex Order 26.4(b)(1) at 8:53 PM. A housekeeper observed the resident [redacted] NJ Ex Order 26.4(b)(1). The housekeeper informed the front desk and the facility initiated the facility's [redacted] NJ Ex Order 26.4(b)(1) and staff started to [redacted] NJ Ex Order 26.4(b)(1) for the resident. The resident was [redacted] NJ Ex Order 26.4(b)(1), staff remained with the resident until emergency medical services arrived and transferred the resident to the hospital for an evaluation. The resident was [redacted] NJ Ex Order 26.4(b)(1) and was admitted to the hospital with a diagnosis of [redacted] NJ Ex Order 26.4(b)(1).</p>	F 000		
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F 000	Continued From page 2 A Partial Extended Survey was initiated after the deficiency was identified at the IJ/SQC (Substandard Quality of Care) level. The U.S. FOIA (b) (6) was informed of the past non-compliance IJ and was provided with the IJ Template on 04/19/2024. The facility provided an acceptable removal plan on 04/22/2024 at 9:30 AM. The removal plan included the immediate action that the facility took to prevent serious harm from occurring or recurring. The facility implemented a corrective action plan relative to F 689 to remediate the deficient practice including facility wide staff education regarding the NJ Ex Order 26-4(b)(1) policies. The survey team verified all elements of the facility's past non-compliance IJ removal plan on-site. The past non-compliance IJ removal plan was confirmed to be in compliance on 04/22/2024.	F 000			
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of facility documents, it was determined that the facility failed to adhere to acceptable standards of nursing practice. This deficient practice was identified in 4 of 7 residents who had medication improperly prepared for administration, 1. Resident #86, #199, #73, #200, 2. facility failed to ensure a	F 658	1. Residents #86, #199, #73, #200 were affected by this deficient practice. Medications were immediately discarded as per policy and nurses were in serviced regarding proper medication preparation. Resident #84 was affected by this deficient practice. Medication times were immediately adjusted to accommodate	5/17/24	

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F 658	<p>Continued From page 3</p> <p>resident's medication times were adjusted to accommodate their ^{NJ Ex Order 26.4} NJ Ex Order 26.4(b)(1) ^{NJ Ex Order 26.4} schedule for 1 of 3 Residents reviewed for accurate ^{NJ Ex Order 26.4} scheduling of medication times, Resident #84, 3. failed to ensure that the ^{NJ Ex Order 26.4(b)(1)} was administered according to Physician's Order (PO), for 1 of 1 Residents reviewed for ^{NJ Ex Order 26.4} use, Resident #2 4. facility failed to ensure recommendations made by the U.S. FOIA (b) (6) was acted upon in a timely manner as per facility policy and in accordance with professional standards of clinical practice for one (1) of two (2) residents reviewed for ^{NJ Ex Order 26.4(b)(1)}, Resident #122.</p> <p>The deficient practice was evidenced by the following:</p> <p>Reference: New Jersey Statutes Annotated, Title 45. Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist."</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case</p>	F 658	<p>^{NJ Ex Order 26.4} times. Resident #2 was affected by this deficient practice, ^{NJ Ex Order 26.4} was immediately adjusted as per physician order with NJ Ex Order 26.4(b)(1) to the resident. Resident #122 was affected by this deficient practice, ^{U.S. FOIA (b) (6)} made aware of ^{U.S. FOIA (b) (6)} recommendation and orders updated.</p> <p>2. All residents who receive medications, attend dialysis, use oxygen, or are followed by dietician services have the potential to be affected by this deficient practice. All residents on dialysis medication administration times audited with no findings. All residents on oxygen audited to ensure orders being followed. Dietician notes audited to ensure all recommendations are being followed.</p> <p>3. Director of Nursing/Designee educated nurses on proper preparation of medications, plotting of medications to accommodate dialysis times, following of oxygen orders and proper entry by dietician of recommendations.</p> <p>4. The Director of Nursing / Designee will conduct an audit of 5 nurse weekly to ensure appropriate medication preparation x 4 weeks then weekly for 2 months. 5 dialysis residents medication times will be audited weekly x 4 weeks and then monthly x 2 months to ensure medications are plotted around dialysis times. 5 residents on oxygen will be audited weekly x 4 weeks and then monthly x 2 months to ensure oxygen orders are being followed. 5 residents dietician documentation will be audited weekly x 4 weeks then monthly x 2 months to ensure recommendations are</p>		

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F 658	<p>Continued From page 4</p> <p>finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p> <p>1. On 4/15/24 at 1:01 PM the surveyor entered the [REDACTED] Floor medication room. The surveyor observed the Licensed Practical Nurse (LPN) #2 standing by her medication cart with a stack of medication cups on top of the cart. Closer examination by the surveyor of the medication cups revealed 4 stacked cups all with medication in them. Examination of each cup with LPN#2 revealed that each cup had the resident's first name written on each cup except the bottom cup, which had no name written on it.</p> <p>The surveyor requested that LPN#2 identify the resident and what was in the medication cup. LPN#2 could not identify the residents or the medication in the cup without referring to the electronic medication administration record (eMAR). Along with LPN#2 each cup was examined and identified:</p> <p>Cup 1 was identified as belonging to Resident #86 and contained [REDACTED] tablets of [REDACTED] (NJ Ex Order 26.4(b)(1)).</p> <p>Cup 2 was identified as belonging to Resident #199 and contained [REDACTED] tablet [REDACTED] (NJ Ex Order 26.4(b)(1)).</p> <p>Cup 3 was identified as belonging to Resident #73 and contained [REDACTED] tablets of [REDACTED] (NJ Ex Order 26.4(b)(1)).</p> <p>Cup 4 was identified as belonging to Resident #200 and contained [REDACTED] tablets of [REDACTED] (NJ Ex Order 26.4(b)(1)).</p>	F 658	being carried out. The results of the audits will be presented at the monthly QAPI.		

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F 658	<p>Continued From page 5</p> <p>Review of the Individual Patient Controlled Substance Administration Record (Inventory Sheet) for NJ Ex Order 26.4(b)(1) tablets with LPN#2 revealed that there were 46 tablets left in stock. Examination of the actual inventory of NJ Ex Order 26.4(b)(1) tablets in stock was 44 tablets. The surveyor interviewed LPN#2 who stated, "I didn't give it yet." LPN#2 was not aware that the Inventory Sheet needed to be signed out for the tablets removed from inventory at the time of the removal.</p> <p>The surveyor continued the interview with LPN#2 who could not explain why she prepared the medications for 4 residents in advance, instead of individually preparing and administering medication to each resident. LPN#2 stated that she knows that this was not best practice.</p> <p>The surveyor reviewed the facility hybrid documents:</p> <p>A. Review of the facility Admission Sheet for Resident #86 revealed that the resident was admitted to the facility with diagnoses which included but were not limited to NJ Ex Order 26.4, NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1).</p> <p>A review of Resident #86's Quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated NJ Ex Order 26.4(b) reflected that Resident #86 had a BIMS score of NJ Ex Order 26.4(b)(1) out of 15, indicating an NJ Ex Order 26.4(b)(1).</p> <p>The surveyor reviewed the NJ Ex Order 26.4(b)(1) eMAR which documented a Physician's order (PO) dated NJ Ex Order 26.4(b) for NJ Ex Order 26.4(b)(1) Give 3</p>	F 658			

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F 658	<p>Continued From page 6</p> <p>tablets by mouth every 8 hours for [REDACTED] NJ Ex Order 26.4(b)(1)</p> <p>B. Review of the facility Admission Sheet for Resident #199 revealed that the resident was admitted to the facility with diagnoses which included but were not limited to [REDACTED] NJ Ex Order 26.4(b)(1), and [REDACTED] NJ Ex Order [REDACTED]</p> <p>A review of Resident #199's Quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated [REDACTED] NJ Ex Order 26.4(b)(1), reflected that Resident #199 had a BIMS score of [REDACTED] out of 15, indicating a [REDACTED] NJ Ex Order 26.4(b)(1).</p> <p>The surveyor reviewed the April 2024 eMAR which documented a Physician's order (PO) dated [REDACTED] NJ Ex Order 26.4(b)(1) for [REDACTED] NJ Ex Order 26.4(b)(1) 1 tablet 3 times daily for [REDACTED] NJ Ex Order 26.4(b)(1).</p> <p>C. Review of the facility Admission Sheet for Resident #73 revealed that the resident was admitted to the facility with diagnoses which included but were not limited to [REDACTED] NJ Ex Order [REDACTED] NJ Ex Order 26.4(b)(1), and [REDACTED] NJ Ex Order 26.4(b)(1).</p> <p>A review of Resident #73's Quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated [REDACTED] NJ Ex Order 26.4(b)(1), reflected that Resident #73 had a BIMS score of [REDACTED] out of 15, indicating an [REDACTED] NJ Ex Order 26.4(b)(1).</p> <p>The surveyor reviewed the [REDACTED] NJ Ex Order 26.4(b)(1) eMAR which documented a Physician's order (PO) dated [REDACTED] NJ Ex Order 26.4(b)(1) for [REDACTED] NJ Ex Order 26.4(b)(1) Give 2</p>	F 658			

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F 658	<p>Continued From page 7</p> <p>tablets by mouth 3 times a day for [REDACTED]</p> <p>D. Review of the facility Admission Sheet for Resident #200 revealed that the resident was admitted to the facility with diagnoses which included but were not limited to [REDACTED] [REDACTED] [REDACTED] and [REDACTED].</p> <p>A review of Resident #200's Admission Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated [REDACTED] reflected that Resident #200 had a BIMS score of [REDACTED] out of 15, indicating a [REDACTED].</p> <p>The surveyor reviewed the [REDACTED] eMAR which documented a Physician's order (PO) dated [REDACTED] for NJ Ex Order 26.4(b)(1) [REDACTED] Give 3 tablets 3 times daily for [REDACTED].</p> <p>Review of the facility Administering Medications Policy explains, "Medications shall be administered in a safe and timely manner, and as prescribed." The policy continues to explain, "4. The individual administering medications must verify the resident's identity before giving the resident his/her medications." and "5. The individual administering the medication must check the label against the Physician's order to verify the right resident, right medication, right dosage, right time, and right method (route) of administration before giving the medication."</p> <p>Review of the facility Documentation of Medication Administration Policy explains, "4. When giving controlled substance when removed from the lock box, it must be signed on the declining sheet. Once administered it must be signed on the eMAR."</p>	F 658			

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F 658	<p>Continued From page 8</p> <p>On 4/15/24 at 1:45 PM, the surveyor discussed the above deficient practice with the [U.S. FOIA (b) (6)] and the [U.S. FOIA (b) (6)] who could not explain why LPN#2 prepared the medication for Resident #86, #199, #73 and #200 in a stack of cups. The [U.S. FOIA] stated that this is not the proper way to administer medication to residents in the facility. The [U.S. FOIA] added that all medications administered to a resident should be reviewed, administered, and documented, one resident at a time. The [U.S. FOIA] commented that LPN#2 should not have prepared medication for a number of residents and should have known to sign out [NJ Ex Order 26.4(b)] from the inventory sheet when she removed the [NJ Ex Order 26.4] medication from inventory.</p> <p>2. On 04/16/24 11:29 AM, the surveyor observed that Resident #84 in bed, [NJ Ex Order] and [NJ Ex Order]</p> <p>A review of the facility Admission Sheet for Resident #84 revealed that the resident was admitted to the facility with diagnoses which included but were not limited to [NJ Ex Order 26.4(b)(1)] [NJ Ex Order 26.4(b)(1)] [NJ Ex Order 26.4(b)(1)] and [NJ Ex Order 26.4(b)(1)]</p> <p>A review of Resident #84's Quarterly Minimum Data Set (MDS) an assessment tool used to facilitate management of care, dated [NJ Ex Order 26.4], reflected that the resident had a Brief Interview Mental Status (BIMS) score of [NJ Ex] out of 15, which indicated that the resident had [NJ Ex Order 26.4(b)(1)]</p> <p>A review physician's orders for [NJ Ex Order 26.4(b)(1)] read: [NJ Ex Order 26.4(b)(1)] THREE TIMES WEEKLY ON (TUES, THURSDAY, SATURDAY 6:30 AM) at</p>	F 658			

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F 658	<p>Continued From page 9</p> <p>center's name, address and telephone number] pick up at 5:45 AM by [Transportation company's name and telephone number]."</p> <p>A physician's order dated read: tab (tablet) give 2 tabs (tablets) by mouth three times a day every TThS (Tuesday, Thursday, Saturday)" timed at 9:00 AM, 1:00 PM and 5:00 PM.</p> <p>A review of the electronic Medication Administration Record (eMAR) revealed that the resident was scheduled to receive the medication as ordered above every TThS at 0900 [9 AM]. The entries for and were signed by the nurses with "7" which indicated "Other/See nurses notes" and that the medication was not administered.</p> <p>A review of the eMAR revealed that the resident was scheduled to receive the medication as ordered above every TThS at 0900 [9 AM]. The entry for 0900 on , was signed by the nurse with "7" which indicated "Other/See Nurse Notes", and on was signed by the nurse with "3" which indicated "Hold/See Nurse Notes" and that the medication was not administered.</p> <p>A review of the eMAR revealed that the resident was scheduled to receive the medication as ordered above every TThS at 0900 [9 AM]. The entry for 0900 on , , , , was signed by the nurse with "7" which indicated "Other/See Nurse Notes", and on was signed by the nurse with "3" which indicated "Hold/See Nurse Notes" and that the medication was not</p>	F 658			

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F 658	<p>Continued From page 11</p> <p>^{NJ Ex Order 26.4(b)} ^{NJ Ex Order 26.4(b)(1)} and ^{NJ Ex Order 26.4(b)(1)}</p> <p>A review of Resident #2's Quarterly Minimum Data Set (MDS) an assessment tool used to facilitate management of care, dated ^{NJ Ex Order 26.4(b)(1)}, reflected that the resident had a Brief Interview Mental Status (BIMS) score of ^{NJ Ex Order 26.4(b)(1)} out of 15, which indicated that the resident had ^{NJ Ex Order 26.4(b)(1)}.</p> <p>A review of the physician's order dated ^{NJ Ex Order 26.4(b)(1)} revealed a PO for ^{NJ Ex Order 26.4(b)(1)} continuously.</p> <p>On 4/15/24 at 12:35 PM, the surveyor interviewed the ^{NJ Ex Order 26.4(b)(1)} floor U.S. FOIA (b) (6) who confirmed that the PO for ^{NJ Ex Order 26.4(b)(1)} was to be administered at the rate of ^{NJ Ex Order 26.4(b)(1)}. The UM/LPN #2 in the presence of the surveyor went inside the resident's room. The UM/LPN #2 stated to the surveyor that the resident was on ^{NJ Ex Order 26.4(b)(1)}.</p> <p>On 4/15/24 at 12:41 PM, the surveyor in the presence of another surveyor who ^{NJ Ex Order 26.4(b)(1)} interviewed Resident #2. The resident stated ^{NJ Ex Order 26.4(b)(1)} that he/she does not touch the ^{NJ Ex Order 26.4(b)(1)} to change the ^{NJ Ex Order 26.4(b)(1)}.</p> <p>On 4/15/24 at 12:48 PM, the surveyor interviewed LPN #3 assigned to Resident #2 who stated that he checked the ^{NJ Ex Order 26.4(b)(1)} including the ^{NJ Ex Order 26.4(b)(1)} of every resident in the morning during the beginning of his shift at 7:00 AM and before the end of the shift at 3:00 PM.</p> <p>On 4/19/24 at 2:38 PM, the surveyor discussed the above concern to the facility's the ^{U.S. FOIA (b) (6)} the ^{U.S. FOIA (b) (6)}</p>	F 658			

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F 658	<p>Continued From page 12</p> <p>U.S. FOIA (b) (6), the U.S. FOIA (b) (6), the U.S. FOIA (b) (6), the U.S. FOIA (b) (6), U.S. FOIA (b) (6). There was no further information provided.</p> <p>4. On 4/15/23 at 12:59 PM, the surveyor observed Resident #122 seated in a [redacted] NJ Ex Order 26.4(b)(1) [redacted] NJ Ex Order 26.4(b)(1) and [redacted] NJ Ex Order 26.4(b)(1). The resident was [redacted] NJ Ex Order 26.4(b)(1) and stated that they felt well that day.</p> <p>The surveyor observed a bottle of [redacted] NJ Ex Order 26.4(b)(1) hanging on an [redacted] NJ Ex Order 26.4(b)(1). The [redacted] NJ Ex Order 26.4(b)(1) bottle had a light brown liquid remainder less than [redacted] NJ Ex Order 26.4(b)(1). The [redacted] NJ Ex Order 26.4(b)(1) was off but was set to [redacted] NJ Ex Order 26.4(b)(1) and had [redacted] NJ Ex Order 26.4(b)(1) at that time.</p> <p>The surveyor reviewed the hybrid medical record for Resident #122.</p> <p>A review of Resident #122's Admission Record (AR; an admission summary) reflected that the resident was admitted to the facility with diagnoses which included but were not limited to [redacted] NJ Ex Order 26.4(b)(1) and [redacted] NJ Ex Order 26.4(b)(1) [redacted] NJ Ex Order 26.4(b)(1).</p> <p>A review of Resident #122's most recent quarterly Minimum Data Set (qMDS), an assessment tool used to facilitate the management of care, dated [redacted] NJ Ex Order 26.4(b)(1), reflected that the resident had a Brief Interview for Mental Status (BIMS) score of [redacted] NJ Ex Order 26.4(b)(1) out of 15, which indicated that Resident #122's</p>	F 658	

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F 658	<p>Continued From page 13</p> <p>cognition was [redacted] NJ Ex Order 26.4(b)(1). Additionally, the MDS revealed that the resident was [redacted] NJ Ex Order 26.4(b)(1) for [redacted] NJ Ex Order 26.4(b)(1).</p> <p>Review of the qMDS, Section [redacted] - NJ Ex Order 26.4(b)(1) Status reflected the resident had a [redacted] NJ Ex Order 26.4(b)(1) and was on a [redacted] NJ Ex Order 26.4(b)(1). Further review of the qMDS, dated [redacted] NJ Ex Order 26.4(b)(1), Section [redacted] - NJ Ex Order 26.4(b)(1) indicated the resident was at risk of developing [redacted] NJ Ex Order 26.4(b)(1) and had [redacted] NJ Ex Order 26.4(b)(1) for that review date.</p> <p>A review of the resident's [redacted] NJ Ex Order 26.4(b)(1) assessment dated [redacted] NJ Ex Order 26.4(b)(1), indicated the resident had a [redacted] NJ Ex Order 26.4(b)(1) that had [redacted] NJ Ex Order 26.4(b)(1) and was acquired on [redacted] NJ Ex Order 26.4(b)(1).</p> <p>A review of the Order Summary (physician orders) that were active as of [redacted] NJ Ex Order 26.4(b)(1), included the following:</p> <p>[redacted] NJ Ex Order 26.4(b)(1) order, every day shift document [redacted] NJ Ex Order 26.4(b)(1) infused; the order start date was on [redacted] NJ Ex Order 26.4(b)(1).</p> <p>[redacted] NJ Ex Order 26.4(b)(1) order, every evening shift for [redacted] NJ Ex Order 26.4(b)(1) for [redacted] NJ Ex Order 26.4(b)(1) prior to continuous [redacted] NJ Ex Order 26.4(b)(1). Of [redacted] NJ Ex Order 26.4(b)(1) is greater than [redacted] NJ Ex Order 26.4(b)(1), hold [redacted] NJ Ex Order 26.4(b)(1) for 1 hour and recheck. If [redacted] NJ Ex Order 26.4(b)(1) is greater than [redacted] NJ Ex Order 26.4(b)(1) on recheck, notify [redacted] NJ Ex Order 26.4(b)(1) the order start date was on [redacted] NJ Ex Order 26.4(b)(1).</p> <p>[redacted] NJ Ex Order 26.4(b)(1) via [redacted] NJ Ex Order 26.4(b)(1) [redacted] NJ Ex Order 26.4(b)(1), up at 4:00 PM and [redacted] NJ Ex Order 26.4(b)(1) until [redacted] NJ Ex Order 26.4(b)(1) of [redacted] NJ Ex Order 26.4(b)(1) is [redacted] NJ Ex Order 26.4(b)(1) providing [redacted] NJ Ex Order 26.4(b)(1) [redacted] NJ Ex Order 26.4(b)(1) [redacted] NJ Ex Order 26.4(b)(1) (m) of [redacted] NJ Ex Order 26.4(b)(1); the order start date was on [redacted] NJ Ex Order 26.4(b)(1).</p> <p>[redacted] NJ Ex Order 26.4(b)(1) Order six times a day for [redacted] NJ Ex Order 26.4(b)(1) provide [redacted] NJ Ex Order 26.4(b)(1) via [redacted] NJ Ex Order 26.4(b)(1) [redacted] NJ Ex Order 26.4(b)(1)</p> <p>(NJ Ex Order 26.4(b)(1))</p>	F 658	

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F 658	<p>Continued From page 15</p> <p>and collaborated with nurses, physicians and other health care ancillary involved with the resident.</p> <p>At that time, the [U.S. FOIA] confirmed his recommendations for the [NJ Ex Order 26.4] of [NJ Ex Order 26.4(b)(1)] six (6) times a day [NJ Ex Order 26.4(b)(1)]), and the new order for [NJ Ex Order 26.4] were not part of the active orders on [NJ Ex Order 26.4]. The [U.S. FOIA] was unsure why it was not part of the active orders or if it the recommendation was missed.</p> <p>On 4/17/24 at 11:54 AM, during an interview with the surveyor, the [U.S. FOIA (b) (6)] explained the process for recommendations made. The [U.S. FOIA] stated that the recommendations were entered into the electronic Medical Record (eMR) as pending, then validated by a nurse and when the [US FOIA (b)(6)] or the [US FOIA (b)(6)] agreed, the order was changed from pending to an active order.</p> <p>At that time, the [U.S. FOIA] clarified that if the [US FOIA] or the [US FOIA] did not agree with the recommendation, the [US FOIA] would have entered a follow-up [NJ Ex Order 26.4] documenting the recommendations were not followed.</p> <p>At that time, the [U.S. FOIA] confirmed that there were no documented follow-up [NJ Ex Order 26.4] for the recommendation of the [NJ Ex Order 26.4(b)(1)] six times a day and the [NJ Ex Order 26.4] order.</p> <p>At that time, the [U.S. FOIA] acknowledged the recommendations should have been acted upon.</p>	F 658			

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F 658	Continued From page 16 A review of the facility policy provided Consults/Recommendation Policy with a copyright date of 2024 included the following: Policy: The attending physician shall authenticate orders for the care and treatment of assigned residents. Policy Explanation and Compliance Guideline: 1. Consulting physician/practitioner orders are those orders provided to the facility by a physician/practitioner other than the resident's attending physician ...A consulting physician/practitioner may include, but is not limited to, a resident's ...e. Nurse Practitioner, clinical nurse specialist, dietitian, or physician assistant to any of the above physicians. 2. For consulting physician/practitioner orders received in writing or via fax in a timely manner will: a. Call the attending physician to verify the order. b. Will confirm order in EMR system. c. Follow facility procedures for verbal or telephone orders including noting the order, submitting to pharmacy, transcribing to medication or treatment administration record. 3. For consulting physician/practitioner orders received via telephone the nurse will: a. Document the order on the physician order or EMR system, notating the time date name and title of the person providing the order, and the signature and title of the person receiving the order. b. Call the attending physician to verify the order. c. Follow facility procedures for verbal or telephone orders including noting the order, submitting to pharmacy, transcribing to medication or treatment administration record. On 4/18/24 at 1:36 PM, in the presence of the	F 658			

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F 658	Continued From page 17 survey team, the U.S. FOIA (b) (6), and the concerns regarding the recommendations were discussed.	F 658			
F 686 SS=D	NJAC 8:39-27.1(a) 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 review of pertinent facility documents, it was determined that the facility failed to a.) maintain NJ Ex Order 26.4(b)(1) practices to reduce the risk of NJ Ex Order 26.4(b)(1) during a NJ Ex Order 26.4(b)(1) treatment;	F 686	1. Resident #25 was affected by this deficient practice. LPN #1 was immediately in-serviced on NJ Ex Order 26.4(b)(1) practices while performing NJ Ex Order 26.4(b)(1) U.S. FOIA (b) (6) educated on	5/24/24	

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F 686	<p>Continued From page 18</p> <p>b.) to assess a resident for risk for NJ Ex Order 26.4(b)(1) quarterly and c.) ensure a physician's order was administered as ordered consistently for preventative measures for NJ Ex Order 26.4(b)(1) for 1 of 2 residents (Resident #25) reviewed for NJ Ex Order 26.4(b)(1).</p> <p>This deficient practice was evidenced by the following:</p> <p>On 4/15/24 at 11:44 AM, the surveyor observed Resident #25 asleep in bed with resident's NJ Ex Order 26.4(b)(1) at the bedside. The surveyor interviewed Resident #25's NJ Ex Order 26.4(b)(1) who stated that the resident had a NJ Ex Order 26.4(b)(1), and that the NJ Ex Order 26.4(b)(1) was getting better. Resident #25's NJ Ex Order 26.4(b)(1) further stated that the staff turned and changed the resident.</p> <p>On 4/18/24 at 9:56 AM, the surveyor observed the U.S. FOIA (b) (6) and Licensed Practical Nurse (LPN) #1 perform Resident #25's NJ Ex Order 26.4(b)(1) treatment. The U.S. FOIA (b)(6) and LPN #1 performed hand hygiene (HH) with an alcohol based hand rub (ABHR) prior to donning (put on) a gown and gloves. The U.S. FOIA (b)(6) and LPN #1 did not perform handwashing prior to the start of the NJ Ex Order 26.4(b)(1) treatment. Later in the NJ Ex Order 26.4(b)(1) treatment, the U.S. FOIA (b)(6) removed the NJ Ex Order 26.4(b)(1) on Resident #25's NJ Ex Order 26.4(b)(1). The U.S. FOIA (b)(6) removed her gloves and performed HH with ABHR and donned a new pair of gloves. LPN #1 prepared NJ Ex Order 26.4(b)(1) with NJ Ex Order 26.4(b)(1) and handed the NJ Ex Order 26.4(b)(1) to the U.S. FOIA (b)(6). The U.S. FOIA (b)(6) placed her left gloved hand on Resident #25's NJ Ex Order 26.4(b)(1) and left her hand on the NJ Ex Order 26.4(b)(1) while the U.S. FOIA (b)(6) used her right gloved hand to NJ Ex Order 26.4(b)(1). The U.S. FOIA (b)(6) then repeated the process with a new NJ Ex Order 26.4(b)(1) that LPN #1</p>	F 686	<p>performing assessments to determine risk for NJ Exec Order 26.4(b)(1) quarterly. Nursing staff in-serviced on ensuring physicians orders are being administered consistently.</p> <p>2. All residents with wounds have the potential to be affected by these deficient practices.</p> <p>3. Director of Nursing / Designee educated staff on infection control practices while performing wound care. Unit managers in-serviced on performing quarterly assessments on pressure ulcers. All staff in-serviced on ensuring orders are being administered consistently.</p> <p>4. The Director of Nursing / Designee will observe 2 nurses weekly on wound rounds x 4 weeks and then monthly x 2 months. 10 resident assessments will be audited weekly to ensure compliance with completing quarterly assessment to determine risk for pressure ulcers and then monthly x 2 months. 10 residents will be audited weekly to ensure physicians orders are being administered consistently x 4 weeks and then monthly x 2 months. The results of the audits will be presented at the monthly QAPI.</p>	

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F 686	<p>Continued From page 19</p> <p>handed to her, while her left hand remained on the resident's [redacted]. The [redacted] then cleaned the [redacted] with a new [redacted] that LPN #1 handed to her with her right gloved hand while her left gloved hand remained on the resident's [redacted]. The [redacted] then repeated the process again with a new [redacted]. LPN #1 then removed a [redacted] that was not [redacted] and was previously cut from an already opened package. LPN #1 then cut a [redacted] and placed [redacted] on the [redacted] with a [redacted] and handed it to the [redacted] right gloved hand. The [redacted] whose left hand was still on the resident's [redacted] then used her right gloved hand to place the [redacted] on the resident's [redacted]. LPN #1 opened the [redacted] and with her gloved hand took the pen that was attached to her badge and dated the [redacted]. LPN #1 then handed the [redacted] to the [redacted] who placed the [redacted] over the [redacted] on Resident #25's [redacted]. The [redacted] did not doff (to take off) gloves, perform HH and don a pair of new clean gloves after cleaning the [redacted] and prior to applying the [redacted]. The [redacted] and LPN #1 did not use a new [redacted] for the placement of [redacted] to the [redacted]. At the end of the [redacted] treatment the [redacted] and LPN #1 doffed their gown and gloves and performed handwashing with soap and water. The [redacted] and LPN #1 did not disinfect the over the bed table that was used for the [redacted] treatment.</p> <p>At approximately 10:42 AM, the surveyor interviewed the [redacted] regarding the [redacted] treatment. The [redacted] confirmed that the [redacted] was not a new unopened packaged and</p>	F 686			

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F 686	<p>Continued From page 21</p> <p>out of 15, which indicated that Resident #25's cognition was NJ Ex Order 26.4(b)(1). Further review indicated that the resident had one (1) NJ Ex Order 26.4(b)(1) that was not present on admission/entry or reentry.</p> <p>A review of Resident #25's NJ Ex Order 26.4(b)(1) Treatment Administration Record (TAR) included the following order: Apply NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1)) on NJ Ex Order 26.4(b)(1) every shift.</p> <p>The NJ Ex Order 26.4(b)(1) TAR included 6 of 30 day shifts, 11 of 30 evening shifts and 6 of 30 night shifts that were blank which indicated the nurse did not sign that the NJ Ex Order 26.4(b)(1) was not administered.</p> <p>A review of Resident #25's electronic medical record indicated that the resident had a NJ Ex Order 26.4(b)(1) Scale for NJ Ex Order 26.4(b)(1) Risk (NJ Ex Order 26.4(b)(1)) dated NJ Ex Order 26.4(b)(1). Further review of the medical record did not include any quarterly NJ Ex Order 26.4(b)(1) assessments for the rest of NJ Ex Order 26.4(b)(1). There was a Nurses Quarterly Assessment, which included the NJ Ex Order 26.4(b)(1) dated NJ Ex Order 26.4(b)(1). There was not a NJ Ex Order 26.4(b)(1) assessment done in NJ Ex Order 26.4(b)(1).</p> <p>On 4/18/24 at 11:28 AM, the surveyor interviewed the U.S. FOIA (b) (6) NJ Ex Order 26.4(b)(1) floor unit regarding how often the NJ Ex Order 26.4(b)(1) was done. The U.S. FOIA (b) (6) stated that they were done quarterly.</p> <p>On 4/18/24 at 12:24 PM, the surveyor interviewed LPN #1. LPN #1 stated that NJ Ex Order 26.4(b)(1) was used to prevent NJ Ex Order 26.4(b)(1). She added that she was not sure why there was blanks on the TAR and what the blanks meant.</p>	F 686			

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F 686	<p>Continued From page 22</p> <p>On 4/18/24 at 12:31 PM, the surveyor interviewed [redacted] 2nd floor unit regarding Resident #25's quarterly [redacted]. The [redacted] stated that she did not know why the resident did not have the assessments and that she did not know why they were not triggered in the computer.</p> <p>On 4/18/24 at 12:33 PM, the surveyor interviewed the [redacted] U.S. FOIA (b) (6). The [redacted] stated that the [redacted] Scale was done on admission and quarterly and it was documented in the computer system under the assessment tab. The [redacted] stated that if there were blanks on the TAR that it meant that it was not given. The [redacted] stated that [redacted] was a [redacted]. The [redacted] stated that Handwashing should be done prior to a [redacted] treatment and the table should be wiped after the treatment. The [redacted] stated that he had to check what the policy had in regard to changing gloves. The [redacted] stated that a [redacted] could be saved to use that same day for the same resident but that it should not be saved for another day.</p> <p>On 4/18/24 at 01:16 PM, in the presence of the survey team, the surveyor told the [redacted] U.S. FOIA (b) (6), [redacted] U.S. FOIA (b) (6), [redacted] U.S. FOIA (b) (6), [redacted] U.S. FOIA (b) (6) and [redacted] U.S. FOIA (b) (6) the concern regarding Resident #25's [redacted] treatment, [redacted] Scale not done quarterly and the missing administrations of [redacted].</p> <p>On 4/19/24 at 11:53 AM, in the presence of the survey team, [redacted] U.S. FOIA (b) (6), [redacted] U.S. FOIA (b) (6) and [redacted] U.S. FOIA (b) (6) the [redacted] U.S. FOIA (b) (6) stated that the staff were in serviced on the [redacted] treatment including changing gloves, not cutting [redacted], and wiping the table. She stated that the staff applied the</p>	F 686		

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F 686	<p>Continued From page 23</p> <p>NJ Ex Order 26.4(b)(1) but that they just did not document it. She added that the staff were in serviced. The U.S. FOIA (b) (6) stated that the facility policy has HH, and that handwashing did not have to be done if the hands were not visibly soiled or the nurse was not in contact with NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1) _____).</p> <p>A review of the facility provided policy titled, "Wound Care" with an updated date of 5/2023 included the following: Purpose: The purpose of this procedure is to provide guidelines for the care of wounds to promote healing. Steps in the Procedure: 2. Perform hand hygiene ... 11. Wear clean gloves when physically touching the wound or holding a moist surface over the wound. 12. Place one (1) gauze to cover all broken skin. Wash tissue around the wound that is usually covered by the dressing, tape or gauze with normal saline as ordered. 13. Remove dry gauze. Apply treatments as indicated. 14. Dress wound. Pick up sponge with paper and apply directly to area. Mark tape with initials, time and date and apply dressing. Be certain all clean items are on clean field ... 19. Return the overbed table to its proper position. 20. Wipe reusable supplies with alcohol as indicated ...</p> <p>A review of the facility provided policy titled, "Assessment Frequency/Timelines" with a</p>	F 686			

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F 686	Continued From page 24 copyright date of 2023, included the following: Policy: The purpose of this policy is to provide a system to complete standardized assessments in a timely manner, according to the current RAI Manual. Policy Explanation and Compliance Guidelines: 4. A quarterly review assessment will be completed no less than once every 3 months On 4/19/24 at 01:23 PM, in the presence of the survey team, the Regional Nurse stated that Resident #25 did not have some of the quarterly Braden Scale assessments done. The facility did not provide any further information.	F 686			
F 689 SS=J	N.J.A.C. 8:39-27.1 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: Complaint #NJ 165064 Complaint #NJ 166666 Based on interviews, record review, and review of other pertinent facility documentation, it was determined that the facility failed to 1.) provide adequate ^{NJ Ex Order 26.4(b)(1)} for a ^{NJ Ex Order 26.4(b)(1)} , ^{NJ Ex Order 26.4(b)(1)} resident and ensure ^{NJ Ex Order 26.4(b)(1)} were securely locked which resulted in Resident # 353 ^{NJ Ex Order 26.4(b)(1)} from the facility on ^{NJ Ex Order 26.4(b)(1)} and 2.)	F 689	1. Resident #355 and #353 were affected by this deficient practice. Both residents have been discharged at the time of the survey. 2. All residents have the potential to be affected by this deficient practice. 3. Director of Nursing / Designee educated staff on identification of residents who are at risk for elopement and implementing interventions.	5/24/24	

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F 689	<p>Continued From page 25</p> <p>follow facility [redacted] policy which resulted in Resident # 355 [redacted] from the facility on [redacted]. This deficient practice was identified for 2 of 3 residents (Resident # 353 and Resident # 355) reviewed for [redacted].</p> <p>The facility failed to monitor and supervise a [redacted] resident from being able to [redacted] through an unsecured [redacted]. This posed a serious and immediate risk to the health, safety, and well-being of Resident #353.</p> <p>During an annual Recertification survey on 04/19/24, the survey team identified an Immediate Jeopardy (IJ) running from [redacted] at 8:53 PM, when the resident [redacted] from the facility, to [redacted] at 9:05 PM, when the resident was [redacted].</p> <p>The Immediate Jeopardy (IJ) situation was determined to have existed on [redacted], when Resident #353 [redacted] without staff knowledge and was [redacted] by facility staff [redacted], adjacent to [redacted]. The facility developed and implemented a corrective action plan, and the past-noncompliance IJ was determined to have been removed on [redacted]. The facility's noncompliance was corrected on [redacted].</p> <p>On 04/19/2024 at 2:39 PM, the [redacted] U.S. FOIA (b) (6) [redacted], U.S. FOIA (b) (6) [redacted], and regional staff were informed of the past non-compliance IJ situation.</p> <p>This deficient practice was evidenced by the following:</p>	F 689	<p>4. The Director of Nursing / Designee will review the 24 hr report weekly to ensure any residents with exit seeking behavior are identified and interventions are implemented x 4 weeks and monthly x 2 months. The results of the audits will be presented at the monthly QAPI.</p>	

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F 689	<p>Continued From page 26 Part A</p> <p>1. Review of a facility policy with a review date of 6/2023 titled, "Elopement" indicated under "Policy Interpretation and Implementation," section I . "Staff shall promptly report any resident who tries to leave the premises or is suspected of being missing to the Charge Nurse or Director of Nursing."</p> <p>The surveyor reviewed the electronic medical record (EMR) for Resident #353 which revealed the following:</p> <p>Review of the Admission Record for Resident #353 included diagnoses but were not limited to: NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1)), NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1)), and NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) .</p> <p>Review of a Comprehensive Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated NJ Ex Order 26.4(b)(1) , reflected the resident had a brief interview for mental status (BIMS) score of NJ out of 15, indicating that the resident had NJ Ex Order 26.4(b)(1) .</p> <p>Review of a Quarterly Minimum Data Set (MDS) dated NJ Ex Order 26.4(b)(1) , reflected that the facility documented the resident was NJ Ex Order 26.4(b)(1) and testing for a BIMS score was not performed.</p> <p>Review of a Quarterly Minimum Data Set (MDS) dated NJ Ex Order 26.4(b)(1) , reflected the facility documented under section NJ that the resident was able to NJ Ex Order 26.4(b)(1) -how resident NJ Ex Order 26.4(b)(1) and</p>	F 689			

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F 689	<p>Continued From page 27</p> <p>NJ Ex Order 26.4(b)(1) on the floor NJ Ex Order 26.4(b)(1) Limited assistance 2. NJ Ex Order 26.4(b)(1) person NJ Ex Order 26.4(b)(1)."</p> <p>A review of the physicians' orders revealed there were no physician orders for NJ Ex Order 26.4(b)(1) or NJ Ex Order 26.4(b)(1) risks for Resident #353.</p> <p>Review of an NJ Ex Order 26.4(b)(1) risk assessment dated NJ Ex Order 26.4(b)(1), indicated the resident scored a NJ Ex Order 26.4(b)(1) upon the assessment, indicating the resident was a NJ Ex Order 26.4(b)(1)</p> <p>Review of a nursing progress note (PN) dated NJ Ex Order 26.4(b)(1), documented that Resident # 353 was NJ Ex Order 26.4(b)(1) in the NJ Ex Order 26.4(b)(1) stating they NJ Ex Order 26.4(b)(1). The PN further indicated the resident's family member was present and the resident was NJ Ex Order 26.4(b)(1) by staff.</p> <p>Review of a PN dated NJ Ex Order 26.4(b)(1) at 5:12 AM, documented the resident was NJ Ex Order 26.4(b)(1) stating they were NJ Ex Order 26.4(b)(1). The resident was NJ Ex Order 26.4(b)(1) and would be monitored for NJ Ex Order 26.4(b)(1).</p> <p>Further review of the PNs, revealed documentation dated NJ Ex Order 26.4(b)(1) at 1:53 PM, indicating that Resident #353 was NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1). Resident #353 had to be NJ Ex Order 26.4(b)(1) from NJ Ex Order 26.4(b)(1) and was stating, NJ Ex Order 26.4(b)(1)."</p> <p>Review of the comprehensive care plan (CP) for Resident #353 initiated on NJ Ex Order 26.4(b)(1) indicated, "At risk for NJ Ex Order 26.4(b)(1) related to: Resident states NJ Ex Order 26.4(b)(1)". The documented interventions in the CP included: involving the resident in NJ Ex Order 26.4(b)(1), involving resident</p>	F 689		

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F 689	<p>Continued From page 28</p> <p>in NJ Ex Order 26.4(b)(1) regarding daily choices, the resident from NJ Ex Order 26.4(b)(1) shift to shift endorsement to NJ Ex Order 26.4(b)(1) resident especially during shift changes or when the resident NJ Ex Order 26.4(b)(1), "involving family when the resident starts to NJ Ex Order 26.4(b)(1) by having them call or visit (frequently when possible), encourage family to NJ Ex Order 26.4(b)(1), and evaluate the effect of NJ Ex Order 26.4(b)(1) with the resident's ability to NJ Ex Order 26.4(b)(1) in surroundings.</p> <p>Review of a PN dated [redacted] at 11:34 PM documented the following:</p> <ul style="list-style-type: none"> -At 4:10 PM, Resident #353 was [redacted] and seen sitting in the lobby downstairs. -At 5:00 PM, the assigned Licensed Practical Nurse (LPN) #5 received a call from the [redacted]-floor U.S. FOIA (b) (6) that the resident [redacted] and did not want to return upstairs. The resident's family members were called and stated they would come to see the resident. The resident then NJ Ex Order 26.4(b)(1). - At 7:00 PM, the resident's family members came, visited with the resident, and left the resident in their room. - At 8:00 PM, LPN #5 received a call from the receptionist that the resident was NJ Ex Order 26.4(b)(1). The receptionist NJ Ex Order 26.4(b)(1) Resident #353 NJ Ex Order 26.4(b)(1) and the resident was provided a snack. The resident was left in their room and did not NJ Ex Order 26.4(b)(1) to staff NJ Ex Order 26.4(b)(1). - At 8:53 PM, LPN #5 received a call from the front lobby that the resident had NJ Ex Order 26.4(b)(1) was initiated and the staff NJ Ex Order 26.4(b)(1). 	F 689			

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F 689	<p>Continued From page 29 for the resident.</p> <p>- At 9:05 PM the resident was [redacted] in no [redacted]. The nursing staff stayed with Resident #353 until emergency medical services (EMS). The resident was sent to the hospital emergency room (ER) for a [redacted].</p> <p>A PN dated [redacted] at 6:47 AM documented the resident was admitted to the hospital with a diagnosis of [redacted].</p> <p>Resident #353 did not return to the facility.</p> <p>A review of an investigation report completed by the facility indicated that Resident #353 had an actual [redacted] on [redacted] at 8:53 PM, and the investigation revealed the following:</p> <p>At 8:53 PM, Resident #353 was observed by a housekeeping staff [redacted] from their view from the [redacted] floor balcony. The housekeeping staff ran downstairs to inform the front desk. The facility's [redacted] was initiated, and staff started to [redacted] for the resident.</p> <p>At 9:05 PM, Resident #353 was [redacted], staff stayed with the resident until EMS arrived and brought the resident to the hospital for further [redacted]. The resident was [redacted] during initial assessment by facility staff and was admitted to the hospital with a diagnosis of [redacted].</p> <p>A review of a written statement dated [redacted], documented by LPN #5 indicated the [redacted] of where Resident #353 [redacted] which was</p>	F 689			

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F 689	<p>Continued From page 30</p> <p>NJ Ex Order 26.4(b)(1) adjacent to NJ Ex Order 26.4(b)(1).</p> <p>Interventions listed at time of the NJ Ex Order 26.4(b)(1) included:</p> <p>An investigation and a NJ Ex Order 26.4(b)(1) were initiated. The police were called at time of NJ Ex Order 26.4(b)(1). Immediate in-service education with the facility staff regarding NJ Ex Order 26.4(b)(1) was initiated. An employee was assigned to NJ Ex Order 26.4(b)(1).</p> <p>The summary and conclusion of the investigation included:</p> <p>The resident NJ Ex Order 26.4(b)(1). The resident was a NJ Ex Order 26.4(b)(1), a score of NJ Ex Order 26.4(b)(1) based on the NJ Ex Order 26.4(b)(1) assessment completed.</p> <p>The investigation further documented, "The door is NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1)) but a staff member deactivated the NJ Ex Order 26.4(b)(1) to access the NJ Ex Order 26.4(b)(1) area thus allowing the resident to NJ Ex Order 26.4(b)(1)."</p> <p>The NJ Ex Order 26.4(b)(1) was reported to the New Jersey Department of Health and the Ombudsman's office the day of the incident.</p> <p>On 4/18/24 at 11:56 AM, the surveyor interviewed the U.S. FOIA about the NJ Ex Order 26.4(b)(1) of Resident #353. The U.S. FOIA stated it was believed the NJ Ex Order 26.4(b)(1) was NJ Ex Order 26.4(b)(1) which left the NJ Ex Order 26.4(b)(1) and the resident was able to NJ Ex Order 26.4(b)(1). The U.S. FOIA stated there was NJ Ex Order 26.4(b)(1) and could not identify the last staff member who NJ Ex Order 26.4(b)(1). The U.S. FOIA explained that the NJ Ex Order 26.4(b)(1) was used by kitchen staff to access the NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) area.</p>	F 689		

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F 689	<p>Continued From page 31</p> <p>On 4/18/24 at 1:40 PM, the survey team met with the [U.S. FOIA (b) (1), U.S. FOIA (b) (7)(C)] and regional staff. The surveyor informed the facility of the concern for the [NJ Ex Order 26.4(b)(1)] and the resident exhibiting [NJ Ex C]. The [U.S. FOIA (b) (7)(C)] stated that the [NJ Ex Order 26.4(b)(1)] was believed to have malfunctioned, which led the [NJ Ex C] to remain [NJ Ex Order 26.4(b)(1)] and not [NJ Ex Order 26.4(b)(1)] at the time of the [NJ Ex Order 26.4(b)(1)]. The [U.S. FOIA (b) (7)(C)] confirmed that there was no [NJ Ex Order 26.4(b)(1)], and he could not determine which staff member last used the [NJ Ex C] prior to the resident's [NJ Ex Order 26.4(b)(1)]. The [U.S. FOIA (b) (7)(C)] added that there was 24-hour receptionist staff in the lobby.</p> <p>On 4/19/24 at 8:48 AM, the surveyor interviewed Receptionist #1 who was working in the lobby on the shift of the resident's [NJ Ex Order 26.4(b)(1)]. Receptionist #1 stated that he recalled the resident was [NJ Ex Order 26.4(b)(1)] in the afternoon prior to the [NJ Ex Order 26.4(b)(1)]. Receptionist #1 could not recall the specific time and stated the resident was [NJ Ex Order 26.4(b)(1)]. Receptionist #1 stated for the actual [NJ Ex Order 26.4(b)(1)] he recalled someone coming to the front desk informing him that the resident [NJ Ex Order 26.4(b)(1)], and he called to inform nursing staff. A [NJ Ex Order 26.4(b)(1)] was called and the [NJ Ex Order 26.4(b)(1)] for the resident began.</p> <p>On 4/19/24 at 12:15 PM, the surveyor interviewed the [U.S. FOIA (b) (6)] who stated there were no known issues with the [NJ Ex Order 26.4(b)(1)] prior to Resident #353's [NJ Ex Order 26.4(b)(1)].</p> <p>On 4/19/24 at 2:39 PM, the survey team met with the [U.S. FOIA (b) (1), U.S. FOIA (b) (7)(C)] and regional staff about the [NJ Ex Order 26.4(b)(1)] of Resident #353 and informed them of the IJ past non-compliance. The survey team</p>	F 689			

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F 689	<p>Continued From page 32</p> <p>informed the facility that the failure to ensure a NJ Ex Order 26.4(b)(1) and provide NJ Ex Order 26.4(b)(1) to Resident #353, who exhibited NJ Ex Order 26.4(b)(1), led up to the actual NJ Ex Order 26.4(b)(1) on NJ Ex Order 26.4(b)(1), resulted in an IJ situation.</p> <p>On 4/22/24 at 9:30 AM, the facility provided a copy of their corrective action plan that was developed and implemented beginning NJ Ex Order 26.4(b)(1), after Resident #353 NJ Ex Order 26.4(b)(1) from the facility. Review of the plan revealed the following actions taken on NJ Ex Order 26.4(b)(1).</p> <p>"... NJ Ex Order 26.4(b)(1) noted to NJ Ex Order 26.4(b)(1) on NJ Ex Order 26.4(b)(1). 24 hr. NJ Ex Order 26.4(b)(1) initiated ... NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) residents' policy was reviewed ...</p> <p>In-service education with all staff on Identification of Residents at Risk for NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) policies ...</p> <p>Daily NJ Ex Order 26.4(b)(1) checks initiated daily x 2 weeks and weekly thereafter ..."</p> <p>The plan further indicated ongoing education to staff regarding NJ Ex Order 26.4(b)(1) precautions and policies, NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) education, weekly inspection of NJ Ex Order 26.4(b)(1) and function; Quality assurance performance improvement project to review and interpret all audit findings.</p> <p>After conducting observations, interviews, record review and review of pertinent documents, the survey team verified the facility implemented all components of the action plan and the deficient practice was corrected on NJ Ex Order 26.4(b)(1) prior to the annual survey entrance.</p>	F 689			

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F 689	<p>Continued From page 33</p> <p>On 4/22/24 at 11:26 AM, the surveyor conducted a telephone interview with LPN #5 who stated Resident #353 was [redacted] with [redacted], NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1). LPN #5 stated for [redacted] and [redacted] risk residents, interventions included keeping [redacted], encouraging [redacted], performing [redacted] of the resident. LPN #5 further stated that in the afternoon prior to the resident's [redacted] she received a call from the [redacted] U.S. FOIA (b) (6) at the time that the resident was [redacted] and [redacted] NJ Ex Order 26.4(b)(1).</p> <p>LPN #5 explained she called the resident's family member who came to visit the resident and the resident agreed to [redacted] NJ Ex Order 26.4(b)(1). LPN #5 further stated she could only recall later that evening she received a phone call from Receptionist #1 who reported that the resident [redacted] NJ Ex Order 26.4(b)(1). She further explained a [redacted] NJ Ex Order 26.4(b)(1) was called and the [redacted] NJ Ex Order 26.4(b)(1) for the resident was initiated expanding [redacted] NJ Ex Order 26.4(b)(1).</p> <p>The [redacted] U.S. FOIA (b) (6) U.S. FOIA (b) (6) U.S. FOIA (b) (6) U.S. FOIA (b) (6) the resident's family member and police were called and made aware of the resident's [redacted] NJ Ex Order 26.4(b)(1) LPN #5 stated the resident was [redacted] NJ Ex Order 26.4(b)(1) by staff [redacted] NJ Ex Order 26.4(b)(1). The resident was [redacted] NJ Ex Order 26.4(b)(1).</p> <p>Part B</p> <p>2. On 4/15/24 at 12:58 PM, the surveyor reviewed the Facility Reported Event (FRE), which revealed Resident #355 had [redacted] NJ Ex Order 26.4(b)(1) from the facility on [redacted] NJ Ex Order 26.4(b)(1), and [redacted] NJ Ex Order 26.4(b)(1) due to Resident #355 being [redacted] NJ Ex Order 26.4(b)(1).</p>	F 689			

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F 689	<p>Continued From page 34</p> <p>On 4/15/24 at 1:15 PM, the surveyor reviewed the Admission Record (AR) for Resident #355 which reflected the resident was admitted to the facility on [redacted], with diagnoses that included but were not limited to [redacted], [redacted] and [redacted] NJ Ex Order 26.4(b)(1)</p> <p>A review of the Admission MDS dated [redacted], indicated the resident had a BIMS score of [redacted], indicating Resident #355 was [redacted].</p> <p>A review of the Order Summary report included a discontinued physician's order dated [redacted], which indicated, "Resident can [redacted] with responsible party from 8 AM to 8 PM."</p> <p>A review of Resident #355's care plan listed under the intervention section stated, [redacted] order discontinued (d/c), [redacted] were removed" with an initiated date of [redacted].</p> <p>On 4/16/24 at 12:10 PM, the surveyor reviewed the facility investigation report provided by the U.S. FOIA (b) (6). The facility investigation report revealed that on [redacted] at 7:15 PM, Resident #355 told the front desk receptionist he/she NJ Ex Order 26.4(b)(1). The receptionist did not verify with the nursing staff that Resident #355 was going [redacted]. At 8 PM during the medication pass, it was discovered Resident #355 [redacted] when his/her wheelchair was [redacted]. A search of the [redacted] was conducted, and the resident was [redacted]. The [redacted] police were contacted and informed of the issue. Facility staff were able to</p>	F 689			

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F 689	<p>Continued From page 35</p> <p>contact Resident #355 on [redacted] NJ Ex Order 26.4(b)(1) and the resident stated he/she was [redacted] NJ Ex Order 26.4(b)(1) in [redacted] NJ Ex Order 26.4(b) NJ Ex Order 26.4(b)(1) and would return to the facility at 3:00 AM. At 3:20 AM, the staff attempted to contact Resident #355, but their [redacted] NJ Ex Order 26.4(b)(1). At 7:00 AM on 8/18/23, a [redacted] NJ Ex Order 26.4(b) Police Officer arrived at the facility and informed the staff that they would go to the [name redacted] and return with Resident #355. Resident #355 was [redacted] NJ Ex Order 26.4(b) due to an [redacted] NJ Ex Order 26.4(b)(1) and did not return to the facility.</p> <p>On 4/16/24 at 01:04 PM, the surveyor conducted an interview with the [redacted] U.S. FOIA who stated the front desk receptionist should not have let Resident #355 [redacted] NJ Ex Order 26.4(b)(1) because all [redacted] NJ Ex Order 26.4(b) is supposed to take place on the [redacted] NJ Ex Order 26.4(b)(1) as per their policy. The receptionist should have also confirmed the [redacted] NJ Ex Order 26.4(b) with the nursing staff on the unit as per the facility policy. The [redacted] U.S. FOIA confirmed that Resident #355 [redacted] NJ Ex Order 26.4(b) privileges had been discontinued on [redacted] NJ Ex Order 26.4(b), related to a previous issue and the receptionist should have been informed of Resident #355 [redacted] NJ Ex Order 26.4(b) status.</p> <p>On 4/18/24 at 11:30 AM, the surveyor interviewed the 4th floor [redacted] U.S. FOIA (b) (6) [redacted] U.S. FOIA (b) (6). The [redacted] U.S. FOIA (b) (6) stated when a resident's [redacted] NJ Ex Order 26.4(b) privileges are suspended or discontinued, the facility has a team meeting to discuss the concern, the [redacted] U.S. FOIA (b) (6) meets with the resident to alert them of their [redacted] NJ Ex Order 26.4(b) status, the receptionist is alerted, and the resident's picture is added to the [redacted] NJ Ex Order 26.4(b)(1) sheet located at the front desk.</p> <p>On 4/18/24 at 12:47 PM, the surveyor interviewed</p>	F 689			

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F 689	<p>Continued From page 36</p> <p>Receptionist #2, who stated the [redacted] procedure is as follows, "when a resident comes to the receptionist desk to go [redacted] we call their unit to confirm they are allowed to [redacted]. The resident and responsible party sign out in the logbook and sign in upon [redacted]. The surveyor asked if a resident had their [redacted] privileges suspended are you alerted? Receptionist #2 stated, "In that event we are alerted by the U.S. FOIA (b) (6) U.S. FOIA (b) (6) or the [redacted] that a resident cannot go [redacted] and their picture is added to the [redacted] list." Receptionist #2 was asked if residents can [redacted] NJ Ex Order 26.4(b)(1) ? Receptionist #2 stated, "any residents who are [redacted] go out on the [redacted], which is the [redacted]."</p> <p>On 4/19/24 at 09:05 AM, the surveyor interviewed the U.S. FOIA (b) (6) who stated Resident #355 was made aware of their [redacted] privileges are [redacted] and understood why without issue. Resident #355's photo was added to [redacted] list at the reception desk.</p> <p>On 4/17/24 at 12:20 PM the U.S. FOIA (b) (6) [redacted] provided with surveyor with facilities policies titled, "Smoking Policy - Residents, Staff and Visitors" and "Out on Pass Policy" with a revision date of 10/2023. The smoking policy indicated under the policy interpretation and Implementation, 1. "Prior to admission and upon entry, Residents, Staff and Visitors shall be informed of the facility smoking policy, including designated smoking areas, times for residents and the extent to which the facility can accommodate their smoking or non-smoking preferences."</p>	F 689			

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

PRINTED: 07/26/2024
FORM APPROVED
OMB NO. 0938-0391

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F 689	Continued From page 37 Review of the Out of Pass policy indicated under the procedure 6. "Upon leaving the facility, the resident/responsible party will inform the Change Nurse and sign out on pass;" 8. "The resident/responsible party must sign in and out at the lobby desk;" and 10. "The nurse will notify security if a pass is rescinded." On 4/19/24 at 11:52 AM, the survey team met with the US FOIA (b)(6) , the US FOIA (b)(6) and US FOIA (b)(6) to discuss the above concerns. The US FOIA (b)(6) stated there was a breakdown in communication and facility policies with regards to Resident #355 NJ Exec Order 26-401 and in-services will be conducted. There was no further information provided.	F 689			
F 711 SS=D	NJAC 8:39-33.1(d) Physician Visits - Review Care/Notes/Order CFR(s): 483.30(b)(1)-(3) §483.30(b) Physician Visits The physician must- §483.30(b)(1) Review the resident's total program of care, including medications and treatments, at each visit required by paragraph (c) of this section; §483.30(b)(2) Write, sign, and date progress notes at each visit; and §483.30(b)(3) Sign and date all orders with the exception of influenza and pneumococcal vaccines, which may be administered per physician-approved facility policy after an assessment for contraindications.	F 711		5/24/24	

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F 711	<p>Continued From page 38</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to assure that the physician responsible for supervising the care of residents completed monthly progress notes. This deficient practice continued over several months for 5 of 31 residents reviewed, Resident #71, #142, #352, #138 and #63 reviewed for physician progress notes and current physician orders.</p> <p>This deficient practice was evidenced by the following:</p> <p>1. On 4/15/24 at 11:36 AM, the surveyor observed Resident #71 sitting in a wheelchair in their room. The resident was [redacted] and [redacted]. The surveyor reviewed the hybrid medical records of Resident #71 which revealed the following:</p> <p>Review of Resident #71 Admission Record (AR) reflected that Resident #18 was admitted to the facility with medical diagnoses that included but were not limited to [redacted], [redacted], [redacted] and [redacted].</p> <p>A review of Resident # 71's hybrid medical records revealed that from [redacted] to [redacted] the Primary Physician (Physician #1) had not written any monthly Medical Progress Notes (PN) in the electroronic or paper chart.</p> <p>On 4/17/24 at 10:40 AM, the [redacted] U.S. FOIA (b) (6) provided the surveyor team with a facility policy titled, "Physician Visits." with a revised date of April</p>	F 711	<p>1. Residents #71, #142, #353, #63 were affected by this deficient practice. The [redacted] US FOIA (b)(6) was given in-service to ensure that care of residents is documented timely and completed in the residents' progress notes monthly. The physician visited #71, #142, #352, #138, #63 and documented findings in EMR.</p> <p>2. All residents are at risk for same deficient practice.</p> <p>3. PCP are educated on documentations in residents progress notes timely</p> <p>4. Director of Nursing / Designee will conduct review of 10 residents' charts weekly x 4 weeks and then monthly x 2 months to Audit physician's documentation. compliance. Result of the audit will be reviewed in the quarterly QAPI meeting.</p>	

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F 711	<p>Continued From page 39</p> <p>2020. Under the policy interpretation and implementation section of the policy it states, 5. "The Attending Physician must perform relevant tasks at the time of each visit, including a review of the resident's total program of care and appropriate documentation."</p> <p>On 4/19/24 at 11:52 AM, the surveyor team met with the ^{U.S. FOIA (b) (6)} [REDACTED], ^{U.S. FOIA (b) (6)} [REDACTED] and ^{U.S. FOIA (b) (6)} [REDACTED] with discuss concerns. The ^{U.S. FOIA (b) (6)} [REDACTED] stated the Physician #1 should be documenting on their residents at the time of visit, they have spoken the Physician # and provided an in-service on timely documentation.</p> <p>On 4/23/24 at 10:29 AM, the surveyor team conducted a phone interview with Physician #1. Physician #1 stated, he sees the residents' multiple times per week at the facility but does not always put his notes in the computer but will write handwritten notes in the physical chart. Physician #1 further stated, he needs to document more in the electronic chart, and agreed that most of his resident visits were not documented."</p> <p>On 4/23/24 at 12:10 PM, the surveyor team met with the ^{U.S. FOIA (b) (6)} [REDACTED], ^{U.S. FOIA (b) (6)} [REDACTED] and ^{U.S. FOIA (b) (6)} [REDACTED]. No further comments made regarding physician visit documentation.</p> <p>2. On 4/18/24 at 9:45 AM, the surveyor reviewed Resident #142's hybrid medical record which revealed that the resident's physician only documented one visit which was dated ^{NJ Ex Order 26.4(b)(1)} [REDACTED]. There was not a documented physician's visit for Resident #142's admission and subsequent monthly visit for ^{NJ Ex Order 26.4(b)(1)} [REDACTED] and ^{NJ Ex Order 26.4(b)(1)} [REDACTED].</p>	F 711			

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F 711	<p>Continued From page 40</p> <p>On 4/18/24 at 9:47 AM, the surveyor interviewed the U.S. FOIA (b) (6) of the second floor unit. The U.S. FOIA (b) (6) stated that Resident #142's physician visited residents a couple times a week but that she did not know how often the physician would write a note regarding the visit. She added that the physician would document the notes in the electronic medical record.</p> <p>On 4/18/24 at 12:44 PM, the surveyor interviewed the U.S. FOIA (b) (6) regarding physician visits. The U.S. FOIA (b) (6) stated that the physician should write a note monthly. He added that Resident #142's physician did not have a partner or any other staff that would have written a note.</p> <p>On 4/18/24 at 01:16 PM, in the presence of the survey team, the surveyor told the U.S. FOIA (b) (6), U.S. FOIA (b) (6), and U.S. FOIA (b) (6) the concern that Resident #142's physician did not have any documented visits prior to U.S. FOIA (b) (6).</p> <p>On 4/19/24 at 12:00 PM, in the presence of the survey team, the U.S. FOIA (b) (6) stated that there was no other documentation by Resident #142's physician and that there should have been.</p> <p>3. On 4/22/24 at 12:23 PM, the surveyor reviewed Resident #352's hybrid medical records. The resident was discharged from the facility on NJ Ex Order 26.4(b)(1).</p> <p>The Admission Record (AR) documented that Resident #352 had diagnoses that included but were not limited, NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1).</p>	F 711			

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F 711	<p>Continued From page 41</p> <p>A review of the physician progress notes (PN), revealed there were no notes written by Physician #1 from [NJ Ex Order 26.4(b)(1)] to [NJ Ex Order 26.4(b)(1)].</p> <p>4. On [NJ Ex Order 26.4(b)(1)] at 12:00 PM, the surveyor reviewed Resident #138's hybrid medical records.</p> <p>The Admission Record (AR) documented that Resident #138 had diagnoses that included but were not limited, [NJ Ex Order 26.4(b)(1)], [NJ Ex Order 26.4(b)(1)] and [NJ Ex Order 26.4(b)(1)].</p> <p>A review of the physician progress notes (PN), revealed there were no notes written by Physician #1 from [NJ Ex Order 26.4(b)(1)] to [NJ Ex Order 26.4(b)(1)].</p> <p>5. On 4/16/24 at 12:00 PM, the surveyor reviewed Resident #63's hybrid medical records.</p> <p>The Admission Record (AR) documented that Resident #138 had diagnoses that included but were not limited [NJ Ex Order 26.4(b)(1)] [NJ Ex Order 26.4(b)(1)] and [NJ Ex Order 26.4(b)(1)] [NJ Ex Order 26.4(b)(1)] [NJ Ex Order 26.4(b)(1)] and [NJ Ex Order 26.4(b)(1)] [NJ Ex Order 26.4(b)(1)].</p> <p>A review of the PN, revealed there were no notes written by Physician #1 from [NJ Ex Order 26.4(b)(1)] to [NJ Ex Order 26.4(b)(1)].</p> <p>On 4/17/24 at 11:34 AM, the surveyor interviewed LPN/UM #2 about PN. LPN/UM #2 stated Physician #1 did not work with a nurse practitioner and documented in the electronic medical record (EMR).</p> <p>On 4/18/24 at 10:53 AM, the surveyor interviewed the [U.S. FOIA (b)] who stated Physician #1 documented in the EMR. The [U.S. FOIA (b)] reviewed the EMR of</p>	F 711			

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F 711	<p>Continued From page 42</p> <p>Resident #138 and Resident #63. The [U.S. FOIA (b)] could not find PNs by Physician #1 who was the residents' primary physician. The [U.S. FOIA (b)] stated she would follow up to provide further information.</p> <p>On 4/18/24 at 1:40 PM, the survey team met with the [U.S. FOIA (b)] [U.S. FOIA (b)] and regional staff. The surveyor informed them of the concern of Resident #138 and Resident #63 not having any PN by their primary physician.</p> <p>On 4/19/24 at 9:13 AM, the surveyor interviewed the [U.S. FOIA (b) (6)] who stated it was expected for physician visits at least monthly and every two months when alternating visits with a nurse practitioner or physician assistant. The [U.S. FOIA (b) (6)] [U.S. FOIA (b) (6)] acknowledged it would be expected for physicians to document upon visiting residents.</p> <p>On 4/19/24 at 11:53 AM, the survey team met with the [U.S. FOIA (b)] [U.S. FOIA (b)] and [U.S. FOIA (b) (6)]. The [U.S. FOIA (b)] stated Physician #1 was in-serviced about documentation. The facility provided a PN that Physician #1 completed yesterday for [NJ Ex Order 26.4(b)(1)]. There was no additional information provided by the facility.</p> <p>On 4/23/24 at 10:32 AM, the survey team interviewed Physician #1 over the phone who stated physicians were required to visit residents at least once a month and he visited his residents in the facility 3-4 times a week. Physician #1 stated when visiting, he wrote PN, but would handwrite notes sometimes when computers were not available. Physician #1 further explained he would put it in the resident's paper chart and that it should be there. The surveyor informed Physician #1 there were no notes found in the paper chart of the residents identified and the</p>	F 711			

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F 711	Continued From page 43 facility did not provide any additional documentation. Physician #1 could not speak to why there were no PN for the residents identified. Physician #1 stated he understood the importance of completing PNs as it shows he is reviewing the residents' plan of care and visiting the residents.	F 711			
F 761 SS=D	NJAC 8:39-23.2(b)(d) Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced	F 761		5/24/24	

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F 761	<p>Continued From page 44</p> <p>by:</p> <p>Based on observation, interview, and record review it was determined that the facility failed to properly store and accurately label medications found during the initial unit inspection. This deficient practice was observed for 1 of 3 facility units examined, as evidenced by the following:</p> <p>On 4/15/24 at 12:50 PM, the surveyor inspected the NJ Ex Order 26.4(b)(1) floor low medication cart. Within the low medication cart the surveyor observed an opened NJ Ex Order 26.4(b)(1) that was not labeled. Further examination of the bottle of NJ Ex Order 26.4(b)(1) revealed that the bottle did not have any documentation of a date or time the bottle was opened. Inspection of the bottle of NJ Ex Order 26.4(b)(1) indicated on the label, "Store in refrigerator after opening." and "Discard opened vial after 96 hours."</p> <p>The surveyor interviewed the NJ Ex Order 26.4(b)(1) floor UM/LPN#1 who stated that it might belong to Resident #146 who does have an order for NJ Ex Order 26.4(b)(1). The UM/LPN#1 confirmed that the medication should not have been stored without a label, date/time opened.</p> <p>Review of the facility Admission Sheet for Resident #146 revealed that the resident was admitted to the facility with diagnoses which included but were not limited to NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1).</p> <p>A review of Resident #146's Comprehensive Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated NJ Ex Order 26.4(b)(1), reflected that Resident #86 had a BIMS score of NJ Ex Order 26.4(b)(1) out of 15, indicating an NJ Ex Order 26.4(b)(1).</p>	F 761	<ol style="list-style-type: none"> 1. No residents were affected by this deficient practice. The unlabeled/ undated/ untimed NJ Ex Order 26.4(b)(1) was discarded. 2. All residents are at risk of being affected by this deficient practice. 3. The nurses were immediately in serviced on proper storing and labeling of drugs in accordance with appropriate cautionary instructions, and expiration date. 4. The unit manager/ Designee will audit 5 drugs and biologicals weekly x4 weeks then monthly x 2 months. The result of the audit will be reviewed during the QAPI meeting. 		

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F 761	Continued From page 45 NJ Ex Order 26.4(b)(1) The surveyor reviewed the NJ Ex Order 26.4(b)(1) electronic medication administration record (eMAR) which documented a Physician's order (PO) dated NJ Ex Order 26.4(b)(1) for NJ Ex Order 26.4(b)(1) every 6 hours for NJ Ex Order 26.4(b)(1) On 4/15/24 at 1:30 PM, the surveyor discussed the unlabeled, undated/untimed NJ Ex Order 26.4(b)(1) with the U.S. FOIA (b) (6) who could not explain why the medication was stored this way. No further information was provided.	F 761			
F 791 SS=D	NJAC 8:39- 29.4(b)2 Routine/Emergency Dental Srvcs in NFs CFR(s): 483.55(b)(1)-(5) §483.55 Dental Services The facility must assist residents in obtaining routine and 24-hour emergency dental care. §483.55(b) Nursing Facilities. The facility- §483.55(b)(1) Must provide or obtain from an outside resource, in accordance with §483.70(g) of this part, the following dental services to meet the needs of each resident: (i) Routine dental services (to the extent covered under the State plan); and (ii) Emergency dental services; §483.55(b)(2) Must, if necessary or if requested, assist the resident- (i) In making appointments; and (ii) By arranging for transportation to and from the	F 791		5/24/24	

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F 791	<p>Continued From page 46 dental services locations;</p> <p>§483.55(b)(3) Must promptly, within 3 days, refer residents with lost or damaged dentures for dental services. If a referral does not occur within 3 days, the facility must provide documentation of what they did to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that led to the delay;</p> <p>§483.55(b)(4) Must have a policy identifying those circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility; and</p> <p>§483.55(b)(5) Must assist residents who are eligible and wish to participate to apply for reimbursement of dental services as an incurred medical expense under the State plan. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to provide the mandatory annual ^{NJ Ex Order 26.4(b)(1)} care services. This deficient practice was observed for 1 of 31 residents reviewed for ^{NJ Ex Order 26.4(b)(1)} care services, Resident #56, as evidenced by the following: On 04/15/24 12:27 PM, the surveyor observed the resident in bed, ^{NJ Ex Order 26.4(b)(1)} and ^{NJ Ex Order 26.4(b)(1)}</p> <p>A review of the Admission Record for Resident #56 reflected that the resident was admitted to the facility with diagnoses that included but not limited to ^{NJ Ex Order 26.4(b)(1)} NJ Ex Order 26.4(b)(1)</p>	F 791	<ol style="list-style-type: none"> 1. Resident # 56 was affected by this deficient practice. Resident #56 was scheduled for a ^{NJ Ex Order 26.4(b)(1)} on 5/1/2024. 2. All residents are at risk for the same deficient practice. 3. The nurses and managers were in-serviced to ensure residents receive the annual and emergency dental services. 4. DON/Designee will audit 5 residents weekly x4 weeks then 5 residents monthly x 2 months. The result of the audit will be reviewed during the QAPI meeting monthly. 		

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F 812	<p>Continued From page 48</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of facility policies, it was determined that the facility failed to maintain proper kitchen sanitation practices as well as store potentially hazardous foods in a manner to prevent food borne illness.</p> <p>This deficient practice was observed and evidenced by the following:</p> <p>On 4/15/24 at 09:21 AM, the surveyor in the presence of the entered the U.S. FOIA (b) (6) observed the following during the kitchen tour:</p> <p>1. During the kitchen inspection, the surveyor observed inside walk-in freezer, multiple boxed items stacked above 18 inches from ceiling. U.S. FOIA (b) (6) stated he will do rearrange the boxes, so they are stored below the 18 inches from the ceiling.</p>	F 812	<p>1. No residents were affected by this deficient practice. The ground pork was discarded at the time of the deficient practice. U.S. FOIA (b) (6) was immediately in-serviced on disinfection of thermometer prior to taking a temperature.</p> <p>2. All residents have the potential to be affected by this deficient practice.</p> <p>3. U.S. FOIA (b) (6) educated kitchen staff on disinfection of thermometer prior to taking temperature.</p> <p>4. Food Service Director / Designee will conduct an audit weekly to ensure staff are disinfecting temperature probe x 4 weeks and then monthly.</p>		

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F 812	<p>Continued From page 49</p> <p>2. On 4/16/24 at 10:38 AM, during the lunch meal preparation, the surveyor observed the (U.S. FOIA (b) (6)), check the temperature of ground pork with a non-disinfected thermometer. The (U.S. FOIA (b) (6)) had given the thermometer to the (U.S. FOIA (b) (6)) who opened the thermometer probe and inserted the thermometer into the ground pork without disinfecting. The surveyor asked the (U.S. FOIA (b) (6)) why they did not disinfect the thermometer prior to checking the temperature of the ground pork, the chef stated, "I thought the (U.S. FOIA (b) (6)) disinfected the thermometer." The (U.S. FOIA (b) (6)) stated, "this was my fault, I should have told the (U.S. FOIA (b) (6)) to disinfect the thermometer prior to checking the food temperatures. We will discard the ground pork, because we contaminated the product."</p> <p>On 4/18/24 at 12:52 PM, the (U.S. FOIA (b) (6)) provided the surveyor with multiple facility policies including Food Receivable and Storage Policy and Kitchen Cleaning Policy both with a revised date of February 2024. The Food Receivable and Storage Policy states under the procedure section, 5. "Store all items at least 6" off the floor, 18" from ceiling and away from refrigerator, freezer, and dry storage area walls." The Kitchen Cleaning Policy states under the procedure section, "All equipment used in the handling of food shall be cleaned and sanitized and handled in a manner to prevent contamination."</p> <p>On 4/19/24 at 11:52 AM, the surveyor team met with the (U.S. FOIA (b) (6)), (U.S. FOIA (b) (6)), (U.S. FOIA (b) (6)) and (U.S. FOIA (b) (6)) with discuss concerns. The (U.S. FOIA (b) (6)) agreed that the (U.S. FOIA (b) (6)) had made a mistake by not disinfecting the food thermometer prior to checking the food</p>	F 812			

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F 812	Continued From page 50 temperatures and all stored items in the freezer must below stored below 18 inches from the ceiling. The [REDACTED] further stated that the [REDACTED] has conducted an in-service with his staff for both kitchen concerns. No further comments made.	F 812			
F 880 SS=D	NJAC 8:39-17.2(g) 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 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 §483.70(e) 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	F 880		5/24/24	

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F 880	<p>Continued From page 51</p> <p>possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility 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</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§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 observation, interview, and record</p>	F 880	1. No residents were affected by this		

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F 880	<p>Continued From page 52</p> <p>review, it was determined that the facility failed to maintain proper NJ Ex Order 26.4(b)(1) practices to mitigate the spread of NJ Ex Order 26.4(b)(1) for 2 of 3 Nurses observed during medication administration, and NJ Ex Order 26.4(b)(1) observed during NJ Ex Order 26.4(b)(1) treatment. The deficient practice was observed on 2 (NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) floor) out of 3 nurses observed during medpass or facility floors during medication administration observation.</p> <p>This deficient practice was evidenced by the following:</p> <ol style="list-style-type: none"> On 4/18/24 at 8:39 AM, the surveyor observed medication administration (med pass) performed on the NJ Ex Order 26.4(b)(1) floor, performed by a Licensed Practical Nurse (LPN) #3. The State Surveyor observed LPN#3 put his soapy hands immediately under the running water without scrubbing away from the water first. <p>LPN#3 could not explain why he did not scrub his soapy hands away from the running water prior to rinsing the soap off.</p> <ol style="list-style-type: none"> On 4/18/23 at 8:52 AM, the surveyor observed med pass performed on the NJ Ex Order 26.4(b)(1) floor, performed by LPN#4. The State Surveyor observed LPN#4 scrub her soapy hands for 5 seconds away from the water before rinsing them clean. <p>LPN#4 could not explain why she did not scrub her soapy hands away from the running water for 20 seconds prior to rinsing the soap off.</p> <p>Review of Handwashing/Hand Hygiene Policy documented, "The facility considers hand hygiene the primary means to prevent the spread of infections." Documented under "Procedure",</p>	F 880	<p>deficient practice. LPNs #3 and LPN #4 were immediately in-serviced on proper handwashing.</p> <ol style="list-style-type: none"> All residents have the potential to be affected by this deficient practice. Director of Nursing / Designee in-serviced all staff on proper handwashing, Director of Nursing / Designee will observe 10 staff members weekly x 4 weeks and then monthly x 2 months to ensure proper handwashing. The results of the audits will be presented at the monthly QAPI. 		

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

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FORM APPROVED
OMB NO. 0938-0391

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F 880	<p>Continued From page 53</p> <p>under "Washing Hands 1. Vigorously lather hands with soap and rub them together, creating friction to all surfaces, for a minimum of 20 seconds. 2. Rinse hands thoroughly under running water."</p> <p>On 4/18/23 at 11:52 AM, the surveyor met with the U.S. FOIA (b) (6), and the U.S. FOIA (b) (6) to discuss medpass. Medpass evaluations of LPN#2, 3/27/24 and LPN#3 2/6/24 were provided that showed requirements met during the evaluation. No further information was provided to explain the deficient practice during observation of hand washing.</p> <p>NJAC 8:39 - 19.4(a)</p>	F 880			

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 04/23/2024
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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: Complaint #NJ165064 Complaint #NJ167260 Complaint #NJ167255 Complaint #NJ170551 Complaint #NJ167044 Complaint #NJ169248 Based on observation, interview, and 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. This deficient practice was evidenced by the following: Reference: NJ State requirement, CHAPTER 112. An Act concerning staffing requirements for	S 560	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 full-time workforce were scheduled to meet minimum staff to resident ratios. DON/ Designee to in-service Staffing Coordinator on appropriate staffing levels. The facility has advised opening jobs through online recruitment platforms as well as traditional recruitment firms. The facility has conducted job fairs and has contracts with nursing staffing agencies. 4. DON/ Designee will audit staffing weekly x4 weeks then monthly x 3 months. The results of the audit will be	5/24/24

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

Electronically Signed

TITLE

(X6) DATE

05/16/24

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 04/23/2024
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NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT FAIR LAWN EDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 77 EAST 43RD STREET PATERSON, NJ 07514
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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
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S 560	<p>Continued From page 1</p> <p>nursing homes and supplementing Title 30 of the Revised Statutes.</p> <p>Be It Enacted by the Senate and General Assembly of the State of New Jersey: C.30:13-18 Minimum staffing requirements for nursing homes effective 2/1/21.</p> <p>1. a. Notwithstanding any other staffing requirements as may be established by law, every nursing home as defined in section 2 of P.L.1976, c.120 (C.30:13-2) or licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall maintain the following minimum direct care staff -to-resident ratios:</p> <p>(1) one certified nurse aide to every eight residents for the day shift;</p> <p>(2) 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 staff member shall be signed in to work as a certified nurse aide and shall perform certified nurse aide duties; and</p> <p>(3) 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 and perform certified nurse aide duties</p> <p>b. Upon any expansion of resident census by the nursing home, the nursing home shall be exempt from any increase in direct care staffing ratios for a period of nine consecutive shifts from the date of the expansion of the resident census.</p> <p>c. (1) The computation of minimum direct care staffing ratios shall be carried to the hundredth place.</p> <p>(2) If the application of the ratios listed in subsection a. of this section results in other than a whole number of direct care staff, including certified nurse aides, for a shift, the number of required direct care staff members shall be</p>	S 560	reviewed in the QAPI meeting monthly.	
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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 04/23/2024
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NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT FAIR LAWN EDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 77 EAST 43RD STREET PATERSON, NJ 07514
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S 560	<p>Continued From page 2</p> <p>rounded to the next higher whole number when the resulting ratio, carried to the hundredth place, is fifty-one hundredths or higher.</p> <p>(3) All computations shall be based on the midnight census for the day in which the shift begins.</p> <p>d. Nothing in this section shall be construed to affect any minimum staffing requirements for nursing homes as may be required by the Commissioner of Health for staff other than direct care staff, including certified nurse aides, or to restrict the ability of a nursing home to increase staffing levels, at any time, beyond the established minimum ...</p> <p>A review of "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report" for 7 segment dates that related to the standard survey and complaints revealing the following:</p> <p>1. For the week of Complaint staffing from 06/11/2023 to 06/17/2023, the facility was deficient in CNA staffing on 7 of 7 day shifts as follows:</p> <p>-06/11/23 had 9 CNAs for 131 residents on the day shift, required at least 16 CNAs. -06/12/23 had 11 CNAs for 131 residents on the day shift, required at least 16 CNAs. -06/13/23 had 13 CNAs for 131 residents on the day shift, required at least 16 CNAs. -06/14/23 had 9 CNAs for 131 residents on the day shift, required at least 16 CNAs. -06/15/23 had 10 CNAs for 131 residents on the day shift, required at least 16 CNAs. -06/16/23 had 8 CNAs for 132 residents on the day shift, required at least 16 CNAs. -06/17/23 had 14 CNAs for 132 residents on the day shift, required at least 16 CNAs.</p>	S 560		

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 04/23/2024
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NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT FAIR LAWN EDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 77 EAST 43RD STREET PATERSON, NJ 07514
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S 560	<p>Continued From page 3</p> <p>2. For the week of Complaint staffing from 07/23/2023 to 07/29/2023, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows:</p> <p>-07/23/23 had 9 CNAs for 147 residents on the day shift, required at least 18 CNAs. -07/24/23 had 15 CNAs for 147 residents on the day shift, required at least 18 CNAs. -07/25/23 had 14 CNAs for 147 residents on the day shift, required at least 18 CNAs. -07/26/23 had 17 CNAs for 147 residents on the day shift, required at least 18 CNAs. -07/27/23 had 15 CNAs for 157 residents on the day shift, required at least 19 CNAs. -07/28/23 had 12 CNAs for 151 residents on the day shift, required at least 19 CNAs. -07/29/23 had 14 CNAs for 151 residents on the day shift, required at least 19 CNAs.</p> <p>3. For the 2 weeks of Complaint staffing from 08/27/2023 to 09/09/2023, the facility was deficient in CNA staffing for residents on 9 of 14 day shifts as follows:</p> <p>-08/27/23 had 15 CNAs for 150 residents on the day shift, required at least 19 CNAs. -08/28/23 had 12 CNAs for 150 residents on the day shift, required at least 19 CNAs. -08/29/23 had 16 CNAs for 150 residents on the day shift, required at least 19 CNAs. -08/31/23 had 18 CNAs for 150 residents on the day shift, required at least 19 CNAs. -09/01/23 had 16 CNAs for 147 residents on the day shift, required at least 18 CNAs. -09/03/23 had 12 CNAs for 146 residents on the day shift, required at least 18 CNAs. -09/06/23 had 13 CNAs for 146 residents on the</p>	S 560		

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 04/23/2024
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NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT FAIR LAWN EDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 77 EAST 43RD STREET PATERSON, NJ 07514
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S 560	<p>Continued From page 4</p> <p>day shift, required at least 18 CNAs. -09/08/23 had 14 CNAs for 145 residents on the day shift, required at least 18 CNAs. -09/09/23 had 16 CNAs for 145 residents on the day shift, required at least 18 CNAs.</p> <p>4. For the 2 weeks of Complaint staffing from 10/22/2023 to 11/04/2023, the facility was deficient in CNA staffing for residents on 11 of 14 day shifts as follows:</p> <p>-10/22/23 had 18 CNAs for 153 residents on the day shift, required at least 19 CNAs. -10/23/23 had 12 CNAs for 152 residents on the day shift, required at least 19 CNAs. -10/24/23 had 17 CNAs for 151 residents on the day shift, required at least 19 CNAs. -10/25/23 had 18 CNAs for 151 residents on the day shift, required at least 19 CNAs. -10/27/23 had 17 CNAs for 150 residents on the day shift, required at least 19 CNAs.</p> <p>-10/29/23 had 16 CNAs for 150 residents on the day shift, required at least 19 CNAs. -10/30/23 had 15 CNAs for 149 residents on the day shift, required at least 19 CNAs. -11/01/23 had 18 CNAs for 149 residents on the day shift, required at least 19 CNAs. -11/02/23 had 18 CNAs for 149 residents on the day shift, required at least 19 CNAs. -11/03/23 had 18 CNAs for 149 residents on the day shift, required at least 19 CNAs. -11/04/23 had 17 CNAs for 152 residents on the day shift, required at least 19 CNAs.</p> <p>5. For the week of Complaint staffing from 11/12/2023 to 11/18/2023, the facility was deficient in CNA staffing for residents on 6 of 7 day shifts as follows:</p>	S 560		

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 04/23/2024
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NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT FAIR LAWN EDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 77 EAST 43RD STREET PATERSON, NJ 07514
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S 560	<p>Continued From page 5</p> <p>-11/12/23 had 13 CNAs for 150 residents on the day shift, required at least 19 CNAs.</p> <p>-11/13/23 had 16 CNAs for 150 residents on the day shift, required at least 19 CNAs.</p> <p>-11/14/23 had 17 CNAs for 150 residents on the day shift, required at least 19 CNAs.</p> <p>-11/16/23 had 17 CNAs for 150 residents on the day shift, required at least 19 CNAs.</p> <p>-11/17/23 had 18 CNAs for 150 residents on the day shift, required at least 19 CNAs.</p> <p>-11/18/23 had 17 CNAs for 150 residents on the day shift, required at least 19 CNAs.</p> <p>6. For the 3 weeks of Complaint staffing from 01/14/2024 to 02/03/2024, the facility was deficient in CNA staffing for residents on 16 of 21 day shifts as follows:</p> <p>-01/14/24 had 14 CNAs for 151 residents on the day shift, required at least 19 CNAs.</p> <p>-01/15/24 had 12 CNAs for 148 residents on the day shift, required at least 18 CNAs.</p> <p>-01/16/24 had 14 CNAs for 148 residents on the day shift, required at least 18 CNAs.</p> <p>-01/18/24 had 17 CNAs for 148 residents on the day shift, required at least 18 CNAs.</p> <p>-01/20/24 had 14 CNAs for 146 residents on the day shift, required at least 18 CNAs.</p> <p>-01/21/24 had 12 CNAs for 146 residents on the day shift, required at least 18 CNAs.</p> <p>-01/22/24 had 15 CNAs for 146 residents on the day shift, required at least 18 CNAs.</p> <p>-01/24/24 had 17 CNAs for 146 residents on the day shift, required at least 18 CNAs.</p> <p>-01/27/24 had 13 CNAs for 146 residents on the day shift, required at least 18 CNAs.</p> <p>-01/28/24 had 16 CNAs for 152 residents on the day shift, required at least 19 CNAs.</p>	S 560		

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 04/23/2024
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NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT FAIR LAWN EDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 77 EAST 43RD STREET PATERSON, NJ 07514
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S 560	<p>Continued From page 6</p> <p>-01/29/24 had 11 CNAs for 152 residents on the day shift, required at least 19 CNAs.</p> <p>-01/30/24 had 14 CNAs for 152 residents on the day shift, required at least 19 CNAs.</p> <p>-01/31/24 had 18 CNAs for 152 residents on the day shift, required at least 19 CNAs.</p> <p>-02/01/24 had 16 CNAs for 152 residents on the day shift, required at least 19 CNAs.</p> <p>-02/02/24 had 15 CNAs for 152 residents on the day shift, required at least 19 CNAs.</p> <p>-02/03/24 had 14 CNAs for 152 residents on the day shift, required at least 19 CNAs.</p> <p>7. For the 2 weeks of staffing prior to survey from 03/31/2024 to 04/13/2024, the facility was deficient in CNA staffing for residents on 11 of 14 day shifts and deficient in total staff for residents on 1 of 14 overnight shifts as follows:</p> <p>-03/31/24 had 12 CNAs for 151 residents on the day shift, required at least 19 CNAs.</p> <p>-03/31/24 had 10 total staff for 151 residents on the overnight shift, required at least 11 total staff.</p> <p>-04/01/24 had 14 CNAs for 151 residents on the day shift, required at least 19 CNAs.</p> <p>-04/02/24 had 18 CNAs for 149 residents on the day shift, required at least 19 CNAs.</p> <p>-04/03/24 had 17 CNAs for 149 residents on the day shift, required at least 19 CNAs.</p> <p>-04/04/24 had 15 CNAs for 149 residents on the day shift, required at least 19 CNAs.</p> <p>-04/05/24 had 13 CNAs for 149 residents on the day shift, required at least 19 CNAs.</p> <p>-04/06/24 had 13 CNAs for 150 residents on the day shift, required at least 19 CNAs.</p> <p>-04/07/24 had 14 CNAs for 150 residents on the day shift, required at least 19 CNAs.</p> <p>-04/08/24 had 13 CNAs for 150 residents on the day shift, required at least 19 CNAs.</p>	S 560		

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 04/23/2024
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S 560	<p>Continued From page 7</p> <p>-04/09/24 had 18 CNAs for 150 residents on the day shift, required at least 19 CNAs.</p> <p>-04/13/24 had 17 CNAs for 154 residents on the day shift, required at least 19 CNAs.</p> <p>On 4/23/24 at 10:14 AM, the surveyor discussed the staffing ratio concerns with the Licensed Nursing Home Administrator (LNHA), Director of Nursing, Director of Clinical Service and Vice President of Operations. The LNHA replied, "we're trying very hard to meet the daily facility staffing needs required." The LNHA added, "we're continuously working on improving the staffing issue."</p>	S 560		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315331	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 6/19/2024	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 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 F0658	Correction	ID Prefix F0686	Correction	ID Prefix F0689	Correction
Reg. # 483.21(b)(3)(i)	Completed	Reg. # 483.25(b)(1)(i)(ii)	Completed	Reg. # 483.25(d)(1)(2)	Completed
LSC	05/17/2024	LSC	05/24/2024	LSC	05/24/2024
ID Prefix F0711	Correction	ID Prefix F0761	Correction	ID Prefix F0791	Correction
Reg. # 483.30(b)(1)-(3)	Completed	Reg. # 483.45(g)(h)(1)(2)	Completed	Reg. # 483.55(b)(1)-(5)	Completed
LSC	05/24/2024	LSC	05/24/2024	LSC	05/24/2024
ID Prefix F0812	Correction	ID Prefix F0880	Correction	ID Prefix	Correction
Reg. # 483.60(i)(1)(2)	Completed	Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. #	Completed
LSC	05/24/2024	LSC	05/24/2024	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 4/23/2024

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 706000	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 6/19/2024
Y1	Y2	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 _____	05/24/2024	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 4/23/2024

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: 315331	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/23/2024
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	
E 000	Initial Comments	E 000			
K 000	<p>An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH) on 04/23/24. The facility was found to be in compliance with 42 CFR 483.73.</p> <p>INITIAL COMMENTS</p> <p>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 04/23/24 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.</p> <p>Complete Care at Fair Lawn Edge is a four-story building built in 1985. It is composed of Type II protected construction. The facility is divided into 11 - smoke zones. The generator does approximately 30 % of the building per the Maintenance Director. The current occupied beds are 150 of 179.</p>	K 000			
K 353 SS=F	<p>Sprinkler System - Maintenance and Testing CFR(s): NFPA 101</p> <p>Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily</p>	K 353		5/24/24	

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

TITLE

(X6) DATE

Electronically Signed

05/16/2024

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: 315331	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/23/2024
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	
K 353	<p>Continued From page 1 available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review, the facility failed to ensure the five-year internal obstruction inspection was conducted on the Automatic Sprinkler System accordance with NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water Based Fire Protection Systems (2011 Edition) section 14.2.1.1. This deficient practice had the potential to affect all 150 residents who resided at the facility.</p> <p>Findings include:</p> <p>A review of the facility's "Fire Sprinkler Inspection Reports," from 2023 to 2024 revealed the NJ Ex Order 26.4(b)(1) informed the facility that an internal obstruction inspection was needed on the automatic sprinkler system every five-years.</p> <p>An observation on 04/23/24 at 12:07 PM revealed no five-year obstruction inspection tag on the automatic sprinkler system.</p> <p>During an interview at the time of the observation, the US FOIA (b)(6) confirmed the internal obstruction inspection was not completed on the</p>	K 353	<ol style="list-style-type: none"> 1. No Residents were affected by this deficient practice. Fire and Safety vendor notified to perform internal obstruction inspection of _____ system. 2. All residents have the potential to be affected by the same deficient practice. 3. On 4/30/24, Fire and Safety vendor performed full service and internal inspection of automatic wet sprinkler system. No obstructions or leaks were found. Wet Sprinkler System is functioning properly. US FOIA (b)(6) _____ educated of requirement to perform internal obstruction inspection at least every 5 years. Future internal wet sprinkler system inspections have been scheduled with Fire and Safety vendor, with a frequency not to exceed 5 years. 4. Maintenance Director will maintain a binder of Sprinkler System Service Reports for all work performed on Sprinkler System. Maintenance Director 		

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

PRINTED: 07/26/2024
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 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/23/2024
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT FAIR LAWN EDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 77 EAST 43RD STREET PATERSON, NJ 07514		
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K 353	Continued From page 2 automatic sprinkler system. NJAC 8:39-31.1(c), 31.2(e) NFPA 13, 25	K 353	will maintain a calendar of inspections to ensure regulatory compliance. Administrator will audit Fire and Safety Sprinkler inspection paperwork monthly x 3 months. Results of audit will be reviewed in the monthly QAPI meeting.		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315331	Y1	MULTIPLE CONSTRUCTION A. Building 01 - MAIN BUILDING 01 B. Wing	Y2	DATE OF REVISIT 6/19/2024	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 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 _____ Reg. # NFPA 101 LSC K0353	Correction Completed 05/24/2024	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
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	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

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 4/23/2024	<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
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