STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315273	A. BUILDING _____ B. WING _____	C 11/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT WOODLANDS	**1400 WOODLAND AVE PLAINFIELD, NJ 07060**

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F 000	INITIAL COMMENTS A Complaint Survey was conducted on behalf of the New Jersey Department of Health. Complaint #: NJ00157992, NJ00159180, NJ00165144, NJ00168238, and NJ00168734 Survey Dates: 11/14/23 through 11/16/23 Survey Census: 102 Sample Size: 9 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000		
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00157992 Based on interview, record review, and review of the Resident Assessment Instrument (RAI) User's Manual, the facility failed to ensure the Minimum Data Set (MDS) assessment was accurately coded for one of nine sampled residents (Resident (R)4). Findings include: Review of the "RAI 3.0 User's Manual Version 1.18.11," dated 10/01/23, revealed, " ... Chapter 3: MDS Items ... NJ Exec Order 26.4b1 NJ Exec Order 26.4b1	F 641	Accuracy of Assessments F 641 SS=D Corrective action(s) accomplished for resident(s) affected: Resident R4's annual MDS was not coded correctly. The MDS was immediately corrected and resubmitted on NJ Exec Order 26.4b1 Residents identified having the potential to be affected and corrective action taken: All residents have the potential to be affected by this deficient practice.	12/8/23

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

Electronically Signed | 12/05/2023

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F 641	Continued From page 1 NJ Exec Order 26.4b1: Nutritional Approaches ...Steps for Assessment ... Review the medical record to determine if any of the listed nutritional approaches were performed during the look-back period ... o NJ Exec Order 26.4b1 . Coding Instructions for Column 1 o Check all nutritional approaches performed during the first 3 days of the SNF PPS Stay ...." Review of R4's "Admission Record," located in the electronic medical record (EMR) under the "Profile" tab, indicated the resident was admitted to the facility on NJ Exec Order 26.4b with diagnoses that included NJ Exec Order 26.4b1 R4 was discharged on NJ Exec Order 26.4b Review of R4's "Physician's Orders," started on NJ Exec Order 26.4b and discontinued on NJ Exec Order 26.4b located under the "Orders" tab in the EMR, indicated an order for NJ Exec Order 26.4b1 Administer at 4pm-8pm, 12am-4am, 8am-12pm. NJ Exec Order 26.4b1 Review of R4's annual "MDS," with an Assessment Reference Date (ARD) of NJ Exec Order 26.4b located under the "MDS" tab in the EMR indicated under I8000. Additional active diagnosis NJ Exec Order 26.4b1 was coded and under NJ Exec Order 2 c. NJ Exec Order 26.4b1 and D. NJ Exec Order 26.4b1 were checked under column 2 while a resident; however, B. NJ Exec Order 26 was not checked while a resident in the facility.	F 641	Measures will be put into place to ensure the deficient practice will not recur: MDS nurse was educated by regional MDS nurse regarding the accuracy of assessment. A full audit was completed on all Tuber Feeding resident assessments with no further errors noted on MDS. Corrective actions will be monitored to ensure the deficient practice will not recur: Regional MDS/designee will audit random 10 residents completed MDS for accuracy weekly 4 weeks and monthly x 2. The results of the findings will be reported to the Administrator at the quarterly QAPI meeting. Implemented: December 8, 2023	

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F 641	Continued From page 2 Review of R4's "Nursing Progress Note," dated [redacted], located in the EMR under the "Prog Note" tab, revealed "Resident picked up by ambulance and taken to [hospital's name] emergency department [ED] ..." Review of R4's "Nursing Progress Note," dated [redacted], located in the EMR under the "Prog Note" tab revealed, "Pt [patient] was readmitted today via stretcher at 2:15pm from [hospital] .... [redacted] was not replaced. ..." During an interview on 11/16/23 at 10:18 AM, the MDS Coordinator confirmed R4's annual MDS dated [redacted] was not coded correctly because [redacted] was provided per the medication administration record (MAR) in [redacted] and should have been coded on the MDS. The MDS Coordinator stated that the Registered Dietician (RD) was responsible for coding section [redacted]. During an interview on 11/16/23 at 10:24 AM, the RD verified that R4 had a physician's order for the [redacted] dated [redacted] until [redacted], and it should have been coded on the annual MDS with an ARD of [redacted]. During an interview on 11/16/23 at 2:42 PM, the Director of Nursing (DON) stated that she expected the MDS to be coded accurately following the coding instructions in the RAI Manual. NJAC 8:39-11.1	F 641		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)	F 880		12/8/23

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F 880	Continued From page 3 §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 possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to:	F 880		

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F 880	Continued From page 4 (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (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 (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §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: Complaint #: NJ00168238 Based on interview, document review, and policy review, the facility failed to implement their COVID-19 outbreak policy to mitigate the spread of COVID-19 when one of four employees (Certified Nursing Assistant (CNA) 1) NJ Ex.Order 26 [redacted], was at home for five days and NJ Ex.Order 26.4(b)(1) within 48 hours prior to returning to work. Findings include:	F 880	Infection Prevention & Control Deficiency F880 SS=D HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE PRACTICE: Corrective action is as follows. The Center will follow their Covid 19 outbreak policy regarding employee returning to work.	

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F 880	Continued From page 5 Review of the facility's policy titled "Policy for Emergent Infectious Diseases (COVID-19) (Outbreak Plan V11)," revised 05/22/23, revealed " ... 8. Return to Work (Criteria for HCP [healthcare personnel] 1. HCP with Confirmed SARS-CoV-2 infection HCP with mild to moderate illness who are 4q[moderately to severely immunocompromised could return to work after the following criteria have been met: At least 7 days have passed since symptoms first appeared if a negative viral test* is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed), and at least 24 hours have passed since last fever without the use of fever-reducing medications, and Symptoms (e.g., cough, shortness of breath) have improved. Either a NAAT (molecular) or antigen test may be used. If using an antigen test, HCP should have a negative test obtained on day 5 and again 48 hours later ...." Review of CNA1's "Staff COVID-19 Contact Tracing Form," dated NJ Ex.Order 26.4(b)(1) revealed CNA1 NJ Ex.Order 26.4(b)(1) and was NJ Ex.Order 26.4(b)(1) then sent home, tested NJ Ex.Order 26.4(b)(1) at home on NJ Ex.Order 26.4(b)(1), tested NJ Ex.Order 26.4(b)(1) at the facility on NJ Ex.Order 26.4(b)(1) then returned to work on NJ Ex.Order 26.4(b)(1) from 3:00 to 11:00 PM. Review of CNA1's "Timecard" revealed CNA1 worked 5.75 hours on NJ Ex.Order 26.4(b)(1) from 3:00 PM until 8:45 PM, was off on NJ Ex.Order 26.4(b)(1) NJ Ex.Order 26.4(b)(1), and NJ Ex.Order 26.4(b)(1), then returned to work on NJ Ex.Order 26.4(b)(1) (worked from 3:06 PM until 10:56 PM). Review of CNA1's NJ Ex.Order 26.4(b)(1) NJ Ex.Order 26.4(b)(1)," dated NJ Ex.Order 26.4(b)(1), revealed a NJ Ex.Order 26.4(b)(1) result.	F 880	HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE All residents who are exposed to COVID have the potential to be affected by this deficient practice. WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: IP/ Designee will conduct COVID testing according to the proposed Covid 19 outbreak policy. Testing will be performed on Day 5 and Day 7 for all staff affected. Prior to returning to work IP was educated regarding testing plan by Regional Clinical supervisor. HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR, I.E., WHAT QUALITY ASSURANCE PROGRAM WILL BE PUT INTO PLACE: When in outbreak IP/ Designee will audit Staff testing logs weekly x 4, Monthly x 2 and findings will be reported to QAPI meeting. Implemented 12-08-2023	

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F 880	Continued From page 6 Review of CNA1's NJ Ex.Order 26.4(b)(1) [redacted]," dated NJ Ex.Order 26.4(b) [redacted], revealed a NJ Ex.Order 26.4(b)(1) [redacted] result. Review of the facility's form titled "Employee NJ Ex.Order 26.4(b)(1) Testing Log - NJ Ex.Order 26.4(b)(1)" revealed CNA1 had a NJ Ex.Order 26.4(b)(1) result at home on NJ Ex.Order 26.4(b) [redacted], had a NJ Ex.Order 26.4(b) [redacted] result at the facility on NJ Ex.Order 26.4(b) [redacted]. During an interview on 11/14/23 at 12:37 PM, the Infection Preventionist (IP) confirmed during a recent COVID-19 outbreak that CNA1 was NJ Ex.Order 26.4(b)(1) [redacted] at work with NJ Ex.Order 26.4(b)(1) [redacted], tested NJ Ex.Order 26.4(b)(1), was sent home on NJ Ex.Order 26.4(b) [redacted], was home for five days (NJ Ex.Order 26.4(b) [redacted] until NJ Ex.Order 26.4(b) [redacted]), tested NJ Ex.Order 26.4(b)(1) at home on NJ Ex.Order 26.4(b) [redacted], tested NJ Ex.Order 26.4(b)(1) at the facility on NJ Ex.Order 26.4(b) [redacted], and returned to work on NJ Ex.Order 26.4(b)([redacted] The IP stated that their COVID-19 outbreak policy stated that employees were not allowed to return to work until they were home for five days then tested negative twice within 48 hours, specifically tested negative on day five then test negative 48 hours later. During an interview on 11/14/23 at 5:03 PM, CNA1 confirmed she had a NJ Ex.Order 26.4(b)(1) [redacted] on NJ Ex.Order 26.4(b)([redacted] and was sent home, stayed home for five days, tested NJ Ex.Order 26.4(b)(1) [redacted] home on NJ Ex.Order 26.4(b) [redacted], tested NJ Ex.Order 26.4(b) [redacted] at the facility on NJ Ex.Order 26.4(b)(1) [redacted] and was approved to return to work by the Charge Nurse, Staff Scheduler, and IP after the NJ Ex.Order 26.4(b)(1) [redacted] on 1 NJ Ex.Order 26.4(b [redacted] During an interview on 11/14/23 at 5:25 PM, the Administrator stated that during the recent COVID-19 outbreak, CNA1 was allowed to return	F 880		

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F 880	Continued From page 7 to work prior to testing NJ Ex.Order 26.4(b)(1) [redacted] prior to returning to work. The Administrator acknowledged the infection control policy was not followed to stop the spread of the virus. NJAC: 8:39- 19.4 (a)	F 880		
F 921 SS=D	Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(i) §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Complaint #:NJ00168734 Based on observation, interview, document review and policy review, the facility failed to ensure the bedrails were clean in one of 28 resident rooms (room 124-B) on the Oakwood Unit. Findings include: Review of the facility's policy titled "Safe/Clean/Comfortable/Homelike Environment," dated 02/14/23, revealed "Purpose: The resident has a right to a ...clean, ...environment ... Procedure: ... The facility will maintain Housekeeping ...services necessary to ensure sanitary conditions and cleanliness." Review of the facility's undated "7-Step Cleaning Process," revealed, " ...3. Damp Wipe ... 7. Inspect the Room ...." Observation on 11/15/23 at 1:26 PM of the empty bed in room 124 bed B with the Housekeeping Director revealed the inside of the right-side bed	F 921	Safe/Functional/ Sanitary/ Comfortable Environment. F 921 SS=D Room 124-B Room inside right side rail was identified to have light brown spots. How will the Corrective action be accomplished for those residents found to have been affected by the practice? Room 124-b Side rails were cleaned and sanitized. How the facility will identify other residents having the potential to be affected by the same deficient practice? All residents have the potential to be affected. A full audit was conducted on every resident room, and no additional issues were observed regarding the cleanliness of siderails or similar issues. What measures will be put into place or what systemic changes will be made to	12/8/23

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F 921	Continued From page 8 rail had multiple light brown dried spots on it. The Housekeeping Director wetted a washcloth with water then scrubbed the light brown spots. During an interview with the Housekeeping Director at this time, he confirmed the spots were removed with the washcloth and should have been cleaned by the housekeeper assigned to the room. The Housekeeping Director stated he trained HK1 on the seven-step cleaning process yesterday and expected her to clean the ...the bed rails. The Housekeeping Director stated he inspected four rooms a day to ensure the housekeepers were cleaning the rooms correctly but did not inspect room 124. During an interview on 11/15/23 at 1:33 PM, HK1 acknowledged she was assigned to clean room 124 but must not have cleaned the inside of the bed rails. HK1 stated she was supposed to spray a chemical on the inside and outside of the bed rail, then use a towel to wipe it off. During an interview on 11/15/23 at 4:15 PM, the Administrator stated the Housekeeping Director made regular rounds to ensure the bed rails were cleaned. NJAC 8.39-31.4 (a)	F 921	ensure that the deficient practice will not recur? Staff received education regarding proper sanitation policy and procedure, Housekeeping Manager will develop a room cleaning check off to assure proper environment is provided. How the facility will monitor its corrective actions to ensure that he deficient practice will not recur, I.E., What quality assurance program will be put into place? The Housekeeping Director or designee will complete random room audits two times a week times two weeks, then weekly times three months. Results from these audits will be reviewed at the facility monthly QAPI meeting. Time frame 12-08-2023	

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S 000	Initial Comments Complaint #: NJ00157992, NJ00159180, NJ00165144, NJ00168238, and NJ00168734 Survey Dates: 11/14/23 through 11/16/23 Survey Census: 102 Sample Size: 9 The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities. The facility must submit a plan of correction, including a completion date, for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the Provisions of the New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations.	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 #: NJ00157992, NJ00159180, NJ00165144, NJ00168238, and NJ00168734 Based on review of pertinent facility documentation, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratios as mandated by the state of New Jersey for	S 560	Mandatory Access to Care S 560 Staffing How the corrective action/actions will be accomplished for those residents found to be by the practice Inadequate number of Certified Nursing Assistants	12/8/23

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

Electronically Signed | 12/05/23

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S 560	Continued From page 1 27 of 126 day shifts as follows: This deficient practice had the potential to affect all residents. Findings include: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021: One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and one direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties. As per the "Nurse Staffing Report" completed by the facility for the 9 weeks of staffing from 04/09/2023 to 04/15/2023, 05/21/2023 to 05/27/2023, 06/04/2023 to 06/10/2023, 09/24/2023 to 10/21/2023 and 10/29/2023 to 11/11/2023 the staffing to resident ratios did not meet the minimum requirement of one CNA to eight residents for the day shift as documented below: 1. For the week of staffing from 04/09/2023 to 04/15/2023, the facility was deficient in CNA	S 560	How the facility will identify other residents having the potential to be affected by the deficient practice All the residents may be affected by the short staff as required by NJ DOH. What measures will be put in place or what systematic changes will be made to ensure that the deficient practice will not recur? • The Administrator will in-service the new Staffing Coordinator in reference to the state guideline S560. • The Director of Human Resources will continue to post the vacancies on all 3 shifts. • The Director of Human Resources will schedule the Open House. • The Administrator will boost the rate when there is an emergency staffing coverage. • The staffing agency will block a schedule for the open position to cover the vacancies. The Administrator just hired a new Staffing Coordinator. How the facility will monitor its corrective actions to ensure that the deficient practice will not recur. What Quality Assurance will be put in place • The Staffing Coordinator will audit the staffing weekly for 4 weeks then monthly for 3 months. The Staffing Coordinator will submit the audit report to the Quality Assurance Improvement Committee. Completion Date	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	062022	A. BUILDING: _____ B. WING _____	C 11/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT WOODLANDS	1400 WOODLAND AVE PLAINFIELD, NJ 07060

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 560	Continued From page 2 staffing for residents on 7 of 7 day shifts as follows: -04/09/23 had 13 CNAs for 118 residents on the day shift, required at least 15 CNAs. -04/10/23 had 13 CNAs for 118 residents on the day shift, required at least 15 CNAs. -04/11/23 had 13 CNAs for 118 residents on the day shift, required at least 15 CNAs. -04/12/23 had 13 CNAs for 118 residents on the day shift, required at least 15 CNAs. -04/13/23 had 14 CNAs for 117 residents on the day shift, required at least 15 CNAs. -04/14/23 had 14 CNAs for 117 residents on the day shift, required at least 15 CNAs. -04/15/23 had 11 CNAs for 117 residents on the day shift, required at least 15 CNAs. 2. For the week of staffing from 05/21/2023 to 05/27/2023, the facility was deficient in CNA staffing for residents on 3 of 7 day shifts as follows: -05/21/23 had 12 CNAs for 108 residents on the day shift, required at least 13 CNAs. -05/22/23 had 12 CNAs for 105 residents on the day shift, required at least 13 CNAs. -05/23/23 had 11 CNAs for 101 residents on the day shift, required at least 13 CNAs. 3. For the week of staffing from 06/04/2023 to 06/10/2023, the facility was deficient in CNA staffing for residents on 4 of 7 day shifts as follows: -06/04/23 had 13 CNAs for 116 residents on the day shift, required at least 14 CNAs. -06/06/23 had 13 CNAs for 115 residents on the day shift, required at least 14 CNAs. -06/07/23 had 13 CNAs for 115 residents on the	S 560	12-08-2023	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	062022	A. BUILDING: _____ B. WING _____	C 11/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT WOODLANDS	1400 WOODLAND AVE PLAINFIELD, NJ 07060

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 560	Continued From page 3 day shift, required at least 14 CNAs. -06/08/23 had 12 CNAs for 115 residents on the day shift, required at least 14 CNAs. 4. For the 4 weeks of staffing from 09/24/2023 to 10/21/2023, the facility was deficient in CNA staffing for residents on 4 of 28 day shifts as follows: -10/01/23 had 12 CNAs for 114 residents on the day shift, required at least 14 CNAs. -10/05/23 had 13 CNAs for 113 residents on the day shift, required at least 14 CNAs. -10/14/23 had 12 CNAs for 108 residents on the day shift, required at least 13 CNAs. -10/15/23 had 11 CNAs for 108 residents on the day shift, required at least 13 CNAs. 5. For the 2 weeks of staffing prior to survey from 10/29/2023 to 11/11/2023, the facility was deficient in CNA staffing for residents on 9 of 14 day shifts as follows: -10/29/23 had 11 CNAs for 109 residents on the day shift, required at least 14 CNAs. -10/30/23 had 13 CNAs for 109 residents on the day shift, required at least 14 CNAs. -10/31/23 had 11 CNAs for 106 residents on the day shift, required at least 13 CNAs. -11/04/23 had 12 CNAs for 104 residents on the day shift, required at least 13 CNAs. -11/05/23 had 12 CNAs for 104 residents on the day shift, required at least 13 CNAs. -11/06/23 had 12 CNAs for 105 residents on the day shift, required at least 13 CNAs. -11/07/23 had 12 CNAs for 104 residents on the day shift, required at least 13 CNAs. -11/09/23 had 12 CNAs for 104 residents on the day shift, required at least 13 CNAs.	S 560		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	062022	A. BUILDING: _____ B. WING _____	C 11/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT WOODLANDS	1400 WOODLAND AVE PLAINFIELD, NJ 07060

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 560	Continued From page 4 -11/10/23 had 12 CNAs for 103 residents on the day shift, required at least 13 CNAs.	S 560		

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
315273	A. Building B. Wing	12/11/2023

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT WOODLANDS	1400 WOODLAND AVE PLAINFIELD, NJ 07060

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 F0641 Reg. # 483.20(g) LSC	Correction Completed 12/08/2023	ID Prefix F0880 Reg. # 483.80(a)(1)(2)(4)(e)(f) LSC	Correction Completed 12/08/2023	ID Prefix F0921 Reg. # 483.90(i) LSC	Correction Completed 12/08/2023
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	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
11/16/2023	☐ 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 (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
062022		12/11/2023

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT WOODLANDS	1400 WOODLAND AVE PLAINFIELD, NJ 07060

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

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560 Reg. # 8:39-5.1(a) LSC	Correction Completed 12/08/2023	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	**REVIEWED BY (INITIALS)**	**DATE**	**SIGNATURE OF SURVEYOR**	**DATE**
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON 11/16/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ **YES** ☐ **NO**

EVENT ID: UUF812