

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

PRINTED: 11/19/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315316	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/30/2024
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT BRAKELEY PARK, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 290 RED SCHOOL LANE PHILLIPSBURG, NJ 08865		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS Complaint Numbers: NJ175583, NJ176533 Survey Dates: 8/29/2024 and 8/30/2024 Census: 113 Sample: 5 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 658 SS=E	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: Complaint: NJ00176533 Based on observation, interviews, record review, and review of other pertinent facility documents, it was determined that the facility failed to obtain appropriate physician's orders (POs) for NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) _____, follow the facility's policy titled "Physician Orders," and follow the facility's Nurse Manager job description for 1 of 2 residents (Resident #1) reviewed for standards of clinical	F 658	1) Resident number 1 NJ Ex Order 26.4(b)(1) by this deficient practice. Resident's orders were reviewed and an order was confirmed to be in place to ensure that function and placement of the NJ Ex Order 26.4(b)(1) were checked every shift. 2) All residents have the potential to be affected by this deficient practice. 3) All residents who require a wanderguard were audited to ensure their physician orders were in place for		9/6/24

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

TITLE

(X6) DATE

Electronically Signed

09/23/2024

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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FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: YLEZ11 Facility ID: NJ62106 If continuation sheet Page 2 of 5

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F 658	<p>Continued From page 2</p> <p>Review of Resident #1's Care Plan (CP) revealed a "Focus" that Resident #1 was at risk for [REDACTED] because the resident made statements about [REDACTED] NJ Ex Order 26.4(b)(1). This CP focus was initiated on [REDACTED] NJ Ex Order 26.4(b)(1). Resident #1's CP listed "Interventions" which included "pt has [REDACTED] NJ Ex Order 26.4(b)(1) initiated on [REDACTED] NJ Ex Order 26.4(b)(1) and revised on [REDACTED] NJ Ex Order 26.4(b)(1).</p> <p>The most recent 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 the resident had a Brief Interview for Mental Status (BIMS) score of [REDACTED] out of 15. This indicated that the resident had [REDACTED] NJ Ex Order 26.4(b)(1) [REDACTED] NJ Ex Order 26.4(b)(1) [REDACTED].</p> <p>A review of the Order Summary Report (OSR) for "Active orders as of [REDACTED] NJ Ex Order 26.4(b)(1)" reflected a PO with an order date of [REDACTED] NJ Ex Order 26.4(b)(1) for [REDACTED] NJ Ex Order 26.4(b)(1) due to [REDACTED] NJ Ex Order 26.4(b)(1) ... Check placement and function of [REDACTED] NJ Ex Order 26.4(b)(1) every shift."</p> <p>Review of the Medication Administration Record (MAR) for Resident #1 revealed orders for checks of [REDACTED] NJ Ex Order 26.4(b)(1) placement and function were initiated on [REDACTED] NJ Ex Order 26.4(b)(1) and discontinued on [REDACTED] NJ Ex Order 26.4(b)(1). The MAR reflected new orders for checks of [REDACTED] NJ Ex Order 26.4(b)(1) placement and function every shift with an order date of [REDACTED] NJ Ex Order 26.4(b)(1) at 9:38 A.M. Review of Resident #1's MARs for [REDACTED] NJ Ex Order 26.4(b)(1) [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) of [REDACTED] NJ Ex Order 26.4(b)(1) revealed no orders for checks of [REDACTED] NJ Ex Order 26.4(b)(1) placement and function.</p> <p>On 8/29/2024 at 10:47 A.M., an interview was conducted with the [REDACTED] U.S. FOIA (b) (6) of the</p>	F 658			

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F 658	<p>Continued From page 3</p> <p>_____ floor. The _____^{U.S. FOIA} stated that checks of _____^{NJ Ex O} function and placement were performed by nurses every shift and these checks were documented on the MAR. The _____^{U.S. FOIA} stated that Resident #1 had _____^{NJ Ex Order 26.4(b)(1)} before but had exhibited _____^{NJ Ex Order 26.4(b)(1)}, which was the reason Resident #1 had a _____. In an interview conducted at 10:20 A.M. on 8/30/2024 the _____^{U.S. FOIA} stated that a PO should have been obtained for checks of _____^{NJ Ex O} function and placement when the resident was identified as an _____^{NJ Ex Order 26.4(b)(1)}. The _____^{U.S. FOIA} verified that no PO was obtained for _____^{NJ Ex O} placement or function checks prior to 8/22/2024 for Resident #1. The _____^{U.S. FOIA} confirmed that _____^{U.S. FOIA} were responsible for verifying that appropriate POs were in place and reflected on the MARs.</p> <p>On 8/30/2024 an interview was conducted with the _____^{U.S. FOIA (b) (6)}. The _____^{U.S. FOIA} stated that elopement assessments/evaluations were completed for each resident on admission and more frequently as needed. The _____^{U.S. FOIA} stated that it was the responsibility of the _____^{U.S. FOIA (b) (6)} _____^{U.S. FOIA}) or the _____^{U.S. FOIA} to ensure that physician orders were obtained for _____^{NJ Ex O}. The _____^{U.S. FOIA} confirmed that there were no POs or documentation of _____^{NJ Ex O} function or placement for Resident #1 prior to 8/22/2024.</p> <p>Review of the facility's "Job Description/Competency/Evaluation" document for "Nurse Manager" revealed the following under the document section titled "Specific Job Function": "Inform the Director when physician and responsible party when there is a change in the resident's condition," "Review nurses' notes to ensure that they are informative and descriptive of the nursing care being provided," and "Encourage attending physicians to record and</p>	F 658			

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F 658	Continued From page 4 sign progress notes, physicians' orders, etc., on a timely basis and in accordance with current regulations." NJAC 8:39-27.1(a)	F 658			

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S 000	Initial Comments Complaint Numbers: NJ175583, NJ176533 Survey Dates: 8/29/2024 and 8/30/2024 Census: 113 Sample: 5 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 #: NJ00175583, NJ00176533 Based on interviews and review of facility documents on 09/09/2024, it was determined that the facility failed to ensure staffing ratios were met for 33 of 35 day shifts, 3 of 35 evening shifts, and 15 of 35 night shifts reviewed. This deficient practice had the potential to affect all residents.	S 560	1) No residents were immediately affected by this deficient practice. 2) All residents have the potential to be affected by this deficient practice. 3) DON / Designee to in-service Staffing Coordinator on appropriate staffing levels. Additional per diem, part-time and full-time were scheduled to meet minimum staff to	9/6/24

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S 560	<p>Continued From page 1</p> <p>Findings include:</p> <p>Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.</p> <p>1.For the weeks of Complaint staffing from 06/30/2024 to 07/20/2024, the facility was deficient in CNA staffing for residents on 19 of 21 day shifts, and deficient in total staff for residents on 6 of 21 overnight shifts as follows:</p> <p>On 06/30/24 had 12 CNAs for 108 residents on the day shift, required at least 13 CNAs.</p> <p>On 07/01/24 had 11 CNAs for 108 residents on the day shift, required at least 13 CNAs.</p> <p>On 07/03/24 had 11 CNAs for 108 residents on the day shift, required at least 13 CNAs.</p>	S 560	<p>resident ratios. The facility has advertised open jobs through online recruitment platforms. The facility has conducted job fairs and have partnered with local schools for newly licensed or certified staff.</p> <p>4) The Director of Nursing or designee will audit staffing levels three times a week for 3 months. All findings will be reported and reviewed by the QAPI committee monthly.</p>	

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S 560	<p>Continued From page 2</p> <p>On 07/03/24 had 6 total staff for 108 residents on the overnight shift, required at least 8 total staff.</p> <p>On 07/04/24 had 12.25 CNAs for 113 residents on the day shift, required at least 14 CNAs.</p> <p>On 07/04/24 had 7.5 total staff for 113 residents on the overnight shift, required at least 8 total staff.</p> <p>On 07/05/24 had 9 CNAs for 113 residents on the day shift, required at least 14 CNAs.</p> <p>On 07/05/24 had 6.5 total staff for 113 residents on the overnight shift, required at least 8 total staff.</p> <p>On 07/06/24 had 10.5 CNAs for 113 residents on the day shift, required at least 14 CNAs.</p> <p>On 07/07/24 had 12 CNAs for 113 residents on the day shift, required at least 13 CNAs.</p> <p>On 07/08/24 had 10.5 CNAs for 114 residents on the day shift, required at least 14 CNAs.</p> <p>On 07/09/24 had 8 CNAs for 114 residents on the day shift, required at least 14 CNAs.</p> <p>On 07/10/24 had 11.75 CNAs for 114 residents on the day shift, required at least 14 CNAs.</p> <p>On 07/11/24 had 11 CNAs for 113 residents on the day shift, required at least 14 CNAs.</p> <p>On 07/12/24 had 10 CNAs for 112 residents on the day shift, required at least 14 CNAs.</p> <p>On 07/13/24 had 10 CNAs for 112 residents on</p>	S 560			

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S 560	<p>Continued From page 3</p> <p>the day shift, required at least 14 CNAs.</p> <p>On 07/14/24 had 10 CNAs for 112 residents on the day shift, required at least 14 CNAs.</p> <p>On 07/15/24 had 11 CNAs for 112 residents on the day shift, required at least 14 CNAs.</p> <p>On 07/16/24 had 11 CNAs for 112 residents on the day shift, required at least 14 CNAs.</p> <p>On 07/16/24 had 7.5 total staff for 112 residents on the overnight shift, required at least 8 total staff.</p> <p>On 07/17/24 had 11.5 CNAs for 112 residents on the day shift, required at least 14 CNAs.</p> <p>On 07/19/24 had 12 CNAs for 109 residents on the day shift, required at least 14 CNAs.</p> <p>On 07/19/24 had 7.9 total staff for 109 residents on the overnight shift, required at least 8 total staff.</p> <p>On 07/20/24 had 9 CNAs for 109 residents on the day shift, required at least 14 CNAs.</p> <p>On 07/20/24 had 7.3 total staff for 109 residents on the overnight shift, required at least 8 total staff.</p> <p>2. For the 2 weeks of staffing prior to survey from 08/11/2024 to 08/24/2024, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts, deficient in total staff for residents on 2 of 14 evening shifts, and deficient in total staff for residents on 7 of 14 overnight shifts as follows:</p>	S 560		

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S 560	<p>Continued From page 4</p> <p>On 08/11/24 had 8 CNAs for 115 residents on the day shift, required at least 14 CNAs.</p> <p>On 08/12/24 had 13 CNAs for 114 residents on the day shift, required at least 14 CNAs.</p> <p>On 08/13/24 had 9 CNAs for 113 residents on the day shift, required at least 14 CNAs.</p> <p>On 08/13/24 had 7.5 total staff for 113 residents on the overnight shift, required at least 8 total staff.</p> <p>On 08/14/24 had 10.5 CNAs for 112 residents on the day shift, required at least 14 CNAs.</p> <p>On 08/14/24 had 7.5 total staff for 112 residents on the overnight shift, required at least 8 total staff.</p> <p>On 08/15/24 had 8.25 CNAs for 110 residents on the day shift, required at least 14 CNAs.</p> <p>On 08/16/24 had 10.5 CNAs for 110 residents on the day shift, required at least 14 CNAs.</p> <p>On 08/16/24 had 10 total staff for 110 residents on the evening shift, required at least 11 total staff.</p> <p>On 08/16/24 had 6.25 total staff for 110 residents on the overnight shift, required at least 8 total staff.</p> <p>On 08/17/24 had 12 CNAs for 110 residents on the day shift, required at least 14 CNAs.</p> <p>On 08/18/24 had 10 CNAs for 110 residents on the day shift, required at least 14 CNAs.</p>	S 560			

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S 560	<p>Continued From page 5</p> <p>On 08/18/24 had 7.5 total staff for 110 residents on the overnight shift, required at least 8 total staff.</p> <p>On 08/19/24 had 10 CNAs for 113 residents on the day shift, required at least 14 CNAs.</p> <p>On 08/19/24 had 10 total staff for 113 residents on the evening shift, required at least 11 total staff.</p> <p>On 08/20/24 had 12 CNAs for 113 residents on the day shift, required at least 14 CNAs.</p> <p>On 08/20/24 had 7.75 total staff for 113 residents on the overnight shift, required at least 8 total staff.</p> <p>On 08/21/24 had 13 CNAs for 113 residents on the day shift, required at least 14 CNAs.</p> <p>On 08/21/24 had 7 total staff for 113 residents on the overnight shift, required at least 8 total staff.</p> <p>On 08/22/24 had 12 CNAs for 113 residents on the day shift, required at least 14 CNAs.</p> <p>On 08/23/24 had 10 CNAs for 113 residents on the day shift, required at least 14 CNAs.</p> <p>On 08/23/24 had 7 total staff for 113 residents on the overnight shift, required at least 8 total staff.</p> <p>On 08/24/24 had 8 CNAs for 112 residents on the day shift, required at least 14 CNAs.</p>	S 560			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315316	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 9/30/2024
NAME OF FACILITY COMPLETE CARE AT BRAKELEY PARK, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 290 RED SCHOOL LANE PHILLIPSBURG, NJ 08865	

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	Correction	ID Prefix	Correction
Reg. # 483.21(b)(3)(i)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	09/06/2024	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	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 8/30/2024		<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			

STATE FORM: REVISIT REPORT

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NAME OF FACILITY COMPLETE CARE AT BRAKELEY PARK, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 290 RED SCHOOL LANE PHILLIPSBURG, NJ 08865	

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	09/06/2024	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	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
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 8/30/2024		<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			