STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315342	A. BUILDING _____ B. WING _____	C 08/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT BRICK LLC	415 JACK MARTIN BLVD BRICK, NJ 08724

(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 A Complaint Survey was conducted on behalf of the New Jersey Department of Health. Complaint #: NJ00166461, NJ00166489, NJ00166505, NJ00166617, NJ00166695, NJ00164716 Survey Dates: 08/29/23 to 08/31/23 Survey Census: 95 Sample Size: 18 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 554 SS=D	Resident Self-Admin Meds-Clinically Approp CFR(s): 483.10(c)(7) §483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate. This REQUIREMENT is not met as evidenced by: Complaint #: NJ 166617, NJ 166695 Based on observation, interview, and record review, the facility failed to ensure residents who self-administered medications had a self-administration of medications assessment, a physician's order, and a care plan completed for one of one resident (Resident (R) 5) reviewed for self-administration of medications. Failure to assess and care plan resident for	F 554	The facility failed to ensure residents who self-administered medications had a self-administration of medications assessment, a physician□s order and a care plan. Resident R5 was assessed with no negative effects of self-administration of medication and discharged to the hospital. Residents who have the ability to self-administer medications have the	10/20/23

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

Electronically Signed | 09/21/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 554	Continued From page 1 self-administration of medications increases the potential of medication errors for residents. Findings include: During interview on 08/29/23 at 12:12 PM, R5 stated [redacted] had been at the facility for about two weeks due to a [redacted] which left [redacted]. R5 stated last night on the 11-7 shift, she asked about getting a [redacted] because [redacted] was having [redacted]) and asked the Certified Nursing Assistant (CNA) three times to speak with the nurse, who never came. R5 said [redacted] was having [redacted] in [redacted], and [redacted] had to take a [redacted], which [redacted] keeps on [redacted] person. R5 stated [redacted] wanted the nurse to take [redacted]. R5 indicated [redacted] was a [redacted] and had a history of [redacted] since [redacted] R5 stated the CNA each time told [redacted] the nurse was busy. R5 indicated [redacted] felt as if [redacted] did not know if [redacted] was going to live, that the [redacted] went to bed [redacted]. During the interview, R5 was teary eyed talking about this; however, did say that [redacted] spoke with the nurse this morning who indicated [redacted] would report this incident. During an observation on 08/30/23 at 8:21 AM, R5 was sitting up in [redacted] wheelchair, and was showed the surveyor [redacted] little [redacted] bottle [redacted] had clipped on the side of [redacted] which was wrapped around [redacted] wheelchair handle. R5 indicated [redacted] brings [redacted] 10 pills at a time, so [redacted] will have them on [redacted] if [redacted] needs them. During observation of the [redacted] it was half full (unknown number) of tiny round white pills. R5 confirmed there were more than 10 [redacted] currently in there now.	F 554	potential to be affected. Resident 5 was assessed, evaluated, with no negative effects and discharged to hospital. MD was notified that Resident #5 wished to self-administer medication. Licensed nurses who failed to assess a resident□s capability to self-administer medications have been re-educated on the facility self- administer medication policy. Licensed nurses will be re-educated on the facility□s self □ administer medication policy and appropriate assessment and documentation. DON/Designee will conduct audits to identify residents who have the ability to self- administer medications and on residents who self-administer medications weekly x 4, then monthly x 3. Results of audits will be submitted to QAPI monthly x 3 to ensure compliance and reassessed for further action.	

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F 554	Continued From page 2 Review of R5's admission "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) date of [redacted] located in the "MDS" tab of the electronic medical record (EMR), revealed an admission date of [redacted] Per the "MDS," R5 had a "Brief Interview for Mental Status (BIMS)" score of [redacted], indicating intact cognition and had diagnoses of [redacted] Review of R5's [redacted] care plan, located in the EMR under the "Care Plan" tab, lacked a care plan for self-administration of medications. Review of R5's [redacted] "Orders," located in the EMR under the "Orders" tab revealed [redacted] milligrams (mg) 1 tablet every [redacted] doses, if no relief, call medical doctor (MD). Review of R5's EMR under the "Assessment" tab revealed there were no assessments for self-administration. Review of R5's [redacted] Medication Administration Record (MAR) located in the EMR under the "Orders" tab revealed on [redacted] was not documented as completed. The last dose was documented as given on [redacted] During interview on 08/30/23 at 2:24 PM, the Interim Director of Nursing who is the Regional Nurse was asked about residents who were self-administering their medication. She indicated she was unaware of any residents that self-administered their medications. She stated if a resident had been assessed to self-administer	F 554		

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F 554	Continued From page 3 medication, then that resident would have an order, assessment, and care plan. Review of facility policy titled, "Administering Medications," revised 10/2022, revealed, "Medications shall be administered in a safe and timely manner, and as prescribed. Residents may self-administer their own medications only if the attending physician, in conjunction with the interdisciplinary care planning team, has determined that they have the decision-making capacity to do so safely." NJAC: 8:39-29.2 (c)	F 554		
F 725 SS=E	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not	F 725		10/20/23

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F 725	Continued From page 4 limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: Complaint #: NJ 166617, NJ 166695, NJ 166489, NJ 166505, NJ 166489, NJ 166461 Based on interview, review of staffing sheets, facility assessment, and policy review, the facility failed to have sufficient nursing staff to meet resident needs and/or provide care in a timely manner for nine out of 18 sampled residents (R9, R2, R4, R18, R16, R6, R5, R15, and R10). Residents expressed concerns related to staffing not being able to go to the dining room and extended wait times for assistance. Findings include: 1. During an entrance conference on 08/29/23 at 10:30 AM, the Administrator and Interim Director of Nursing (DON) confirmed staffing has been an issue for the facility. They stated the facility used agency for both nurses and Certified Nursing Assistants (CNA), sometimes the agency would call out one hour before their shift because they can go to another facility and make more money. They stated the facility has been offering sign-on bonuses, flexible hours, overtime and giving extra [redacted] bonuses for working different shifts. They stated the facility has held job fairs and has been hiring staff. 2. During interviews eight residents/resident family members expressed concerns with staffing.	F 725	All shifts will work together to ensure that the residents have their needs met including ensuring that the dining rooms are available for the patients, call bells are responded to timely, and medications are administered within the ordered times. R9 was informed the dining room will be offered and available. R18 was informed the dining room will be offered and available. R16 was informed of our staffing efforts and that we schedule sufficient staff. R6 was informed that we educated the staff on customer service. R15 was informed of our staffing efforts and that we schedule sufficient staff. R2 was discharged on [redacted] R4 was discharged on [redacted], R5 was discharged on [redacted], R10 was discharged on [redacted] All Residents have the potential to be affected by this practice. The facility has reviewed the needs of the residents to determine appropriate staffing levels. Staffing levels have been reviewed with the facility scheduler and steps to be taken to address call-ins etc. Staff meetings were held to review importance of coming to work, call-in policy, and procedure. The facility has a weekly meeting with the facility recruiter to discuss open positions, applicant flow,	

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F 725	Continued From page 5 a. During an interview on 08/29/23 at 11:05 AM, R9 stated she loved the staff however at times there were not enough staff, particularly in the morning. R9 stated she must eat in her room at times because there were no staff to take her to the dining room, especially this month. Review of R9's quarterly "Minimum Data Set (MDS)" assessment with an assessment reference date (ARD) of [redacted] revealed a "Brief Interview for Mental Status" score of [redacted] indicating [redacted]. b. During an interview on 08/29/23 at 11:15 AM, R2's family member (F2) stated R2 has been at the facility since [redacted], and there were concerns with R2's call light not being answered until 45 minutes later on [redacted] F2 said R2 had needed to be changed. F2 said that R2 does not know how to use the call lights and was unable to make her needs known. F2 said this facility had lower standards than others R2 has been in. F2 stated he has been going up the chain of command, and letting Administration know about the wait time. Review of R2's "Face Sheet," facility provided revealed R2 was admitted to the facility on [redacted] with a diagnosis including [redacted] Review of R2's "Progress Note by Social Services," facility provided, dated [redacted] revealed "Social Worker (SW) spoke with [F2]. Had concerns with response time. 45 min before she was changed. Is having difficulty with [redacted] ."	F 725	new hires in process, etc. The facility will continue to offer shift pick up bonuses to help cover the open shifts as needed. The facility will offer sign on bonuses for new full time and part time employees. The facility will continue to utilize Agency staff from multiple companies to fill the open shifts. The facility will continue to monitor and resolve concerns communicated by patients and families to ensure that the patient needs are met. Administrator/Designee will conduct 2 audits per week for 4 weeks, then 2 audits monthly for 3 months to ensure adequate staff is scheduled to accommodate resident needs. All results will be provided to the Quality Assurance Performance Improvement committee monthly, x3 months, to ensure compliance.	

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c. During an interview on 08/29/23 at 11:25 AM, R4 stated that on the weekends the agency works the most and are bad. R4 stated the agency staff seems to do whatever they want and the facility nurses cannot control the agency. R4 stated on the 11-7 shift staff always wear earbuds and speak a foreign language while caring for residents. R4 stated around two weeks ago, she spoke with the Ombudsman and after the facility had a meeting with the Ombudsman, things changed for three days then back to the original issues. R4 stated, this past weekend, staff placed her on the toilet; however, after using the call light for up to two hours and no staff coming to assist [redacted] had to transfer [redacted] off the toilet because the [redacted] was cutting off in the [redacted]. R4 stated it made [redacted] "angry, mad and frustrated." R4 stated the agency staff were not professional and not serious about their jobs.

Review of R4's admission "MDS" assessment with ARD of [redacted] revealed R4 had a "BIMS" of [redacted], indicating [redacted].

d. During an interview on 08/29/23 at 11:35 AM, R18 stated staffing was an issue especially on the weekends. R18 stated [redacted]e had to eat lunch and dinner in [redacted] room when there were not enough staff to help in the dining room. R18 stated she liked eating in the dining room.

Review of R18's annual "MDS" assessment with an ARD of [redacted] revealed a "BIMS" score of [redacted] indicating [redacted]

e. During an interview on 08/29/23 at 12:30 PM, R16 stated there was not enough staff at night.

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Review of R16's quarterly "MDS" assessment with an ARD of [redacted] revealed a "BIMS" score of [redacted], indicating intact cognition.

f. During an interview on 08/29/23 at 12:45 PM, when asked about staffing, R6 stated it felt like staff were hurried when they come in to provide care.

Review of R6's quarterly "MDS" assessment with an ARD of [redacted] revealed a "BIMS" score of [redacted], indicating [redacted].

g. During an interview on 08/29/23 at 12:12 PM, R5 stated she has been at the facility for about two weeks due to a [redacted] which left [redacted] R5 stated that last night on the 11-7 shift, [redacted] asked about getting a pain pill because she was having [redacted] and asked the Certified Nursing Assistant (CNA) three times to speak with the nurse, who never came. R5 said [redacted] was having [redacted] in [redacted], and [redacted] had to take a [redacted] twice, which [redacted] keeps on [redacted] person. Continued interview, R5 stated that [redacted] wanted the nurse to take [redacted]. R5 indicated [redacted] was a [redacted] and had a history [redacted] since 2019. R5 said the CNA each time told [redacted] r the nurse was busy. R5 indicated [redacted] felt as if [redacted] did not know if she was going to live, that the [redacted] and [redacted] went to bed crying. During the interview, R5 got [redacted] talking about this; however, did say that [redacted] spoke with the nurse this morning who indicated that [redacted] would report this incident.

The facility failed to ensure that R5 was supervised during administration of heart medication or was assessed for safe self-administration of the medication.

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F 725	Continued From page 8 Cross-reference F554: Resident Self-Administration of Medication. h. During an interview on 08/30/23 at 4:30 PM, R15, the Resident Council President, stated the residents had called an emergency council meeting on August 14 on concerns over the lack staff members for all shifts, especially on the weekends. R15 stated 13 residents attended and agreed with Resident Council concerns. The emergency council meeting was written by the Active Director and notified the Regional Administrator about residents' concerns. R15 stated he had not heard back from the administration. i. During a telephone interview on 08/30/23 at 11:00 AM, R10's family member (F10) stated she was very concerned about the lack of staff on the weekends. F10 stated when she visited R10 recently R10 had [redacted] in [redacted]. 3. During an interview on 08/29/23 at 10:42 AM, CNA1 revealed there was a shower list and CNA1 showered all assigned residents on [redacted]; however, for the past few weeks, the facility has been short of staff and they have been giving bed baths instead of showers. During a follow up interview on 08/30/23 at 6:00 AM, CNA1 stated he worked at the facility for 22 plus years and did a mixture of 7-3 shift and 3-11 shift. CNA1 stated typically he had 10 plus residents on each shift and the highest he has ever had was 18-20 residents. CNA1 stated he sometimes worked with only two CNAs and the last time that he had done that was this month. CNA1 stated he felt resident care has suffered, especially when one CNA will have 18-20	F 725		

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residents. CNA1 stated when this new company took over, staff have been leaving and the care has gone downhill.

4. During an interview on 08/29/23 at 11:40AM, CNA8 stated they have been at this facility for over 2 years and worked both morning and afternoon shifts. CNA8 stated that on the weekend of August 12, CNA8 was the only CNA for 51 residents.

5. During an interview on 08/29/23 at 10:45AM, the Director of Nursing (DON) revealed scheduling of staff members depended on resident populations. The DON stated if the facility's resident population was full (total 95) then it is maximum staffing. Per the DON, "Right now, the resident population is at [redacted] We use less staff members because the resident population is down." The DON stated the facility had a list of volunteers who want to work extra shifts as needed. If DON knows that there will be a shortage of staff for the next shift, DON will ask for volunteers to cover or stay a little longer to help out and will use a staffing agency if the need comes up.

6. During an interview on 08/29/23 at 11:45 AM, the Unit Manager, who works the day shift, stated the facility was short staffed at times.

7. During an interview on 08/29/23 1:35 PM, the Regional Administrator stated they have been short-staffed and were trying to use temporary staffing agencies to help fill the openings. He stated that the current job market is very competitive, and they are offering signing bonuses and shift differentials to try to recruit more staff. The Regional Administrator

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confirmed he had not addressed the resident council's staffing concerns.

8. During observation on 08/30/23 at 5:23 AM, after arriving on the [redacted] floor, two nurses and three CNAs were found on the floor for [redacted] residents.

During an interview on 08/30/23 at 5:40 AM, CNA4 said she has been coming to the facility for eight months now and likes coming to work at the facility. CNA4 confirmed that she had at least 15 residents tonight to care for. CNA4 said that it was a lot to do, but she just does her job and did not complain.

During an interview on 08/30/23 at 5:50 AM, CNA3 said he had approximately 15 residents to care for and it was "too much." CNA3 stated sometimes "the nights can get crazy."

9. During an interview on 08/30/23 at 6:09 AM, LPN1 stated tonight she had 24-25 residents due to a call out that left the floor with only two nurses, instead of three. LPN1 stated, "we do the best we can do, but it is overwhelming at times."

10. During a telephone interview on 08/30/23 at 2:00 PM, the Ombudsman Coordinator for the State of New Jersey stated she was very concerned about the staffing ratio at this facility.

11. During an interview on 08/30/23 at 2:01 PM, CNA6 stated she was an active staff member at the facility and upon returning in [redacted], the facility was "horrible." CNA6 stated this past weekend on [redacted], there were only three CNAs for the [redacted] floor. CNA6 stated she did not get to give all her residents their

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showers but said the residents were understanding. CNA6 stated, on 08/12/23, there were only two CNAs in the whole facility, so she had the whole [redacted] floor by herself. CNA6 stated the nurses helped as much as possible. CNA6 stated she texted the staffing scheduler and manager on duty, telling both the facility was understaffed, and it was unsafe to only have her out on the floor. CNA6 stated she spoke with the Regional Administrator who she spoke with about staffing ratios in the facility and she said that the Regional Administrator told her not to threaten him.

12. During an interview on 08/30/23 at 2:15 PM, the Volunteer Ombudsman stated she had only been in the position for a month but has noticed staffing shortages at the facility.

13. Review of Facility Assessment, Part 3.2 Staffing Plan was reviewed and revised by the QAA/QAPI in [redacted] The planned resident to CNA ratios based on the resident populations and their needs for care and support was stated as 1 CNA for every 8 residents on the day shift, 1 CNA for every 10 residents for the evening shift, and 1 CNA for every 14 residents for the night shift.

During a confidential interview on 08/30/23 at 11:25 AM while reviewing the staffing sheets, a Confidential Staff Member confirmed the facility did not meet their planned staffing ratios:
on the morning shift for 26 out of 26 days with rations ranging from nine to 18 residents per CNA;
on the afternoon shift for 20 of 26 days with ratios ranging from 11 to 30 residents per CNA; and on the night shift for 19 of 16 days with staffing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315342	A. BUILDING _____ B. WING _____	C 08/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT BRICK LLC	415 JACK MARTIN BLVD BRICK, NJ 08724

(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 725	Continued From page 12 rations ranging from 15 to 45 residents per CNA. 14. Review of facility policy titled "Staffing," revised 01/23, revealed, "Our facility provides sufficient numbers of staff with the skills and competency necessary to provide care and services for all residents in accordance with resident care plans and the facility assessment. Policy Interpretation and Implementation 1. Licensed nurses and certified nursing assistants are available 24 hours a day to provide direct resident care services. 2. Staffing numbers and the skill requirements of direct care are determined by the needs of the residents based on each resident's plan of care. 3. Other support services (e.g., dietary, activities/recreational, social, therapy, environmental, etc.) are also staffed to ensure that resident needs are met. 4. Direct care staffing information per day (including agency and contract staff) is submitted to the CMS payroll-based journal system on the schedule specified by CMS, but no less than once a quarter. 5. Inquiries or concerns relative to our facility's staffing should be directed to the Administrator or his/her designee." NJAC: 8:39:5.1 NJAC: 8:39:27.1 (a)	F 725		
F 761 SS=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	F 761		10/20/23

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	315342	A. BUILDING _____ B. WING _____	C 08/31/2023

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COMPLETE CARE AT BRICK LLC	415 JACK MARTIN BLVD BRICK, NJ 08724

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F 761	Continued From page 13 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 by: Complaint #: NJ 166617, NJ 166695 Based on observation, interview, and facility policy review, the facility failed to ensure one out of three medication carts were locked on one of two floors. In addition, the facility failed to ensure medication was locked in a secure place when out of nurse's eyesight. This failure placed residents at risk of receiving an inaccurate dosage of medication. Findings include: Upon arriving on the floor on 08/30/23 at 5:23 AM, Licensed Practical Nurse (LPN) 2 was observed entering the medication room, located behind the nursing station with another staff	F 761	The facility failed to ensure medication carts were secured while unattended for 2 of 6 medication carts. No residents were affected by this deficient practice. All residents have the potential to be affected. LPN #2 was reeducated on 8/30/23 by DON/ ADON regarding the importance of keeping the medication and treatment carts and storage of medications locked and secured. All facility Nurses re-educated on the importance of keeping the medication and treatment carts and storage of medications locked and secured by the DON. The education of all existing nurse	

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F 761	Continued From page 14 member. Surveyor then walked down the middle hallway and observed the unnumbered medication cart parked on the left side of the hallway. The cart was unlocked and had a clear plastic cup sitting on top of the medication cart with orange crushed unknown substance inside of the cup. The nurse did not return to the medication cart until five minutes later. LPN2 confirmed the medication cart had been left unattended and unlocked. LPN2 confirmed medication cups should not be left on top of the cart. LPN2 stated she had go upstairs to get an medication out of the automated medication dispensing system for the agency nurse. During interview on 08/30/23 at 2:24 PM, the Interim Director of Nursing (DON)/Regional Nurse indicated she expected the nurses to ensure that all medication carts were locked when out of their site. She indicated medication should not be left unattended on top of the medication cart. She said that she was unaware of any incidents regarding this. Review of facility policy titled "Administering Medications," revised 10/2022, revealed, "Medications shall be administered in a safe and timely manner, and as prescribed. During administration of medications, the medication cart will be kept closed and locked when out of sight of the medication nurse or aide." Review of facility policy titled "Security of Medication Cart," revised 10/2019, revealed, "The medication cart shall be secured during medication passes. When it is not possible to park the medication cart in the doorway, the cart should be parked in the hallway against the wall with doors and drawers facing the wall. The cart	F 761	staff is immediate and will be ongoing with all new hires. Compliance audits of proper storage of medications and security of medication and treatment carts Initiated. The DON/designee will conduct audits three times weekly x 4 weeks then monthly x 3 months. Results of audit will be reviewed at the Monthly Quality Assurance Meeting and Quarterly over the duration of the audit process.	

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	315342	A. BUILDING _____ B. WING _____	C 08/31/2023

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F 761	Continued From page 15 must be locked before the nurse enters the resident's room. Medication carts must be securely locked at all times when out of the nurse's view. When the medication cart is not being used, it must be locked and parked at the nurses' station or inside the medication room." NJAC: 8:39-29.4 (h)	F 761		

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	656001	A. BUILDING: _____ B. WING _____	C 08/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT BRICK LLC	415 JACK MARTIN BLVD BRICK, NJ 08724

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S 000	Initial Comments Complaint #: NJ00166461, NJ00166489, NJ00166505, NJ00166617, NJ00166695, NJ00164716 Survey Dates: 08/29/23 to 08/31/23 Survey Census: 95 Sample Size: 18 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 #: NJ00166461, NJ00166489, NJ00166505, NJ00166617, NJ00166695, NJ00164716 Based on review of pertinent facility documentation, it was determined that the facility failed to ensure staffing ratios were met to	S 560	The facility leadership team has met on an ongoing basis and continues to identify staffing challenges and areas of improvement for licensed and certified needs. Recruitment efforts include online advertisements, local community advertisements, sign on bonus, refer a	10/20/23

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

Electronically Signed | 09/21/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	656001	A. BUILDING: _____ B. WING _____	C 08/31/2023

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S 560	Continued From page 1 maintain the required minimum staff-to-resident ratios as mandated by the state of New Jersey for 15 of 28 day shifts and 11 of 28 evening 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 4 weeks of staffing from 06/04/2023 to 06/10/2023 and 08/06/2023 to 08/26/2023, the staffing to resident ratios did not meet the minimum requirement of one CNA to eight residents for the day shift and one direct care staff member to every 10 residents for the evening shift as documented below:	S 560	friend bonus for current employees, onsite and on the spot interview availability, and continued use of agency staff to supplement. The center also utilizes the assistance of nurse management, physical therapist, and occupational therapists to assist with direct care as directed by the Director of Nursing. All residents have the potential to be affected. The facility has implemented a competitive market rate for nurses and certified nursing aides including a sign on bonus when appropriate. The facility continues to utilize online recruitment with immediate interviews and contingency offers. The facility implemented an expediated but robust onboarding process. The facility will use agency staff as needed to meet staffing needs. Administrator/Designee will conduct 2 audits per week for 4 weeks, then 2 audits monthly for 3 months to ensure adequate staff is scheduled to accommodate resident needs. All results will be provided to the Quality Assurance Performance Improvement committee monthly, x3 months, to ensure compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	656001	A. BUILDING: _____ B. WING _____	C 08/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S 560	Continued From page 2 For the 4 weeks of staffing, 06/04/2023 to 06/10/2023 and 08/06/2023 to 08/26/2023, the facility was deficient in CNA staffing for residents on 15 of 28 day shifts and 11 of 28 on the evening shift as follows: 1. For the week of 06/04/2023 to 06/10/2023, the facility was deficient in CNA staffing for residents on 3 of 7 day shifts and deficient in CNAs to total staff on 3 of 7 evening shifts as follows: -06/04/23 had 7 CNAs for 83 residents on the day shift, required at least 10 CNAs. -06/04/23 had 8 CNAs to 18 total staff on the evening shift, required at least 9 CNAs. -06/07/23 had 9 CNAs to 20 total staff on the evening shift, required at least 10 CNAs. -06/09/23 had 10 CNAs for 85 residents on the day shift, required at least 11 CNAs. -06/09/23 had 7 CNAs to 17 total staff on the evening shift, required at least 8 CNAs. -06/10/23 had 8 CNAs for 80 residents on the day shift, required at least 10 CNAs. 2. For the 3 weeks from 08/06/2023 to 08/26/2023, the facility was deficient in CNA staffing for residents on 12 of 21 day shifts and deficient in CNAs to total staff on 8 of 21 evening shifts as follows: -08/06/23 had 4 CNAs for 89 residents on the day shift, required at least 11 CNAs. -08/07/23 had 10 CNAs for 89 residents on the day shift, required at least 11 CNAs. -08/11/23 had 10 CNAs for 86 residents on the day shift, required at least 11 CNAs. -08/12/23 had 9 CNAs for 86 residents on the day shift, required at least 11 CNAs. -08/12/23 had 3 CNAs to 9.5 total staff on the	S 560		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	656001	A. BUILDING: _____ B. WING _____	C 08/31/2023

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COMPLETE CARE AT BRICK LLC	415 JACK MARTIN BLVD BRICK, NJ 08724

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S 560	Continued From page 3 evening shift, required at least 5 CNAs. -08/13/23 had 9 CNAs for 91 residents on the day shift, required at least 11 CNAs. -08/13/23 had 4 CNAs to 11 total staff on the evening shift, required at least 5 CNAs. -08/14/23 had 7 CNAs for 91 residents on the day shift, required at least 11 CNAs. -08/14/23 had 4 CNAs to 10 total staff on the evening shift, required at least 5 CNAs. -08/15/23 had 4 CNAs to 10.5 total staff on the evening shift, required at least 5 CNAs. -08/17/23 had9 CNAs for 96 residents on the day shift, required at least 12 CNAs. -08/18/23 had 9 CNAs for 95 residents on the day shift, required at least 12 CNAs. -08/19/23 had 5 CNAs for 89 residents on the day shift, required at least 11 CNAs. -08/19/23 had 4 CNAs to 9.5 total staff on the evening shift, required at least 5 CNAs. -08/20/23 had 5 CNAs for 89 residents on the day shift, required at least 11 CNAs. -08/20/23 had 5 CNAs to 12 total staff on the evening shift, required at least 6 CNAs. -08/22/23 had 5 CNAs to 12 total staff on the evening shift, required at least 6 CNAs. -08/24/23 had 8 CNAs to 17.5 total staff on the evening shift, required at least 9 CNAs. -08/25/23 had 7 CNAs for 88 residents on the day shift, required at least 11 CNAs. -08/26/23 had 5 CNAs for 88 residents on the day shift, required at least 11 CNAs.	S 560		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
656001 Y1	A. Building B. Wing Y2	10/20/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT BRICK LLC	415 JACK MARTIN BLVD BRICK, NJ 08724

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	10/20/2023	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

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

FOLLOWUP TO SURVEY COMPLETED ON	
8/31/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315342 Y1	A. Building B. Wing Y2	10/20/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT BRICK LLC	415 JACK MARTIN BLVD BRICK, NJ 08724

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 F0554	Correction	ID Prefix F0725	Correction	ID Prefix F0761	Correction
Reg. # 483.10(c)(7)	Completed	Reg. # 483.35(a)(1)(2)	Completed	Reg. # 483.45(g)(h)(1)(2)	Completed
LSC	10/20/2023	LSC	10/20/2023	LSC	10/20/2023
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	
8/31/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO