

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315110	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/10/2024
NAME OF PROVIDER OR SUPPLIER Complete Care at Wayne Hills Rehab & Resp Center		STREET ADDRESS, CITY, STATE, ZIP CODE 130 Terhune Drive Wayne, NJ 07470	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>51143</p> <p>Complaint #: NJ00176749</p> <p>Based on interviews and a review of the medical records and other facility documentation, it was determined that the facility staff failed to report an allegation of sexual abuse made by a resident (Resident #2) to the New Jersey Department of Health (NJDOH) as required. This deficient practice was identified for 1 of 4 residents (Resident #2) and was evidenced by the following:</p> <p>The surveyor reviewed Resident #2's medical record on 09/10/2024. The Admission Record reflected the Resident #2 was admitted to the facility with medical diagnoses which included but not limited to: Type 2 Diabetes, Acute and Chronic Respiratory Failure, Morbid Obesity, Tracheostomy Status, Hypertension, Anxiety Disorder, Chronic Obstructive Pulmonary Disorder, and Other Seizures. Review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated 5/29/24, reflected the resident had a Brief Interview for Mental Status (BIMS) score of 0 out of 15, which indicated severely impaired cognition. The resident's care plan initiated on 06/02/24 and revised on 07/24/24, indicated that Resident #2 had a history of false accusations towards staff. Resident #2's care plan also indicated that Resident #2 utilized nonverbal communication to communicate resident's needs.</p> <p>Review of resident #2's Progress Notes (PNs) revealed that resident #2 was admitted to the hospital on 08/16/2024 with Tracheostomy Malfunction and Respiratory Distress.</p> <p>During the entrance interview with the surveyor on 09/10/2024, the Director of Nursing (DON) in the presence of the Licensed Nursing Home Administrator (LNHA) stated that the administrative staff was gathering for morning rounds meeting on 09/02/2024 when the Admissions Director received a text from the social worker at the hospital stating that Resident # 2 reported to have been sexually assaulted while at the nursing facility.</p> <p>The DON stated that after learning about the alleged sexual abuse during the morning meeting, she did not address the sexual abuse allegation because the social worker had not gotten in touch with her directly to report it, and the resident was not in the facility during the timeframe of the sexual abuse allegation. The DON and LNHA acknowledged that they should have reported the sexual abuse allegation to the appropriate agencies within the stipulated timeframe, as per state and federal regulations. The DON and LNHA further acknowledged that they did not follow their facility's policy for reporting and investigating allegations of abuse.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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NAME OF PROVIDER OR SUPPLIER Complete Care at Wayne Hills Rehab & Resp Center		STREET ADDRESS, CITY, STATE, ZIP CODE 130 Terhune Drive Wayne, NJ 07470	
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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility's policy titled Compliance with Reporting Allegations of Abuse/Neglect/Exploitation states It is the policy of this facility to report all allegations of abuse/neglect/exploitation or mistreatment, including injuries of unknown sources and misappropriation of resident property are reported immediately to the Administrator or the facility and to other appropriate agencies in accordance with state and federal regulations within prescribed timeframes.</p> <p>The policy further states:</p> <p>5. Alleged violation - A situation or occurrence that is observed or reported by staff, resident, relative, visitors or others but has not yet been investigated and, if verified, could be noncompliance with the Federal requirements related to mistreatment, exploitation, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property.</p> <p>6. Investigation - The facility will investigate all allegations and types of incidents as listed above in accordance with facility procedure for reporting/response as described below.</p> <p>7. Reporting/Response - The facility will report all alleged allegations and all substantiated incidents to the state agency and to all other agencies as required and take all necessary corrective actions depending on the results of the investigation. The facility will analyze the occurrences to determine what changes are needed, if any, to policies and procedures to prevent further occurrences.</p> <p>NJAC 8:39-9.4(f)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>51143</p> <p>Complaint #: NJ00176749</p> <p>Survey Dates: 09/10/2024</p> <p>Census: 85</p> <p>Sample Size: 4</p> <p>Based on interviews and a review of the medical records and other facility documentation, it was determined that the facility staff failed to investigate an alleged incident of sexual abuse made by a resident (Resident #2) to the New Jersey Department of Health (NJDOH) as required. This deficient practice was identified for 1 of 4 residents (Resident #2) and was evidenced by the following:</p> <p>The surveyor reviewed Resident #2's medical record on 09/10/2024. The Admission Record reflected the Resident #2 was admitted to the facility with medical diagnoses which included but not limited to: Type 2 Diabetes, Acute and Chronic Respiratory Failure, Morbid Obesity, Tracheostomy Status, Hypertension, Anxiety Disorder, Chronic Obstructive Pulmonary Disorder, and Other Seizures. Review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated 5/29/24, reflected the resident had a Brief Interview for Mental Status (BIMS) score of 0 out of 15, which indicated severely impaired cognition. The resident's care plan initiated on 06/02/24 and revised on 07/24/24, indicated that Resident #2 had a history of false accusations towards staff. Resident #2's care plan also indicated that Resident #2 utilized nonverbal communication to communicate resident's needs.</p> <p>Review of resident #2's Progress Notes (PNs) revealed that resident #2 was admitted to the hospital on 08/16/2024 with Tracheostomy Malfunction and Respiratory Distress.</p> <p>During the entrance interview with the surveyor on 09/10/2024, the Director of Nursing (DON) in the presence of the Licensed Nursing Home Administrator (LNHA) stated that the administrative staff was gathering for morning rounds meeting on 09/02/2024 when the Admissions Director received a text from the social worker at the hospital stating that Resident # 2 reported to have been sexually assaulted while at the nursing facility.</p> <p>The DON stated that after learning about the alleged sexual abuse during the morning meeting, she did not address the sexual abuse allegation because the social worker had not gotten in touch with her directly to report it, and the resident was not in the facility during the timeframe the sexual abuse allegation. The DON and LNHA acknowledged that they should have reported the sexual abuse allegation to the appropriate agencies within the stipulated timeframe, as per state and federal regulations. The DON and LNHA further acknowledged that they did not follow their facility's policy for reporting and investigating allegations of abuse.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the surveyor on 09/10/2024 at 12:53 P.M., the social worker stated that the sexual abuse allegation was not reported to her, but she heard about the sexual abuse allegation during morning rounds meeting. The social worker stated that she did not investigate the sexual abuse allegation because the information did not come to her directly. She stated that it is the responsibility of the Administrator and the DON to report any sexual abuse allegations. The social worker did acknowledge that her role as a social worker is to ensure the safety of the residents and she acknowledged that she should have taken the necessary steps to investigate the alleged sexual abuse.</p> <p>A review of the facility's policy titled Compliance with Reporting Allegations of Abuse/Neglect/Exploitation states It is the policy of this facility to report all allegations of abuse/neglect/exploitation or mistreatment, including injuries of unknown sources and misappropriation of resident property are reported immediately to the Administrator or the facility and to other appropriate agencies in accordance with state and federal regulations within prescribed timeframes.</p> <p>The policy further states:</p> <p>5. Alleged violation - A situation or occurrence that is observed or reported by staff, resident, relative, visitors or others but has not yet been investigated and, if verified, could be noncompliance with the Federal requirements related to mistreatment, exploitation, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property.</p> <p>6. Investigation - The facility will investigate all allegations and types of incidents as listed above in accordance with facility procedure for reporting/response as described below.</p> <p>NJAC 8:39-9.4(f)</p>