STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315110	A. Building B. Wing	12/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Wayne Hills Rehab & Resp Center	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Complaint # 2624450, 2661339 Based on interview, record review, and review of pertinent facility documentation on 11/12/25, it was determined that the facility failed to ensure that a resident who was dependent on staff for activities of daily living (ADLs) received the necessary assistance with breakfast in accordance with their assessed needs. This deficient practice was identified for 1 of 3 residents reviewed for ADLs (Resident #2).The evidence was as follows: A review of the admission Record (AR) revealed that Resident #2 was admitted to facility with diagnoses that include but were not limited to; functional quadriplegia, dementia, and severe protein calorie malnutrition. A review of the Resident #2's comprehensive Minimum Data Set (MDS), an assessment tool dated 10/17/25, revealed that the resident had a Brief Interview for Mental Status (BIMS) score of 3 of 15, indicating that the resident's cognition was severely impaired. A review of the resident's individualized care plan included a focus area initiated 10/15/25, that the resident had an ADL self-care performance deficit related to weakness and paraplegia. Interventions included total dependence of two staff for eating initiated on 10/15/25. On 11/12/25 at 2:48 PM, the surveyor conducted an interview with the Director of Nursing (DON), who stated that the residents who required assistance with meals were identified on the Certified Nursing Assistance's (CNA) assignment sheet. The DON further stated that the CNAs, nursing staff, and the DON provided assistance to the residents during meals. On 11/12/25 at 3:38 PM, the surveyor conducted an interview with the Director of Social Services (DSS), who stated that Resident #2's Representative (RR) recently came to her with a concern. The DSS stated that she could not recall the date, but the time was approximately noon, when the RR informed her that they observed Resident #2's untouched breakfast tray at the resident's bedside. The DSS stated at that time, she accompanied the RR to Resident #2's room and confirmed the resident's breakfast tray was untouched. The DSS stated that the resident required assistance from staff with eating, and the resident was not provided the assistance. The DSS stated that she promptly contacted the Food Service Director and a new breakfast tray was delivered to the resident and the staff assisted Resident #2 with their breakfast tray. NJAC 8:39- 17.4(d)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315110	A. Building B. Wing	12/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Wayne Hills Rehab & Resp Center	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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315110	A. Building B. Wing	12/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Wayne Hills Rehab & Resp Center	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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review and, review of other pertinent facility documents on 11/12/25, it was determined that the facility failed to ensure that a resident received wound care as ordered by the physician. This deficient practice was identified for 2 of 2 residents reviewed for wound care (Resident #1 and Resident #2).The evidenced was as follows: 1.A review of the admission Record (AR) revealed that Resident #1 was admitted to the facility with diagnoses that included but were not limited to; anoxic brain damage, stereotyped movement disorder, muscle spasm, and depressive disorder. A review Resident #1's quarterly Minimum Data Set (MDS) an assessment tool dated 9/4/25, revealed that the resident's cognition was severely impaired. A review of the Care Plan dated on 6/9/25, included a focus area that Resident #1 had actual skin breakdown; [The resident had] actual skin breakdown upon admission to facility including pressure ulcers to his left hip and right elbow. [The resident] was also admitted with multiple arterial injuries/ wounds to right foot. [Resident #1] is severely contracted, has impaired mobility, incontinence of bowel and bladder, ect and is at risk for further breakdown. A review of Resident #1's September 2025 Treatment Administration Record (TAR) included blank spaces indicating that ordered treatments were not completed as follows: A physician's order (PO) dated 9/11/25, for medihoney wound burn dressing, external gel (wound dressing) apply to left hip topically every day shift for wound #18 pressure ulcer cleansed with normal saline solution (NSS) pat dry, apply honey to wound bed and cover with gauze and border gauze was blank for the day shift on 9/15/25. A PO dated 6/23/25, for skin prep wipes; apply to right elbow topically every day shift for wound care was blank for the day shift on 9/4/25 and on 9/5/25. A PO dated 8/9/25, for left hip cleanse open area with NSS pat dry, apply collagen and active with NSS damp gauze and cover every day and evening shift for wound #18 pressure ulcer improving was blank for the day shift on 9/4/25 and 9/5/25. A PO dated 6/4/25, for weekly skin assessment every day shift on every Thursday for monitoring was blank for the day shift on 9/4/25. A PO dated 8/1/25, for Xeroform oil emulsion gauze external pad (bismuth tribromophenate-petrolatum); apply to left toe topically every day shift every two days for wound #25 arterial ulcer cleanse area with NSS pat dry. Apply Xeroform and cover with boarder gauze was blank for day shift on 9/4/25. A PO dated 9/12/25, for Xeroform petrolat patch two-by-two (2x2) external pad (bismuth tribromophenate-petrolatum); apply to right shoulder topically every day shift for skin tear cleanse sight shoulder skin tear with NSS and apply Xeroform to the base of the wound and cover with dry dressing daily was blank for the day shift on 9/15/25 and 9/25/25. A review of Resident #1's October 2025 TAR included blank spaces indicating that the ordered treatments were not completed as follows: A PO dated 10/22/25, to cleanse right elbow with normal saline, pat dry, apply Xeroform and cover with border gauze daily every day shift every two days for skin tear was blank for the day shift on 10/28/25. A PO dated 9/11/25, for medihoney wound burn dressing external gel (wound dressing); apply to left hip topically every day shift for wound #18 pressure ulcer cleanse with NSS, pat dry apply honey to wound bed and cover with gauze and bordered gauze was blank for the day shift on 10/28/25. A PO dated 9/11/25, to cleanse right distal foot with NSS, pat dry, apply betadine dampened gauze, cover with dry gauze every day shift every two days for wound #28 arterial ulcer was blank for the day shift on 10/28/25. A PO dated 10/9/25, for skin prep wipes miscellaneous (ostomy supplies); apply to left fifth toe topically every day shift for arterial ulcer cleanse area with NSS, pat dry, apply skin prep, let dry was blank for the day shift on 10/28/25. A PO dated 9/12/25, for Xeroform petrolat patch 2x2 external pad (bismuth tribromophenate-petrolatum); apply to right shoulder topically every day shift for skin tear cleanse right shoulder skin tear with NSS apply xeroform to the base of the wound and cover with dry dressing daily was blank on the day shift on 10/28/25. A PO dated 9/24/25, to offload bilateral feet with pillow every shift was blank for the day shift on 10/28/25. A PO dated 9/24/25, to offload bilateral feet with pillow every shift was blank for the night shift on 10/28/25. A review of Resident #1's November 2025 TAR revealed blanks for: A PO dated 10/31/25, to cleanse right distal foot with normal saline solution, pat dry, apply A&D ointment daily LOA (location of application) was blank for the day shift on 11/6/25. A PO dated 11/5/25, cleanse right hand with NSS. Pat dry apply bacitracin and cover with band aid daily, every day shift for post biopsy was blank for the day shift on 11/6/25. A PO dated 9/11/25, for medihoney wound burn dressing external gel (wound dressing); apply to left hip topically every day shift for wound #18 pressure ulcer cleanse with NSS, pat dry apply honey to wound bed and cover with gauze and bordered gauze was blank for the day shift on 11/6/25. A PO dated 10/9/25, for skin prep wipes miscellaneous (ostomy supplies); apply to left fifth toe