

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315178	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/24/2025
NAME OF PROVIDER OR SUPPLIER Complete Care at Orange Park		STREET ADDRESS, CITY, STATE, ZIP CODE 140 Park Ave East Orange, NJ 07017	
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 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Ensure that the resident and his/her doctor meet face-to-face at all required visits.</p> <p>Complaint #425693Based on interview, record review, and review of pertinent facility documentation, it was determined that the facility failed to ensure that residents must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 thereafter. The deficient practice was identified for 1 of 2 (Resident # 167) residents reviewed for Physician Visits. The deficient practice was evidenced by the following: A review of Resident # 167's Electronic Medical Record (EMR) revealed he/she was admitted in March of 2025.A review of Resident # 167's EMR revealed he/she was diagnosed with but not limited to unspecified sequelae of cerebral infarction (long term conditions of a stroke) and type 2 diabetes mellitus without complications (inability to control blood-sugar).A review of the Progress Notes for Resident # 167 revealed a late entry by a Physician that was created on 04/14/2025 and dated for 03/30/2025.A review of Resident # 167's EMR did not reveal any other documented visits from the Physician. A review of the Progress Notes revealed the Resident was seen by the Family Nurse Practitioner on the following dates:3/31/20254/01/20254/3/20254/7/20254/8/20254/10/20254/11/20254/15/20254/17/20254/18/20255/5/20255/9/20255/12/20255/27/20256/3/20256/6/20256/10/2025On 09/23/2025 at 10:59 AM during an interview with the Surveyor, the Regional Clinical Director said that the requirement for physician visits in the facility occur at thirty, sixty, ninety, and one-hundred and twenty days. She concluded that after the ninetieth day, the Nurse Practitioner can share with the Physician.On 09/24/2025 at 10:25 AM during an interview with the Surveyor, the Regional Clinical Director confirmed that prior to May of 2025, the attending Physician for Resident # 167 was identified by the facility as being noncompliant with physician visits. She said further that a new Medical Director was installed in May, and physician visits have improved. At that time, the Director of Nursing confirmed there is no further documentation that the attending Physician visited Resident # 167 during that time.A review of the facility provided policy titled, Physician Visits and revised in April of 2020 revealed that, 2. The Attending Physician must visit his/her patients at least once every thirty (30) days for the first ninety (90) days following the resident's admission, and then at least every sixty (60) days thereafter. S 8:39-23.2 (d)</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 315178
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