

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/31/2026
NAME OF PROVIDER OR SUPPLIER  Complete Care at Cedar Grove		STREET ADDRESS, CITY, STATE, ZIP CODE  536 Ridge Road Cedar Grove, NJ 07009	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on interviews, record review, and review of pertinent facility documentations on 3/30/26 and 3/31/26, it was determined that the facility failed to provide documentation of completion of Activities of Daily Living (ADL) tasks of getting residents out of bed and providing turning and repositioning for dependent residents for the time period of of September 2025 through December 2025. This deficient practice was identified for 1 of 5 residents, Resident #1, that were reviewed for ADL documentation as follows: A review of Resident #1's admission Record (AR), an admission record summary, revealed the resident was admitted to the facility with diagnoses which included but were not limited to severe protein-calorie malnutrition, gastrointestinal hemorrhage, type 2 Diabetes Mellitus, dysphagia, pressure ulcer of sacral region-stage 4, gastrostomy status, functional quadriplegia, iron deficiency anemia, and generalized muscle weakness. A review of the resident's Minimum Data Set (MDS), a comprehensive assessment tool, dated 03/03/2026, showed that Resident #1's Brief Interview for Mental Status (BIMS) Score was 00 which indicated the resident's cognition was severely impaired. The resident's MDS further revealed the resident required staff assistance in completing their ADLs. A review of the resident's Care Plan Report (CP) revealed a with Focus [health problem], initiated 09/10/2025 and revised on 03/06/2026, of has MASD [moisture-associated skin damage] to sacrum r/t [related to] incontinence of B &amp; B [bowel &amp; bladder], immobility, poor cognition, PVD [peripheral vascular disease], and diabetes. Interventions which included, but were not limited to, turning and repositioning and offloading per policy; limit sitting 2 hours per session; ROHO cushion [an air-filled, cellular wheelchair cushion designed to provide premium pressure relief, skin protection, and stability for users], and treatment as per MD's [physician] order. A review of Resident #1's Documentation Survey Report (DSR) from January 2026 to March 2026 revealed Intervention/Tasks which included skin observation, turned and repositioned, and amount eaten. The DSR reflected the days of each month that the tasks were performed. The facility was unable to produce any DSR reports or other documentation of performing ADL tasks for the months of September 2025-December 2025. On 03/31/26 at 1:04 PM, the surveyor interviewed the Certified Nursing Assistant (CNA) #1, Resident #1's regular aide. CNA #1 stated that Resident #1 had a wound on their back or sacral area. CNA #1 they would turn and position Resident #1, as well as get the resident out of bed. CNA #1 further stated that they would document the care given to the resident in the POC (Point of Care) or kiosk daily. On 03/31/26 at 1:08 PM, the surveyor interviewed the Licensed Practical Nurse (LPN) #1, Resident #1's regular nurse. LPN #1 stated that Resident #1 is taken out of bed when the resident is able to tolerate it and when the resident was not having episodes of diarrhea. LPN #1 further stated Resident #1 was turned and repositioned and that this care would be documented in the POC by the aides or by the nurses in the skilled progress notes (PN). On 03/31/26 at 1:37 PM, the surveyor interviewed the Director of Nursing (DON). The DON stated that the turning and repositioning tasks were documented by the CNAs in the POC. The DON further stated that Resident #1 was turned and repositioned every two hours or more frequently but she was unable to provide more than 1 month of ADL task sheets due to a recent program change. The surveyor requested the task care record, ADLs documentation, POC documentation for Resident #1 for the (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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F 0842  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	months of September 2025 to December 2025. The facility was not able to provide the documentation. A review of a facility policy titled Turning and Repositioning with a review/revised date of 10/1/2025 revealed under Policy: It is our policy to implement turning and repositioning as part of our systematic approach to pressure injury prevention and management. This policy establishes responsibilities and protocols for turning and repositioning. Under Policy Explanation and Compliance Guidelines: 1. All residents at risk of, or with existing pressure injuries, will be turned and repositioned, unless it is contraindicated due to medical record. In this case, small shifts in repositioning will be employed. 2. Turning and repositioning is a primary responsibility of nursing assistants. However, all nursing staff are expected to assist with turning and repositioning. 3. The frequency of turning and repositioning will be documented in the resident's plan of care .A review of a facility policy titles Pressure Injury Prevention and Management with a review/revised date of 10/01/2025 revealed under Policy: This facility is committed to the prevention of avoidable pressure injuries, unless clinically unavoidable, and to provide treatment and services to heal the pressure ulcer/injury, prevent infection and the development of additional pressure ulcers/injuries. Under Policy Explanation and Compliance Guidelines: 4. Interventions for Prevention and to Promote Healing, c. Evidence-based interventions for prevention will be implemented for all residents who are assessed at risk or who have a pressure injury present. Basic or routine care interventions could include, but are not limited to: i. Redistribute pressure (such as repositioning .). N.J.A.C. 8:39-35.2(b)		