

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315221	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/15/2024
NAME OF PROVIDER OR SUPPLIER  Complete Care at Hamilton, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  56 Hamilton Avenue Passaic, NJ 07055	

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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48617</p> <p>Complaint #: NJ00178362, NJ00178481</p> <p>Based on observations, interviews, record reviews and review of pertinent facility documents on [DATE], it was determined that the facility failed to ensure a safe environment for a resident (Resident #1) who had a Physician's Order for a prescribed diet of dysphagia puree, Consistent Carbohydrate Diet (CCD), Thickened Liquid Nectar consistency. On [DATE], Resident #1 who was sitting in a wheelchair, was attending an outdoor activity program with other residents. The Director of Recreation (DOR) had donuts cut into thirds for an afternoon lunch snack. The DOR gave Resident #1 a bite sized soft donut, when the resident reached out for it. The DOR left the resident with 3 other Activity Staff (AS). Resident #1 started coughing and observed choking. The AS immediately wheeled the resident back into the facility and nursing staff performed the Heimlich maneuver (an abdominal thrust maneuver, used to treat upper airway obstructions caused by foreign bodies). Food particles were removed by staff. Resident #1 became unresponsive. Cardiopulmonary Resuscitation (CPR) was initiated by the facility and 911 Emergency Medical Services (EMS) were notified and arrived at the facility. Resident #1 was transferred to an acute care hospital emergency room (ER). Resident #1 was admitted with cardiac arrest, respiratory arrest and choking due to food in the larynx [voice box].</p> <p>Resident #1 is a [AGE] year-old status post (s/p) Cerebral infarction, with hemiplegia and Hemiparesis, Turner's Syndrome and Type II Diabetes Mellitus without complications and Multiple Sclerosis. The MDS indicated that Cognitive Skills for daily Decision Making at a 3, which is severe cognitive impairment.</p> <p>This deficient practice created an Immediate Jeopardy (IJ) to the health and well-being of Resident #1, who was provided food that was not the prescribed consistency by a non-nursing staff. The staff member had been previously in-serviced about resident diets and verification with nursing staff on [DATE] and [DATE]. This had the likelihood to impact all residents who are prescribed pureed diets and other consistencies. This deficient practice was identified for 1 of 6 residents (Resident #1).</p> <p>The facility provided documented evidence of a Plan of Correction (POC) that was initiated at the time of the incident and prior to the survey on [DATE] to the Surveyor.</p> <p>- On [DATE] post the incident, the staff member was suspended pending investigation and subsequently terminated.</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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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> <li>- All residents on puree diets were identified and verified that plan of care was in place and being followed.</li> <li>- On [DATE] - [DATE] staff was immediately educated on identification of resident diets and ensured only food consistent with the diet is provided.</li> <li>- Residents on altered diets identification procedure updated to include utilization of a colored dot on the resident door tag as well as on the resident bracelet. All staff were educated on the new process. Resident diet list will be printed by reception daily and provided to all nursing units and the recreation program. The procedure will be audited by the Director of Nursing/Designee daily x 2 weeks, then weekly x 4 weeks then monthly x 3 months.</li> <li>- On [DATE] - [DATE] staff was immediately educated on resident diet consistencies. Understanding will be audited by Director of Nursing/Designee daily x 2 weeks, then weekly x 4 weeks, then monthly x 3 months.</li> <li>- On [DATE] - [DATE] staff was immediately educated on how to identify residents' diet. Understanding will be audited by Director of Nursing/Designee daily x 2 weeks, then weekly x 4 weeks then monthly x 3 months.</li> </ul> <p>There was sufficient evidence that the facility corrected the non-compliance and is in substantial compliance at the time of the current survey on [DATE] for the specific regulatory requirements for F689. The Immediate Jeopardy Past Non-Compliance started on [DATE] and ended on [DATE] when all nursing and non-nursing staff was educated and trained on identification of residents' altered diets and consistency policies and procedures.</p> <p>On [DATE] at 11:08 am [morning], the surveyor made a tour of the Unit in the presence of Licensed Practical Nurse (LPN)#1 Unit Manager and observed the following:</p> <ul style="list-style-type: none"> <li>- 11:13 am, Resident #5 had a feeding tube and was on dysphagia puree - had a yellow dot on his/her door name and yellow dot on his/her bracelet.</li> <li>- 11:25 am, Resident #3 was on dysphagia puree - had a yellow dot on his/her door name and yellow dot on his/her bracelet.</li> <li>- 11:37 am, Resident #4 was on dysphagia puree - had a yellow dot on his/her door name and yellow dot on his/her bracelet.</li> <li>- 11:41 am, Resident #2 was on dysphagia puree - had a yellow dot on his/her door name and yellow dot on his/her bracelet.</li> <li>- 11:46 am, Resident #6 was on dysphagia puree - had a yellow dot on his/her door name and yellow dot on his/her bracelet.</li> </ul> <p>(continued on next page)</p>

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 11:54 am, the surveyor observed Recreation Assistant (RA) #1 in the unit's dining room assisting in putting away lunch trays. RA #1 stated Residents on modified diets had yellow dots on their bracelets. RA #1 further stated she had an updated list printed out daily by the receptionist and that if she saw residents on the list without yellow dots on their bracelets, she would check and confirm with the nurse prior to meal service. At this point, the RA #1 showed the surveyor the yellow binder she was holding which contained the updated list of the residents on modified diets on that day.</p> <p>The deficient practice was evidenced by the following:</p> <p>Review of the Minimum Data Set (MDS), an assessment tool that provides a comprehensive assessment of each resident's functional capabilities, dated [DATE], Resident #1's Cognitive Skills for Daily Decision Making was coded 3 indicating that the resident's cognition was severely impaired. Resident #1 MDS further revealed in Section GG Functional Abilities and Goals that the resident was dependent on staff for the completion of her/his Activities of Daily Living (ADL).</p> <p>Review of the Resident #1's Order Summary Report (OSR), a list of physician orders, dated [DATE], revealed Resident #1 had a Dietary-Diet Order Summary of Consistent Carbohydrate Diet (CCD) [diabetic] diet of Dysphagia Puree texture [food is blended into smooth texture], Thickened Liquid Nectar consistency with an order and start date of [DATE].</p> <p>Review of Resident #1's Care Plan (CP) initiated on [DATE] reflected a CP Focus [health problem] Resident #1 [name] is at risk for malnutrition R/T [related to] varied intake on altered texture diet; Goal: Resident #1 [name] will follow puree diet as ordered and demonstrate adequate oral intake .Interventions: .Follow Puree diet.</p> <p>Review of the Facility Reportable Event (FRE) submitted to NJDOH (New Jersey Department of Health) for Resident #1, dated [DATE], showed Date and Time of Event: Oct-,d+[DATE] 01:45 PM [afternoon] under Narrative: Resident #1 [name] .is alert and staff anticipate [him/her] needs .Resident #1 [name] on puree diet and nectar thick liquids. On [DATE] Resident #1 [name] was in a recreation program the director of recreation was passing out pieces of donuts cut into thirds. Resident #1 [name] reached out for a piece, and it was handed to [him/her]. [She/He] was then noted to be coughing ., nursing called, Heimlich maneuver performed, and food particles removed by staff. Resident #1 [name] was not responsive, and CPR initiated EMS arrived and continued interventions. Transferred to ER and admitted with cardiac arrest, respiratory arrest, and choking due to food in larynx [voice box].</p> <p>Additionally, a review of the facility's Incident Report (IR) #2126 titled Choking indicated under Incident Description: Nursing Description: Resident was outside in front of building with recreation with activities staff. [She/He] was noted to be coughing on the donut. Brought into the facility to [her/his] room and nursing staff called .</p> <p>Review of a document titled, Incident Note, dated [DATE] and signed by Staff #1 [name], revealed Resident #1 [name] was brought outside with other residents for fresh air. Soft donuts cut into thirds were available to residents for an after-lunch snack. I gave Resident #1 [name] a bite sized soft donut as she reached out for it .A few minutes later she /he was noted to be choking and was brought back in immediately by activity staff .</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of a facility's document titled In-service Record/Meetings, dated [DATE] with Licensed Practical Nurse (LPN) #1 Unit Manager as the presenter and Topic: Resident's Diet, indicated DOR was in-serviced [educated] on .Any special diet will be listed in the paper located in the Binder with a staff and staff should review the list prior to start of their shift.</p> <p>In an interview with the surveyor on [DATE] at 11:48 am [morning], LPN #1 Unit Manager stated there is a yellow binder of residents' list on modified or altered diets with their pictures by the nursing station. LPN #1 UM further stated during the verbal endorsements between nurses and Certified Nursing Assistants (CNA)s between shifts or change of shifts, changes in the modified list are being discussed, and CNAs signed in the assignment sheets indicating they received the endorsement.</p> <p>In an interview with the surveyor on [DATE] at 11:54 am, RA#1 stated they had in-services on residents with altered diets and a list was always provided to them every day by the nursing staff where they kept it in a yellow binder. RA #1 further stated the list is updated daily from the nurse and if there were any questions, RA #1 would ask the nurse.</p> <p>Furthermore, in an interview with the surveyor on [DATE] at 12:09 pm [afternoon], RA #2 stated an updated list of modified diets is being provided to them [Recreation/Activity Department] every day. RA #2 further stated she would confirm with nurse of the updated list before she starts coffee/snack rounds with RA #1 in the dayroom/ dining room (DR) during the Activity Day Program. RA #2 stated she had received education in-services regarding altered diets by the nurses or dietitian often especially when there were changes.</p> <p>Review of the facility's policy, titled Mechanically Altered/Therapeutic Diet Policy, reviewed/ revised on [DATE], included under Policy Explanation and Compliance Guidelines: .4.All diet orders are to be communicated to the dietary department and recreation department in accordance with facility procedures.</p> <p>N.J.A.C. 8;:d+[DATE].4(a)(2)</p>		