STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315221	A. Building B. Wing	01/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Hamilton, LLC	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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview, and policy review, the facility failed to protect resident's right to be free from resident-to-resident physical abuse four of five residents (R)7, R8, R13, and R14) reviewed for abuse out of 14 sampled residents. This had the potential to cause injuries to the residents. Findings include: 1. Review of R7's Face Sheet, located in the resident's electronic medical record (EMR) under the Profile tab, revealed the resident was admitted to the facility on [DATE] with diagnoses which included dementia, dysphagia, major depressive disorder, adjustment disorder, mood disorder, and anxiety disorder. Review of R7's admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 09/03/24 and located in the resident's EMR under the MDS tab, revealed the facility assessed the resident to have a Brief Interview for Mental Status (BIMS) score of four out of 15, which indicated the resident was severely cognitively impaired. Review of R7's Care Plan, dated 10/01/24 and located in the residents' EMR under the Care Plan tab, revealed, Staff were called to the room due to R7 pulling on R8's sweater and R8 swung and hit R7 in the face. Interventions put in place the residents were immediately separated, body assessment, police notified, continue to redirect resident and psychological evaluation. Review of R8's Face Sheet, located in the resident's EMR under the Profile tab, revealed the resident was admitted to the facility on [DATE] with diagnoses which included schizoaffective disorder-bipolar type, mood disorder, anxiety disorder, adjustment disorder and depressive disorder. Review of R8's quarterly MDS with an ARD of 10/05/24 and located in the resident's EMR under the MDS tab, revealed the facility assessed the resident to have a BIMS score of 12 out of 15, which indicated the resident was moderately cognitively impaired. Review of R8's Care Plan, dated 10/01/24 and located in the residents' EMR under the Care Plan tab, revealed, The resident was screaming for security, staff observed R7 pulling R8's sweater, R8 swung his/her hand to R7's face. Intervention in place the residents immediately separated, body assessment, notified police, stop sign placed on resident's door. (continued on next page)

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: 315221	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Hamilton, LLC	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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Self-Report Form provided by the facility, dated 10/01/24 revealed, R7 pulled R8's sweater from his/her back and in response R8 swings his/her hand to R7's face. During an interview on 01/27/24 at 12:20 PM with Registered Nurse/Unit Manager (UM) said during the afternoon on 10/02/24 she heard yelling coming from R8's room and went into the room and observed R7 pulling R8's sweater and in response R8 pushed his/her arm and told him/her to get back. UM could not remember if R8 hit R7 anywhere. Staff immediately separated them and completed a full body assessment. A stop sign was placed outside R8's door to prevent other residents from going into the room. This was the first incident UM was aware of with these two residents. 2. Review of R14's Face Sheet, located in the resident's EMR under the Profile tab, revealed the resident was admitted to the facility on [DATE] with diagnoses which included paranoid schizophrenia, bipolar depression, anxiety, borderline personality disorder, adjustment disorder and mood disorder. Review of R14's quarterly MDS with an ARD of 02/09/24 and located in the resident's EMR under the MDS tab, revealed the facility assessed the resident to have a BIMS' score of 8 out of 15, which indicated the resident was moderately cognitively impaired. Review of R14's Care Plan, dated 03/04/24 and located in the residents' EMR under the Care Plan tab, revealed, Resident ran over .resident's (R13) foot with wheelchair and he/she reacted by hitting him/her in the head. Interventions in place, residents separated, body assessment completed, police notified, psychological evaluation, and smoking scheduled adjusted to prevent residents from smoking at the same times. Review of R13's Face Sheet, located in the resident's EMR under the Profile tab, revealed the resident was admitted to the facility on [DATE] with diagnoses which included schizophrenia, anxiety disorder, major depressive disorder, unspecified mood disorder, and major depressive disorder. Review of R13's quarterly MDS with an ARD of 02/15/24 and located in the resident's EMR under the MDS tab, revealed the facility assessed the resident to have a BIMS score of 5 out of 15, which indicated the resident was severely cognitively impaired. Review of the Self-Report Form provided by the facility, dated 03/04/24 revealed the resident-to-resident altercation was substantiated. The incident was witnessed by other residents and staff. During an interview on 01/28/25 at 9:22 AM Certified Nursing Aide (CNA)2 said on 03/04/24 residents were going to smoke area when R14 got too close to R13 and hit his/her foot and the R13 punched R14 in the head. Residents were separated. She was unable to remember what happened after the incident. During an interview on 01/28/25 at 9:31 AM Licensed Practical Nurse (LPN)2 revealed on 03/04/24 R14 was heading to the smoke area and was in a rush trying to be the first to smoke. R14 stepped on R13's toes and he/she punched him/her in the head. Staff separated them and after that they were assigned to different smoke groups. (continued on next page)

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 01/28/2025
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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 01/28/25 at 2:36 PM the Director of Nursing (DON) stated the investigation between R7 and R8 revealed R7 pulled the sweater of R8 and R8 turned around and swung at R7's face. She said R7 was a wander, who would accidentally enter other resident rooms. They put up door stops on residents' room including R8 to prevent R7 or other residents who may wander from entering their rooms and there being a confrontation. She said the incident between R13 and R14 was substantiated. There were residents and staff that saw R13 hit R14 in the head after he/she ran over his foot. Review of the Facility's policy titled Abuse, Neglect, Exploitation and Misappropriation Prevention Program revised 01/2025 revealed, Residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual, or physical abuse, and physical or chemical restraint not required to treat the resident's symptoms.