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	09/09/2025

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to maintain the call bell within reach of residents. This deficient practice was identified for 1 of 22 residents reviewed for accommodation of needs (Resident #96), and was evidenced by the following: On 09/04/25 at 8:07 AM, the surveyor observed Resident #96 in bed. The surveyor observed the Resident's call light pull cord (used to summon staff for assistance) affixed to the upper aspect of the right-side rail, not within his/her reach. The resident stated, There should be a string around here somewhere, but I can't seem to find it, so I can't call for help. The surveyor reviewed the medical record for Resident #96. A review of the admission Record reflected the Resident was admitted to the facility with diagnoses that included but were not limited to; diabetes mellitus (too much sugar in the blood), malignant neoplasm of the breast (cancer of the breast), and osteoarthritis (a degenerative joint disease) of the right knee. A review of Resident #96's Quarterly Minimum Data Set (MDS), an assessment tool dated 8/25/25, revealed Resident #96 had a Brief Interview for Mental Status score of 15 out of 15, which indicated the resident's cognition was intact. The MDS further revealed that the resident required maximum assistance from staff for activities of daily living care. A review of Resident #96's Individualized Care Plan (CP) initiated on 7/13/25 had a focus that indicated the resident was at risk for falls, with interventions that included but were not limited to: ensure the resident's call light is within reach and encourage the resident to use it for assistance as needed. On 9/4/25 at 8:18 AM, the surveyor showed the Certified Nursing Assistant (CNA) assigned to Resident #96's care the call light pull cord affixed to the upper aspect of the right-side rail, not within the resident's reach. The CNA confirmed that she should have placed the pull cord within the resident's reach. On 9/8/25 at 12:28 PM, the survey team met with the Licensed Nursing Home Administrator, Director of Nursing, and VP of Clinical Operations to discuss the above observations and concerns. A review of the facility's policy, Call Lights, dated 1/25, revealed:Always position the call light conveniently for use and within the reach of the resident. NJAC 8:39-27.1 (a); 31.8 (c) (9)

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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. (continued on next page)

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	315221	A. Building B. Wing	09/09/2025

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Complete Care at Hamilton, LLC	56 Hamilton Avenue Passaic, NJ 07055

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Complaint #NJ 401472 Based on observation, interview, and pertinent facility documentation, it was determined that the facility failed to a.) maintain a homelike environment that was clean, safe, and sanitary in 3 out of 24 resident rooms (rooms 114,116, and 123) and b.) ensure that personal clothing items, specifically socks, were returned after being laundered to 5 out of 5 residents who attended the resident council meeting (Resident #25, 67, 70, 83, 85). Additionally, Resident # 96 complained that their socks were not returned after being laundered. This deficient practice was evidenced by the following:1. On 9/2/2025 at 11:06 AM, the surveyor observed in room [ROOM NUMBER] a broken dresser drawer, peeling paint with exposed plaster and sheet rock to the right of the sink. On 9/2/25 at 12:00 PM, the surveyor observed in room [ROOM NUMBER]-2 a portable oxygen tank heavily soiled with rust and a brown substance, with a swarm of flying insects around the oxygen tank. The surveyor observed the wall by the headboard was cracked with exposed sheet rock and was heavily soiled with a brown substance. The armoire was observed to have had broken drawers and large cracks with missing pieces. On 9/4/25 at 8:07 AM, the surveyor observed that the bathroom floor in room [ROOM NUMBER] was heavily soiled with a brown substance around the base of the toilet. Additionally, the toilet was soiled with a yellow substance, and the toilet paper dispenser was heavily rusted. The metal panels on the bottom of the door, both inside and outside, were also heavily soiled with a brown material. On 9/4/25 at 8:43 AM, the surveyor and the Director of Housekeeping (DHK) entered room [ROOM NUMBER] and observed an unpleasant, offensive smell in the bathroom. They noted the floor was soiled with a yellow material, and a large plastic bag was on the floor full of soiled linens, with insects swarming the bag. The DHK and the surveyor also observed that the garbage can was overflowing with trash, which was also scattered on the floor. The surveyor and DHK further observed that in room [ROOM NUMBER]-3 the floor was soiled with food and liquids, and the bedside table had a sticky yellow substance on it with flying insects swarming the area. On 9/4/25 at 8:45 AM, during an interview with the surveyor, the maintenance staff member acknowledged the broken armoire in room [ROOM NUMBER] and the disrepair of the wall behind the bed. The maintenance staff member stated that the facility was aware of the broken dresser and had ordered a new one about 2 months ago and had also ordered new panels for the areas behind the headboards. On 9/4/25 at 8:50 AM, during an interview with the surveyor, the Director of Maintenance (DOM) stated that the facility staff were responsible for listing repairs that needed to be done in the book that was kept at the nurses' station. At that time, the surveyor and DOM reviewed the book and observed that no repairs had been documented for rooms 114, 116, or 123, but confirmed that the concerns in all three rooms should have been addressed. On that same date, at that same time, the DHK confirmed that rooms [ROOM NUMBERS] needed cleaning and that the rooms and bathrooms failed to meet the clean, comfortable, homelike environment standards. 2.) On 9/4/25 at 8:07 AM, during an interview with the surveyor, Resident #96 stated that they were missing all of their socks. The resident further stated that he/she had mentioned it to the housekeeping staff and nursing staff many times, but they still had not returned the socks. On 9/4/25 at 10:30 AM, the surveyor conducted the Resident Council meeting with 5 residents whom the facility chose to attend. All 5 residents stated that they were missing socks. They further stated that they had informed the housekeeping staff and the nursing staff but still had not received their socks back. The 5 residents stated it had been over a month since their socks went missing. On 9/8/25 at 8:10 AM, during an interview with the surveyor, in the presence of the Housekeeping Director (HKD), the housekeeping staff member responsible for laundry stated that several residents had complained to her that their socks were not returned after being laundered. The housekeeping staff stated that she was very busy and had not had time to pair or deliver the residents' socks in over a month. At that time, the HKD also confirmed that the residents had complained to her several times about their missing socks. The surveyor toured the laundry room and observed five large plastic bags full of residents' personal socks, which the DHK and housekeeping staff member acknowledged was unacceptable. On 9/8/25 at 10:05 AM, the surveyor discussed the above observations and concerns with the Licensed Nursing Home Administrator, Director of Nursing, and the VP of Clinical Operations. The VP of Clinical Operations stated that she had observed the five large bags of residents' socks in the laundry room and that it was unacceptable. A review of the facility's policy, Laundry Delivery, reflected .Laundry is done and returned within 24-72 hours . A review of the facility's policy, Handling Clean Linen, dated 9/1/24, reflected, It is the policy of this facility to handle, store, process, and transport clean linen in a safe and