

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 06/27/2024
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 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that the resident and his/her doctor meet face-to-face at all required visits.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48781</p> <p>Based on interview, and record review, it was determined that the facility failed to ensure that the responsible physician supervising the care of residents conducted face to face visits and wrote progress notes at least once every sixty days. This deficient practice was identified for 1 of 25 residents, Resident #45 was reviewed for physician visits and was evidenced by the following:</p> <p>On 6/23/24 at 10:59 AM, the surveyor observed Resident #45 lying in bed who was noted to be alert and responsive.</p> <p>On 6/24/24 at 9:33 AM, the surveyor reviewed the Admission Record for Resident #45 which revealed the resident was admitted to the facility with diagnoses that included but were not limited to end stage renal disease (permanent kidney failure that requires a regular course of dialysis or a kidney transplant); dependence on dialysis (a procedure to remove waste products and excess fluid from the blood when the kidneys stop working properly); and major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest).</p> <p>A review of the Annual Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated 3/31/24, reflected that Resident #45 had a Brief Interview for Mental Status (BIMS) score of 11 out of 15, indicating moderately impaired cognition.</p> <p>A review of the physician's progress notes reflected there was no documented evidence that the physician visited and examined Resident #45 at least every 60 days from March 2024 through May of 2024.</p> <p>On 6/26/24 at 11:10 AM, the surveyor interviewed the Unit Manager (UM) on the first floor, License Practical Nurse (LPN), who has been working in the facility for [AGE] years. The UM stated, The last progress note from the primary doctor was February 20, 2024. Notes were done for December 2023 and January 2024, but March, April, and May of 2024, I didn't see any notes from the doctor in the computer or the chart. The Nurse Practitioner (NP) does not see this patient.</p> <p>On 6/26/24 at 11:30 AM, the surveyor interviewed the Director of Nursing (DON), Registered Nurse (RN), regarding physician visits, she stated, The doctor comes in and visits his patients frequently and he just started documenting in the computer. The surveyor requested to provide documentation of any notes from the doctor from March-May of 2024.</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
---	-------	-----------

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 06/27/2024
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 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/26/24 at 12:50 PM, the DON acknowledged in the presence of the survey team that Resident's #45 physician did not complete progress notes for three months. The facility did not provide any additional documentation.</p> <p>On 6/26/24 at 1:15 PM, the survey team discussed the above concern with the facility's Licensed Nursing Home Administration (LNHA), DON, [NAME] President of Regional Operations, and two Regional of Clinical Services.</p> <p>On 6/27/24 at 9:25 AM, the surveyor reviewed the most current facility policy and procedure titled, Physician Visits which revealed, The Attending Physician must make visits in accordance with applicable state and federal regulations.</p> <p>NJAC 8:39-23.2 (d)</p>		