STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315273	A. Building B. Wing	07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Woodlands	1400 Woodland Ave Plainfield, NJ 07060

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and review of facility policy and manufacturer's instructions, the facility failed to ensure a medication error rate below five percent. During medication administration for one (Resident (R)133) of seven residents, two medication errors occurred out of 31 opportunities for error, or a medication error rate of 6.45%. This failure had the potential to increase or decrease the effectiveness of these medications.Findings include:Review of the facility's policy titled Medication Administration dated 06/01/2025 indicated, . 10. Ensure that the six rights of medication administration are followed: a. Right resident, b. Right drug, c. Right dosage, d. Right route, e. Right time, f. Right documentation.17. Administer medication as ordered in accordance with manufacturer specifications. c. Crush medications as ordered. Do not crush medications with do not crush instructions. Do Not Crush Mediations: Slow release, Enteric coated, Crushed meds are not to be combined and given all at once.Observation during the medication administration on 07/23/25 at 9:20AM, Licensed Practical Nurse (LPN) 1 administered to R133 Tamsulosin HCl one tab 0.4mg, and Risperidone 3mg one tablet which were all crushed and placed in apple sauce.Review of R133's Face Sheet located under the Profile tab admission Record in the electronic medical record (EMR) revealed R133 was originally admitted to the facility on [DATE] with the diagnosis of Transient Cerebral Ischemic Attack, unspecified, Hemiplegia and Hemiparesis following Cerebral Infarction affection Right Dominate Side, Muscle weakness, Dysphagia, and Oropharyngeal Phase.Review of R133's Physician Orders provided by the facility revealed Tamsulosin HCl Oral Capsule 0.4 MG (Tamsulosin HCl) Give 1 capsule by mouth one time a day for dysfunction of the urinary bladder do not crush open or chew dated 07/23/25, and Risperidone oral tablet 3MG (Risperidone) give 1 tablet by mouth two times a day for mixed bipolar affective disorder dated 07/09/25.During the interview on 07/23/25 at 10:05AM, when asked why the two medications were crushed, LPN1 replied, There is this little statement at top of screen that says, crush and place in apple sauce.During the interview on 07/23/25 at 4:25PM, the Director of Nursing (DON) stated that staff were in-serviced on whether medications can be crushed.Review of Tamsulosin manufacturer recommendation revealed that tamsulosin HCl capsules should not be crushed, chewed, or opened. Review of the Risperidone manufacturer recommendation revealed crushing Risperidone tablets is generally not recommended due to crushing this medication can change the way the medication is delivered to the blood stream and for the medication not to work as it is manufactured and designed to perform in one's body. NJAC 8:39-29.2(d)

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