STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315274	A. Building B. Wing	04/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Laurelton, LLC	475 Jack Martin Blvd Brick, NJ 08724

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. Complaint #: NJ183557 Based on observations, interviews, medical record review, and review of other pertinent facility documentation on 04/24/2025 and 04/29/2025, it was determined that the facility failed to follow standards of clinical practice for Physician Orders (POs) for medication administration and follow the Care Plan (CP) interventions for a resident (Resident #5). The facility also failed to follow its policy titled Medication Administration. This deficient practice was identified for 1of 6 residents reviewed for medication administration and was evidenced by the following: Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist. According to Resident #5's admission Record (AR), the resident was admitted with diagnoses that included but were not limited to: Acute and Chronic Respiratory Failure with Hypercapnia (an impairment of gas exchange, resulting in dangerously high CO2 levels in the blood), Chronic Obstructive Pulmonary Disease (COPD) (a lung condition that causes airflow obstruction), and Hypertension (high blood pressure). According to the Minimum Data Set (MDS), an assessment tool dated 02/20/2025, Resident #5 had a Brief Interview of Mental Status (BIMS) score of 15 out of 15, which indicated the resident was cognitively intact. According to Resident #5's CP with a date of 03/07/2025, under Focus revealed: Resident #5 requires oxygen therapy r/t (related to) end stage COPD, under Interventions: Give medications as ordered by physician. Monitor/document side effects and effectiveness. According to Resident #2's Order Summary Report (OSR) Active Orders as of 02/01/2025, the OSR revealed a physician order for the following medication: (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

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Morphine Sulfate (Concentrate) Oral Solution 20 mg/ml (milligram/milliliter). Give 0.25 ml by mouth four times a day for air hunger. 0.25 ml=5mg at 04:00 A.M., 09:00 A.M, 01:00 P.M, 05:00 P.M with a start date of 8/10/23. Review of Resident #5's Electronic Medication Administration Record (eMAR) showed medication was not administered on the following date and time. Morphine Sulfate (Concentrate) Oral Solution 20 mg/ml (milligram/milliliter). Give 0.25 ml by mouth four times a day for air hunger. 0.25 ml=5mg at 04:00 A.M. Review of Resident #5's Individual Patient Controlled Substance Administration Record (declining inventory used for narcotics) for Morphine, there was no evidence of administration on the date above. The Licensed Practical Nurse (LPN) who did not administer Resident #5's Morphine was unable to be reached for an interview during the survey. On 04/24/2025, at 01:53 P.M., during an interview with the surveyor, the Licensed Practical Nurse (LPN), stated medication should be administered within the ordered time frame and the order is verified. She further stated, if a resident refuses medications staff should document the refusal via eMAR and progress notes. She stated blank eMAR would indicate someone didn't sign and that means the medication was not given. On 04/274/2025, at 2:49 P.M., during an interview with the surveyor, the Director of Nursing (DON), We don't expect blanks on a MAR. Expectation is that my staff should do the five rights of med (medication) administration.The DON said if a medication is administered, it should be immediately documented by the administering nurse in the resident's eMAR. She further stated facility policy is to document all medications and there should be no blank spaces. When presented with Resident #5's eMAR for 02/2025, the DON confirmed the blank space for Morphine and that the medication was not given as ordered. Review of the facility policy titled Medication Administration with an implemented date of 09/01/2024 under Policy reveals: medications are administered by licensed nurses, or staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection. Under Policy Explanation and Compliance Guidelines: #21. Sign MAR after administered. For those medications requiring vital signs, record vitals onto the MAR. NJAC 8:39- 11.2 (b)

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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Complaint #: NJ183557 Based on interview and review of facility documents on 5/22/25, it was determined that the facility failed to ensure a Registered Nurse (RN) worked for at least eight consecutive hours a day for 1 of 21 days reviewed. This deficient practice was evidenced by the following: Review of the Nurse Staffing Reports completed by the facility for the weeks of 02/09/25 through 02/15/25, 04/06/2025 through 04/12/2025, and 04/13/2025 through 04/119/25, revealed that the facility had no RN coverage for all shifts on 02/09/25 The surveyor reviewed the facility's policy titled Nursing Services and Sufficient Staff updated 03/05/25 which indicated, It is the policy of this facility to provide sufficient staff with appropriate competencies and skill sets to assure resident safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care. The facility's census, acuity and diagnoses of the resident population will be considered based on the facility assessment. NJAC 8:39-25.2(h)