

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315274	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2026
NAME OF PROVIDER OR SUPPLIER Complete Care at Laurelton, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0627</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.</p> <p>Based on record review, interviews, and review of the facility's policy titled Discharge Planning Process, on 04/21/2026 through 04/23/2026, it was determined that the facility failed to ensure that a resident was discharged to a safe home, including the repair of a water pipe prior to discharge, for 1 of 1 residents (Resident (R) 1) reviewed for appropriate discharge from the facility. As a result, R1 was discharged to an unsafe home without running water or heat. Ten days after discharge, the police were called to the home to find the resident with limited electricity, no running water or working heating system, and unable to walk or get down the stairs, other than sliding down on his/her buttocks. R1 was taken by the Police Department (PD) to the Emergency Department (ED) for care. The facility's failure to ensure a resident was discharged to a safe home posed a likelihood that serious injury, harm, impairment, or death could occur to all discharged residents. This resulted in an Immediate Jeopardy (IJ) situation. The IJ began on 04/06/26 after R1 was discharged to an unsafe home that lacked running water or heat. On 04/22/26 at 4:30 PM, the Executive Administrator, Administrator, and Director of Nursing (DON) were notified that an Immediate Jeopardy (IJ) was identified for F627 at a Scope and Severity (S/S) of J related to the facility's failure to ensure a resident's safe discharge home. On 04/23/26, the facility provided a Removal Plan that was accepted at 2:15 PM. The surveyor validated the implementation of all components of the removal plan, which included, all known planned discharges have been fully reviewed by the facility Interdisciplinary Team (IDT) to determine safe discharge, Social Worker (SW) was re-educated on 04/22/2026 on Safe Discharge Processes, Documentation, Care Plan Meetings and Adult Protective Services (APS) referral process, inservicing of all nursing staff and IDT team members on safe discharge processes, audits of all discharges for the last 30 days to ensure safe and appropriate discharges. The IJ was removed on 04/23/26 at 6:48 PM. The S/S was lowered to a D, indicating no actual harm with potential for more than minimal harm. Findings include: Review of R1's admission Record (AR) revealed R1 was admitted with medical diagnoses that included schizophrenia unspecified, muscle wasting, and difficulty walking.</p> <p>Review of R1's admission Minimum Data Set (MDS), an assessment tool, with an Assessment Reference Date (ARD) of 03/12/26, revealed a Brief Interview for Mental Status (BIMS) score of 11 out of 15, indicating R1 had moderate cognitive impairment. R1's ability to walk 10 feet was assessed as needing partial/moderate assistance.</p> <p>Review of R1's Care Plan (CP) dated 04/07/2026, revealed under Focus, R1 wishes to return to the community upon discharge. Under Goal, The resident will be able to verbalize/communicate required assistance post-discharge and the services required to meet needs before discharge. Under Interventions, Evaluate and discuss with the resident/family/caregivers the prognosis for independent or assisted living. Identify, discuss, and address limitations, risks, benefits, and needs for maximum independence. (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
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<p>F 0627</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Review of R1's hospital psychological consult located in Misc. [Miscellaneous] dated 02/12/26, and uploaded on the date of admission, revealed The condition of the environment R1 came from prior to admission to the inpatient psych facility, documenting that a neighbor called the police due to water running out of the house from a broken water pipe, the utilities were turned off, and the house was in complete disarray, including an infestation of insects. Prior to admission, R1 resided in a hotel due to [the] condition of the house. Screening notes describe the resident was disheveled, malodorous and admitted to not taking a shower in 5 years due to concerns about slipping. During the current psychological evaluation, the resident had no insight regarding their condition or overall deterioration.</p> <p>Review of the Social Services Assessment (SSA) dated 03/14/2026, revealed Presented to the emergency room (ER) on 02/12/2026 after he/she was found living in deplorable conditions at home, by neighbors, after they noticed water leaking from his/her house due to a burst pipe, which [the] patient downplays. Apparently, the patient's utilities had been turned off, and the house was in complete disarray [,] including an infestation of insects were noted. He/she reported that he/she hadn't taken a shower in five years because he/she was afraid of slipping. He/she was transferred to a behavioral health facility secondary to multiple psychiatric conditions. He/she presents there as disorganized, dirty and disheveled. admitted with Delusional Disorder. Patient was medically stabilized and given poor functional status upon discharge, it was felt the patient would continue to benefit from a term of skilled rehab and the resident was transferred to Complete Care at Laurelton for Subacute Rehabilitation (SAR) on 03/06/2026. Resident is now on therapy services for decline in Activities of Daily Living (ADL)s, function, [and] mobility status post (s/p) hospitalization. Rehab potential is fair to good.</p> <p>Review of R1's Progress Note (PN) revealed the discharge note on [the] day of discharge, 04/06/26 at 4:30 PM, documenting Patient discharged [from] facility via cab at 1630 [4:30 PM]. Patient left before signing [the] discharge summary. Writer attempted to contact [the] patient with no response. Patient left with all belongings. All parties were made aware.</p> <p>Review of R1s Discharge Instructions (DI) dated 04/06/26 at 1:00PM, revealed the resident was to be discharged home via ambulette. Under Home Health Services, indicated, Home Health Agency (HHA), Adult Protective Services (APS) will be called for R1's home care. The DI further showed the Heating, Ventilation and Air conditioning (HVAC) company will be on-site for repairs, per the resident, in the next day. The copy of the discharge instructions provided by the facility were not signed by the Nurse or the resident prior to discharge.</p> <p>Review of R1's PN documented on 04/14/26 at 10:07 AM, Social Services Director (SSD) and Administrator spoke regarding discharge and a call was received from [local] Police Department (PD) regarding [R1] safe discharge. [R1] was at this time going to be referred to Mobile Crisis for intervention. PD will call back when [R1] was on [his/her] way to the Emergency Department (ED). SW [Social Worker] will continue to follow as things unfold.</p> <p>During an interview on 04/21/26 at 9:44 AM, the SSD explained that R1 was admitted from an inpatient psych facility, the resident's house had no electricity or water in the home and was admitted to the Memory Care Unit at the facility due to the diagnosis of schizophrenia. The SSD stated that she and the Administrator asked R1 about a plan to fix the water pipe so R1 could be discharged . The SSD explained that the discharge was delayed for R1 to arrange for the repair service to fix the broken water pipe. According to the SSD, she called to APS and spoke with SW2 about following up in the community. The SSD stated R1 was adamant that the house was safe to return home. She recalled that the Director of Nursing (DON) received a call from the local PD stating it was okay for (continued on next page)</p>		

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<p>F 0627</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Review of the facility's policy titled, Discharge Planning Process, reviewed/ revised 03/01/25, revealed under Policy It is the policy of this facility to develop and implement an effective discharge planning process that focuses on the resident's discharge goals, the preparation of residents to be active partners and effectively transition them to post-discharge care, and the reduction of factors leading to preventable readmissions., under 4) In cases where the resident wishes to be discharged to a setting that does not appear to meet his or her post-discharge needs, or appears unsafe, the interdisciplinary team will treat this situation similarly to refusal of care: b) Offer other, more suitable, options or locations that are equipped to meet the needs of the resident. Document any discussions related to the options presented .d) At time of discharge, follow policies regarding discharges Against Medical Advice (AMA), and refer to Adult Protective Services (or other state entity charged with investigating abuse and neglect) as necessary, under 6) An active individualized discharge care plan will address, at a minimum: Discharge destination, with assurances the destination meets the resident's health/safety needs and preferences. and under 12) The evaluation of the resident's discharge needs and discharge plan will be completely documented on a timely basis in the clinical record.</p> <p>NJAC 8:39-5.4(b)(c)</p>		