STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315362	A. Building B. Wing	08/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Park Place, LLC	2 Deer Park Drive Monmouth Junction, NJ 08852

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. 40041 Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to follow a physician's order for a resident who required a continuous positive airway pressure (C-PAP) machine at night. This deficient practice was identified for one (1) of two (2) residents reviewed for Respiratory Care (Resident #33), and was evidenced by the following: During the initial tour of the facility on 8/22/24 at 09:35 AM, the surveyor observed an oxygen concentrator near Resident #33's bed. At that time, the surveyor did not observe a C-PAP machine (delivers oxygen via a mask while asleep) in the resident's room. According to the Admission Record, Resident #33 was admitted to the facility with diagnoses which included but not limited to: Obstructive Sleep Apnea (occurs when airway is blocked during sleep), and Chronic Respiratory failure (low oxygen levels). A review of the Order Details revealed a physician's order (PO) dated 5/25/23 at 5:06 AM, Please assist pt [patient] in wearing C-PAP at HS [at night] please have respiratory come to ensure proper set-up. A review of the comprehensive Care Plan revealed a focus area of altered respiratory status/difficulty breathing r/t [related to] sleep apnea initiated on 11/22/22. The interventions included, Auto C-pap 10-20 cm [centimeter] H2O [water] (setting on C-PAP machine), also initiated on 11/22/22. During an interview with the surveyor on 08/23/24 at 12:38 PM, Resident #33 stated that he/she wore a C-PAP machine at home. When asked did he/she wear the C-PAP machine while at the facility? The resident stated, maybe I should use it here. During an interview with the surveyor, the Registered Nurse/Unit Manager (RN/UM) stated that Resident #33 previously had a C-PAP machine and PO prior to being discharged to the hospital. At that time, the RN/UM reviewed the resident's electronic medical record (EMR) and confirmed the above order and stated that if the resident had an order for a C-PAP machine, then he/she should have it. During an interview with the surveyor on 8/27/24 at 12:15 PM, the Director of Nursing (DON) stated that based on the PO referenced above, a respiratory consult should have been completed and the agency that provided respiratory services should have been contacted. The DON reviewed the EMR and confirmed that a respiratory consult was not completed. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315362	A. Building B. Wing	08/30/2024

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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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview with the surveyor on 8/28/24 at 10:07 AM, the physician stated that Resident #33 required a BiPAP (a machine that delivers air through a mask on your face) or C-PAP machine and based on the PO referenced above, usually a respiratory therapist would come to the facility to set up the C-PAP machine. A review of the facility's PAP Equipment policy, dated reviewed 1/1/2023, included 2. Verify Medical Doctor order. 3. Gather necessary equipment. NJAC 8:39-27.1(a)