

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315460	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/11/2025
NAME OF PROVIDER OR SUPPLIER Complete Care at Prospect Heights LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 336 Prospect Ave Hackensack, NJ 07601	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25490</p> <p>Based on observation, record review, interview, and review of facility policies, the facility failed to screen outside vendors and ensure that Personal Protective Equipment (PPE) was worn on the COVID unit for two Emergency Medical Technician (EMT) staff who were observed transporting one of five sample residents (Resident (R) 1). This failure could potentially increase the spread of infections to residents.</p> <p>Findings include:</p> <p>Review of R1's Face Sheet located in the electronic medical record (EMR) under the Profile tab revealed an admitted [DATE].</p> <p>During an observation and interview on 02/11/25 at 10:00 AM, the facility Receptionist revealed there were COVID cases in the building; all visitors were required to check in, be screened for COVID, have their temperature obtained, and were directed that surgical masks were to be worn on the units three and five due to COVID.</p> <p>Observation on 02/11/25 at 11:34 PM revealed two EMTs on the facility elevator transporting R1 on a stretcher to the third floor. The EMTs were not wearing masks.</p> <p>During an interview on 02/11/25 at 11:35 PM, EMT1 stated he was not informed of the COVID outbreak, screened, or informed that masks were to be worn on units three and five.</p> <p>During an interview on 02/11/25 at 1:42 PM, the facility Receptionist confirmed that she did not properly screen the EMTs.</p> <p>During an interview on 02/11/25 at 3:02 PM, the facility Director of Nursing (DON) revealed she expected all employees, vendors, families, and returning vendors to be screened per the COVID outbreak protocol. The DON continued to share the importance of following the COVID protocol to prevent the spread of infection.</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
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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility policy titled Policy for Emergent Infections Disease (COVID-19) (Outbreak Plan V12) revised, 06/28/24, revealed . To ensure that staff, and/or new residents are not at risk of spreading the Emerging Infectious disease (EID) into the care center . All administrative staff, including the Director of Nursing, the Administrator, the infection Control Preventionist, Caregiver, Contractors, Consultants, Volunteers, and visitors shall complete screening questionnaires and complete temperature checks before the entrance of the facility .		