

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/01/2024  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                              |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>315085</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>10/18/2022</b> |
|---|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>COMPLETE CARE AT CHESTNUT HILL LLC</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>360 CHESTNUT STREET<br/>PASSAIC, NJ 07055</b>                       |                      |   |
| (X4) ID PREFIX TAG  | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID PREFIX TAG   | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |   |
| F 000   | INITIAL COMMENTS<br><br>Survey Date: 10/18/22<br><br>Census: 100<br><br>Sample: 5<br><br>A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found to be not in compliance with 42 CFR §483.80 infection control regulations as it relates to the implementation of the CMS and Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19.   | F 000   |   |                      |   |
| F 836<br>SS=E   | License/Comply w/ Fed/State/Locl Law/Prof Std CFR(s): 483.70(a)-(c)<br><br>§483.70(a) Licensure.<br>A facility must be licensed under applicable State and local law.<br><br>§483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards.<br>The facility must operate and provide services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to professionals providing services in such a facility.<br><br>§483.70(c) Relationship to Other HHS Regulations.<br>In addition to compliance with the regulations set forth in this subpart, facilities are obliged to meet the applicable provisions of other HHS regulations, including but not limited to those pertaining to nondiscrimination on the basis of | F 836   |   | 11/11/22             |   |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

10/28/2022

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.

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| F 836   | <p>Continued From page 1</p> <p>race, color, or national origin (45 CFR part 80); nondiscrimination on the basis of disability (45 CFR part 84); nondiscrimination on the basis of age (45 CFR part 91); nondiscrimination on the basis of race, color, national origin, sex, age, or disability (45 CFR part 92); protection of human subjects of research (45 CFR part 46); and fraud and abuse (42 CFR part 455) and protection of individually identifiable health information (45 CFR parts 160 and 164). Violations of such other provisions may result in a finding of non-compliance with this paragraph. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and review of pertinent facility documentation, it was determined that the facility failed to implement their Staff <u>Ex Order 26. 4B1</u> policy by ensuring staff were up to date with all <u>Ex Order 26. 4B1</u> as eligible in accordance with State and Federal requirements. This deficient practice was identified for 8 out of 17 staff members reviewed for <u>Ex Order 26. 4B1</u> status (Staff #1, #2, #3, #4, #5, #6, #7, and #8), and was evidenced by the following:</p> <p>Reference: New Jersey Executive Directive 290, dated 3/2/22: 2. b. All covered workers must provide adequate proof that they are up to date with their COVID-19 vaccination by May 11, 2022; provided however, that as to having received a booster dose, covered workers must provide adequate proof that they are up to date with their COVID-19 vaccinations by May 11, 2022, or within 3 weeks of becoming eligible for a booster dose, whichever is later.</p> | F 836   | <ol style="list-style-type: none"> <li>1. No residents were affected by this alleged deficient practice<br/>Any employee not in compliance was removed from the schedule until compliance was attained.</li> <li>2. All residents have the potential to be affected by this alleged deficient practice.</li> <li>3. The infection preventionist, Human Resource manager, and the administrator were re-educated on the New Jersey Executive Directive 290. All current Employee records were audited to confirm compliance.</li> <li>4. Infection Preventionist/ designee will audit all new employee records to ensure compliance weekly x4 weeks, then monthly x2 months. Results of the audits will be reported to QAPI monthly.</li> </ol> |                      |   |

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| F 836   | <p>Continued From page 2</p> <p>On 10/18/22 at 9:00 AM, the surveyor interviewed the Infection Preventionist/Licensed Practical Nurse (IP/LPN) in the presence of LPN #1 who stated the facility had two staff members who had religious exemptions and one staff member who had a medical exemption for the primary series of <u>Ex Order 26. 4B1</u>. The IP/LPN stated they facility had two staff members who had a medical exemption for the booster, and one with a temporary delay. The surveyor requested the IP/LPN to complete the <u>Ex Order 26. 4B1</u> Staff <u>Ex Order 26. 4B1</u> for Providers matrix.</p> <p>On 10/18/22 at 11:30 AM, the Assistant Director of Nursing (ADON) provided the surveyor with the facility's <u>Ex Order 26. 4B1</u> Data Collection Tool - Staff" while the IP/LPN was completing the staff <u>Ex Order 26. 4B1</u>.</p> <p>On 10/18/22 at 11:37 AM, the surveyor requested from the IP/LPN for seventeen staff members, a copy of their <u>Ex Order 26. 4B1</u> or documented exemption, as applicable.</p> <p>On 10/18/22 at 2:21 PM, the surveyor received from the IP/LPN a copy of the requested <u>Ex Order 26. 4B1</u> and <u>Ex Order 26. 4B1</u> as applicable. The surveyor asked the IP/LPN how long after a person completed their <u>Ex Order 26. 4B1</u> can they receive their booster shot? The IP/LPN responded that a person was eligible for their booster shot two months after their completion of the primary <u>Ex Order 26. 4B1</u> with the [name redacted] booster #1 that protected against the <u>Ex Order 26. 4B1</u> which the facility provided. At this time, the surveyor with the IP/LPN reviewed the <u>Ex Order 26. 4B1</u> provided which revealed the following:</p> | F 836   |   |                      |   |

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| F 836   | Continued From page 3<br><br>Staff #1, a Certified Nursing Aide (CNA), received their completed <b>Ex Order 26. 4B1</b> dose on <b>Ex Order 26. 4B1</b> with no <b>Ex Order 26. 4B1</b> received.<br>Staff #2, a CNA, received their completed primary series dose on <b>Ex Order 26. 4B1</b> with no <b>Ex Order 26. 4B1</b> received.<br>Staff #3, an Activity Aide, received their completed <b>Ex Order 26. 4B1</b> on <b>Ex Order 26. 4B1</b> with no <b>Ex Order 26. 4B1</b> received.<br>Staff #4, a LPN, received their completed <b>Ex Order 26. 4B1</b> on <b>Ex Order 26. 4B1</b> with no <b>Ex Order 26. 4B1</b> received.<br>Staff #5, a Dietary Aide (DA), received their completed <b>Ex Order 26. 4B1</b> on <b>Ex Order 26. 4B1</b> with no <b>Ex Order 26. 4B1</b> received.<br>Staff #6, a Registered Nurse, received their completed <b>Ex Order 26. 4B1</b> on <b>Ex Order 26. 4B1</b> with no <b>Ex Order 26. 4B1</b> received.<br>Staff #7, a DA, received their <b>Ex Order 26. 4B1</b> on <b>Ex Order 26. 4B1</b> with no <b>Ex Order 26. 4B1</b> received.<br>Staff #8, a DA, received their completed <b>Ex Order 26. 4B1</b> on <b>Ex Order 26. 4B1</b> with no <b>Ex Order 26. 4B1</b> received.<br><br>A review of the corresponding staff <b>Ex Order 26. 4B1</b> provided reflected all staff except Staff #4 as eligible for the <b>Ex Order 26. 4B1</b> . Listed next to Staff #4 was recent <b>Ex Order 26. 4B1</b> .<br><br>At this time, the surveyor interviewed the IP/LPN who stated he was unsure why these staff members had not received their required <b>Ex Order 26. 4B1</b> . The IP/LPN stated Staff #4 was a recent hire who recently tested <b>Ex Order 26. 4B1</b> for <b>Ex Order 26. 4B1</b> . When asked if Staff #4 worked at the facility prior to testing <b>Ex Order 26. 4B1</b> for <b>Ex Order 26. 4B1</b> , the IP/LPN respond, "yes." The IP/LPN stated | F 836   |   |                      |   |

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| F 836   | <p>Continued From page 4</p> <p>their Provider Pharmacy informed them at the beginning of <b>Ex Order 26. 4B1</b>, they would no longer offer [name redacted] booster #2 since it did not protect against the <b>Ex Order 26. 4B1</b>, so the facility had to wait for the shipment of booster #1, which the facility currently had. The IP/LPN acknowledged all staff should have received their <b>Ex Order 26. 4B1</b>, and he usually checked the staff <b>Ex Order 26. 4B1</b> weekly, but "have been busy". The surveyor requested a copy of the Provider Pharmacy documentation regarding <b>Ex Order 26. 4B1</b>.</p> <p>On 10/18/22 at 3:03 PM, the surveyor met with the Director of Nursing (DON), IP/LPN, ADON, Regional Director of Clinical, and Regional Clinical Specialist. The surveyor asked the team how long after completing your <b>Ex Order 26. 4B1</b> could a person have received <b>Ex Order 26. 4B1</b>? The Regional Clinical Specialist responded, five months. The surveyor informed them their concerns regarding the above staff <b>Ex Order 26. 4B1</b> and requested any additional documentation be emailed by <b>Ex Order 26. 4B1</b>.</p> <p>On 10/18/22 at 6:36 PM, the DON emailed the surveyor the following documentation:</p> <p>A review of the Provider Pharmacy "Subject: Memo: New Bivalent COVID-19 Vaccine UPDATE" dated 9/1/22, included the pharmacy would no longer provide COVID-19 booster #2 and would only provide booster #1.</p> <p>A review of an email from the Provider Pharmacy dated <b>Ex Order 26. 4B1</b>, included "based on our schedule you facility's next date is <b>Ex Order 26. 4B1</b> however it was canceled.</p> | F 836   |   |   |

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| F 836   | Continued From page 5<br><br>A review of an undated email indicated the facility was scheduled to receive a <b>Ex Order 26. 4B1 Delivery</b> on <b>Ex Order 26. 4B1</b> .<br><br>A review of the facility provided "Staff COVID-19 Vaccination Policy and Procedure" dated 4/2022, included to protect the health and safety of staff and residents of the facility by requiring staff be vaccinated against COVID-19 in accordance with the requirements promulgated by the Centers for Medicare & Medicaid Services (CMS). The facility, in compliance with CMS's COVID-19 vaccine requirements for long term care and skilled nursing facilities, requires that every staff member be either vaccinated or have received approval for either a religious or medical exemption or a temporarily delayed vaccination...Up to date vaccination refers to staff for whom have completed their primary vaccination series for COVID-19 and are also up to date with all required booster vaccinations (if eligible and required by state)...<br><br>NJAC 8:39-19.4(a) | F 836   |   |                      |   |

## POST-CERTIFICATION REVISIT REPORT

|  |    |   |   |                               |    |
|--|----|---|---|-------------------------------|----|
| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER<br>315085 | Y1 | MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing | Y2  | DATE OF REVISIT<br>12/12/2022 | Y3 |
| NAME OF FACILITY<br>COMPLETE CARE AT CHESTNUT HILL LLC       |    |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>360 CHESTNUT STREET<br>PASSAIC, NJ 07055 |                               |    |

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

| ITEM<br>Y4           | DATE<br>Y5 | ITEM<br>Y4 | DATE<br>Y5 | ITEM<br>Y4 | DATE<br>Y5 |
|----------------------|------------|------------|------------|------------|------------|
| ID Prefix F0836      | Correction | ID Prefix  | Correction | ID Prefix  | Correction |
| Reg. # 483.70(a)-(c) | Completed  | Reg. #     | Completed  | Reg. #     | Completed  |
| LSC                  | 11/11/2022 | LSC        |            | LSC        |            |
| ID Prefix            | Correction | ID Prefix  | Correction | ID Prefix  | Correction |
| Reg. #               | Completed  | Reg. #     | Completed  | Reg. #     | Completed  |
| LSC                  |            | LSC        |            | LSC        |            |
| ID Prefix            | Correction | ID Prefix  | Correction | ID Prefix  | Correction |
| Reg. #               | Completed  | Reg. #     | Completed  | Reg. #     | Completed  |
| LSC                  |            | LSC        |            | LSC        |            |
| ID Prefix            | Correction | ID Prefix  | Correction | ID Prefix  | Correction |
| Reg. #               | Completed  | Reg. #     | Completed  | Reg. #     | Completed  |
| LSC                  |            | LSC        |            | LSC        |            |
| ID Prefix            | Correction | ID Prefix  | Correction | ID Prefix  | Correction |
| Reg. #               | Completed  | Reg. #     | Completed  | Reg. #     | Completed  |
| LSC                  |            | LSC        |            | LSC        |            |
| ID Prefix            | Correction | ID Prefix  | Correction | ID Prefix  | Correction |
| Reg. #               | Completed  | Reg. #     | Completed  | Reg. #     | Completed  |
| LSC                  |            | LSC        |            | LSC        |            |

|   |                        |  |                       |      |
|---|------------------------|--|-----------------------|------|
| REVIEWED BY STATE AGENCY <input type="checkbox"/> | REVIEWED BY (INITIALS) | DATE   | SIGNATURE OF SURVEYOR | DATE |
| REVIEWED BY CMS RO <input type="checkbox"/>       | REVIEWED BY (INITIALS) | DATE   | TITLE                 | DATE |
| FOLLOWUP TO SURVEY COMPLETED ON<br>10/18/2022     |                        | <input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO |                       |      |