

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

PRINTED: 10/29/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315219	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/31/2021
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NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT VOORHEES, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3001 EVESHAM ROAD VOORHEES, NJ 08043
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(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
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F 000	INITIAL COMMENTS Complaint #: NJ138322, NJ135651, NJ138914, NJ140194 Census: 124 Sample Size: 6 The facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.	F 000		
F 726 SS=D	Competent Nursing Staff CFR(s): 483.35(a)(3)(4)(c) §483.35 Nursing Services The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services 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 and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. §483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs. §483.35(c) Proficiency of nurse aides. The facility must ensure that nurse aides are able	F 726		7/2/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 06/25/2021
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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 726	<p>Continued From page 1</p> <p>to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. This REQUIREMENT is not met as evidenced by: Complaint Intake NJ138322</p> <p>Based on record review, document review, and interviews, it was determined that the facility failed to ensure certified nursing assistants practiced within their scope of practice when a temporary nursing assistant (CNA #1) was allowed to administer [REDACTED] to a resident for 1 (Resident #3) of [REDACTED] residents reviewed for nursing services. The sample size was 6.</p> <p>Findings include:</p> <p>1. Resident #3 was admitted with diagnoses including [REDACTED].</p> <p>A review of the quarterly Minimum Data Set, dated [REDACTED], indicated Resident #3 was [REDACTED] cognitively with a Brief Interview for Mental Status (BIMS) score of [REDACTED].</p> <p>According to a facility reported entity (FRE) incident report reviewed from the State of New Jersey, Licensed Practical Nurse (LPN) #1 allowed Resident #3 to be given [REDACTED] by a temporary nurse aide (CNA #1), who was also a [REDACTED] nursing student. Both LPN #1 and CNA #1 were suspended pending investigation and ultimately terminated. The physician and responsible party were notified. Resident #3 was examined and did not suffer any negative outcome. Staff were educated following the incident to practice within the scope of their</p>	F 726	<p>At the time of the reported incident [REDACTED] resident #3 was assessed with no noted injuries and there was no negative outcome. At the time of the reported incident resident #3 PMD and responsible party was notified on [REDACTED]. At the time of the reported incident [REDACTED] resident #3 was monitored for any negative outcome which there was none. At the time of the reported incident ([REDACTED]) staff was re-educated.</p> <p>All residents requiring [REDACTED] monitoring have the potential to be affected. Re-education/in-service was initiated with all nurses and CNA's on 6/23/2021 by DON, ADON or designee on policies and procedures as it relates to their scope of practice.</p> <p>DON or designee will observe 3 nurses and CNA's weekly x4 then bi-weekly x2 and then monthly to ensure proper practices within their scope. We will evaluate at the quarterly QA meeting that follows to determine continuing frequency of audits. All findings will be reported and reviewed monthly and reported at the next quarterly QAPI meeting by the DON, ADON or designee to the committee.</p>		

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F 726	<p>Continued From page 2 certification and licensure.</p> <p>There was no evidence that Resident #3 suffered negative outcome.</p> <p>During an interview on 05/30/2021 at 1:50 PM, LPN #3 stated he/she had training and in-services related to working within their scope of practice and certified nursing assistants were not to pass medications unless they were a certified medical assistant trained in passing medications.</p> <p>During an interview with the Administrator on 05/30/2021 at 10:45 AM, she stated that LPN #1 and CNA #1 were no longer working in the facility. She further stated this event was prior to her arrival as the administrator of the facility. She stated all licensed nurses and nursing assistants should perform only within their scope of practice, including medication administration.</p> <p>New Jersey Administrative Code § 8:39-43.16 New Jersey Administrative Code §13.37-6.2 (d)</p>	F 726			