

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 62104	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2021
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NAME OF PROVIDER OR SUPPLIER CLOVER REST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 28 WASHINGTON STREET COLUMBIA, NJ 07832
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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) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>Census: 30</p> <p>Sample Size: 12</p> <p>TYPE OF SURVEY: Recertification Survey</p> <p>The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:39, Standards for Licensure of Long-Term Care Facilities.</p> <p>The facility must submit a plan of correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p>	S 000		
S 560	<p>8:39-5.1(a) Mandatory Access to Care</p> <p>(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interviews, facility document review, and New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, it was determined the facility failed to maintain direct care staff-to-resident ratios as mandated by New Jersey State Law. This was evident for six out of 14 day shifts reviewed. This had the potential to affect all residents.</p> <p>Findings included:</p>	S 560	<p>S560</p> <ol style="list-style-type: none"> Staffing Coordinator was re-in serviced on the required staffing ratios on 10/22/21. All residents have the potential to be affected by the NJ Nursing staffing ratios requirement. Facility CNA sign on bonus was increased significantly to attract hiring of 	10/23/21

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

TITLE

(X6) DATE

Electronically Signed

11/15/21

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S 560	<p>Continued From page 1</p> <p>Reference: NJDOH memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021:</p> <p>One certified nurse aid (CNA) to every eight residents for the day shift.</p> <p>1. A review of the "Nurse Staffing Report," completed by the facility for the weeks of 10/03/2021 - 10/16/2021, indicated staff-to-resident ratios that did not meet the minimum requirements as listed below:</p> <p>10/07/2021 had 3 CNAs for 30 residents on the day shift, required 4 CNAs. 10/08/2021 had 3.5 CNAs for 29 residents on the day shift, required 4 CNAs. 10/09/2021 had 3 CNAs for 29 residents on the day shift, required 4 CNAs. 10/10/2021 had 3 CNAs for 29 residents on the day shift, required 4 CNAs. 10/11/2021 had 3 CNAs for 28 residents on the day shift, required 4 CNAs. 10/16/2021 had 3 CNAs for 27 residents on the day shift, required 4 CNAs.</p> <p>During an interview with the Director of Nursing (DON) on 10/21/2021 at 9:51 AM, she stated the staffing numbers that were sent to the NJDOH were accurate. She further stated staff had called out sick or resigned, and they did not know where to find more staff. She stated it had been very difficult to find additional staff.</p>	S 560	<p>CNA's.</p> <p>Additional pay/gift cards will be offered on an as needed basis to provide required staffing ratios.</p> <p>Facility administrator reviewed with the DON the facility's hiring and staff retention program.</p> <p>Ongoing posting of available jobs reflecting rate increases and the sign on bonus.</p> <p>The administrator and or designee will perform monthly audits to review the previous months compliance. Findings identifying staffing concerns will be addressed upon completion of the audits.</p> <p>4. The administrator and or the management designee will report the findings of the staffing audits and corrective actions to the quarterly QAPI committee.</p>	

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S 560	Continued From page 2 During an interview with the Administrator on 10/21/2021 at 10:00 AM, he stated the facility had offered bonuses and other incentives to recruit new nursing staff. He stated it had been difficult during the last year with the pandemic situation.	S 560		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 62104	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 7/20/2022	Y3
NAME OF FACILITY CLOVER REST HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 28 WASHINGTON STREET COLUMBIA, NJ 07832		

This report is completed by a State surveyor to show those deficiencies previously reported 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 State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	10/23/2021	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 10/22/2021		<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		