

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

PRINTED: 03/14/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315503</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/19/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROYAL SUITES HEALTH CARE &amp; REHABILITATION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>214 WEST JIMMIE LEEDS ROAD</b> <b>GALLOWAY TOWNSHIP, NJ 08205</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	<p>INITIAL COMMENTS</p> <p>Complaint #: NJ146131, NJ146501, NJ146510, NJ146367, NJ147261 Census: 134 Sample Size: 16</p> <p>The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

10/13/2021

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.

New Jersey Department of Health

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S 000	<p>Initial Comments</p> <p>Complaint #: NJ146131, NJ146501, NJ146510, NJ146367, and NJ147261 Census: 134 Sample Size: 16</p> <p>TYPE OF SURVEY: Complaint 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		
S1680	<p>8:39-25.2(b)(1)&amp;(2) Mandatory Nurse Staffing</p> <p>(b) The facility shall provide nursing services by registered professional nurses, licensed practical nurses, and nurse aides (the hours of the director of nursing are not included in this computation, except for the direct care hours of the director of nursing in facilities where the director of nursing provides more than the minimum hours required at N.J.A.C. 8:39-25.1(a) above) on the basis of:</p> <ol style="list-style-type: none"> <li>1. Total number of residents multiplied by 2.5 hours/day; plus</li> <li>2. Total number of residents receiving each service listed below, multiplied by the corresponding number of hours per day:</li> </ol> <p>Wound care</p>	S1680		10/15/21

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10/13/21

New Jersey Department of Health

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S1680	<p>Continued From page 1</p> <p>0.75 hour/day Nasogastric tube feedings and/or gastrostomy 1.00 hour/day Oxygen therapy 0.75 hour/day Tracheostomy 1.25 hours/day Intravenous therapy 1.50 hours/day Use of respirator 1.25 hours/day Head trauma stimulation/advanced neuromuscular/orthopedic care 1.50 hours/day</p> <p>This REQUIREMENT is not met as evidenced by: Complaint Intake: NJ146367, NJ146131 Based on interviews, facility document review,</p>	S1680	1. There were no residents negatively affected by the nursing staffing hours from 6/13/2021-6/26/2021.	

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S1680	<p>Continued From page 2</p> <p>and New Jersey Department of Health (NJDOH) memo, dated 09/19/2021, 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 14 out of 42 shifts reviewed. This had the potential to affect all residents.</p> <p>Findings included:</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 to every eight residents for the day shift.</p> <p>One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be certified nurse aides, and each direct staff member shall be signed in to work as a certified nurse aide and shall perform nurse aide duties; and</p> <p>One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a certified nurse aide and perform certified nurse aide duties.</p> <p>1. A review of the "Nurse Staffing Report," completed by the facility for the weeks of 06/13/2021 - 06/26/2021, revealed</p>	S1680	<p>2. All in house residents had the potential to be negatively affected by the nursing staffing hours from 6/13/2021-6/26/2021.</p> <p>3. The staffing coordinator was re educated on the 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 to every eight residents for the day shift.</p> <p>One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be certified nurse aides, and each direct staff member shall be signed in to work as a certified nurse aide and shall perform nurse aide duties; and</p> <p>One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a certified nurse aide and perform certified nurse aide duties.</p> <p>The DON/ADON reviewed the N.J. state mandatory nurse staffing regulation. The DON/ADON will review the facility census and acuities and new nurse staffing ratios daily to ensure that the necessary staff is available to meet the staffing requirement. This will continue ongoing. If nursing</p>	

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S1680	<p>Continued From page 3</p> <p>staff-to-resident ratios that did not meet the minimum requirements as listed below:</p> <p>06/13/2021 - 16 CNAs to 149 residents on the day shift.            06/14/2021 - 17 CNAs to 148 residents on the day shift.            06/15/2021 - 18 CNAs to 148 residents on the day shift.            06/16/2021 - 15 CNAs to 148 residents on the day shift.            06/17/2021 - 15 CNAs to 148 residents on the day shift.            06/18/2021 - 14 CNAs to 150 residents on the day shift.            06/19/2021 - 14 CNAs to 146 residents on the day shift.            06/20/2021 - 12 CNAs to 145 residents on the day shift and nine CNAs for 145 residents on the evening shift.            06/21/2021 - 16 CNAs to 142 residents on the day shift.            06/22/2021 - 15 CNAs to 142 residents on the day shift.            06/23/2021 - 16 CNAs to 142 residents on the day shift.            06/24/2021 - 15 CNAs to 142 residents on the day shift.            06/25/2021 - 15 CNAs to 149 residents on the day shift.            06/26/2021 - 13 CNAs to 149 residents on the day shift.</p> <p>On 09/19/2021 at 3:33 PM, the Nursing Home Administrator (NHA) stated that he was aware of the mandate regarding staffing ratios.</p>	S1680	<p>staffing does not meet the staffing requirements, then in house staff will be contacted for available shifts to work and agencies utilized by the facility will be called to ensure nursing staffing meets required staffing levels.</p> <p>4. The DON/ADON will review the facility census and acuities and new nurse staffing ratios daily to ensure that the necessary staff is available to meet the staffing requirement. This will continue ongoing. Results of the daily census/acuities/staffing ratios will be reported to QAPI for tracking and trends quarterly and ongoing.</p>	

**STATE FORM: REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 018254	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/15/2021
NAME OF FACILITY ROYAL SUITES HEALTH CARE & REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 214 WEST JIMMIE LEEDS ROAD GALLOWAY TOWNSHIP, NJ 08205	

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 S1680	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-25.2(b)(1)&(2)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	10/15/2021	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	
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 9/19/2021		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <span style="float:right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		