

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

PRINTED: 02/10/2020  
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>01/03/2020</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	INITIAL COMMENTS  COMPLAINT # NJ 121714, NJ 128017  CENSUS: 163  SAMPLE SIZE: 6	F 000			

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

TITLE

(X6) DATE

Electronically Signed

01/30/2020

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>018254</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/03/2020</b>
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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> <p>1. Total number of residents multiplied by 2.5 hours/day; plus</p> <p>2. Total number of residents receiving each service listed below, multiplied by the corresponding number of hours per day:</p> <p>Wound care 0.75 hour/day</p> <p>Nasogastric tube feedings and/or gastrostomy 1.00 hour/day</p> <p>Oxygen therapy 0.75 hour/day</p> <p>Tracheostomy 1.25 hours/day</p> <p>Intravenous therapy 1.50 hours/day</p> <p>Use of respirator 1.25 hours/day</p> <p>Head trauma stimulation/advanced neuromuscular/orthopedic care 1.50 hours/day</p>	S1680		1/31/20

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S1680	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: COMPLAINT # NJ 121714</p> <p>Based on review of staffing schedules provided by the facility for the week of 3/3/2019, it was determined that the facility failed to provide the necessary nursing staff to meet the staffing requirements. This deficient practice was evidenced by the following:</p> <p>For the week of 3/3/2019.</p> <p>Required staffing hours: 461.00</p> <p>Date: 3/3/2019 Actual staffing hours: 448 Difference: -13.00 hours</p> <p>During a post survey interview on 1/9/2020 at 2:45 p.m., the Director of Nursing (DON) reported; When we have a call-out we first ask our current employees to work overtime. If the current staff will not work overtime then Agencies are used.</p>	S1680	<ol style="list-style-type: none"> <li>1. There were no residents negatively affected by the nursing staffing hours on 3/3/2019.</li> <li>2. All in house residents had the potential to be affected by the nursing staffing hours on 3/3/2019.</li> <li>3. The staffing coordinator was re educated on the necessary nursing staff to meet the staffing requirements. The DON/ADON reviewed the NJ state mandatory nurse staffing regulation. The DON/ADON will review the facility census and acuties daily, to ensure that the necessary nursing staff is available to meet the staffing requirements. This will continue ongoing. If nursing staffing does not meet 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.</li> <li>4. The DON/ADON will review the facility census and acuties daily to ensure that the necessary nursing staff is available to</li> </ol>	

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S1680	Continued From page 2	S1680	meet the staffing requirements. This will continue ongoing. Results of the daily census/acuties will be reported to QAPI for tracking and trends quarterly and ongoing..	