New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	03015		C 07/21/2022

NAME OF PROVIDER OR SUPPLIER: LAUREL BROOK REHABILITATION AND HEALTHCAR

STREET ADDRESS, CITY, STATE, ZIP CODE: 3718 CHURCH ROAD, MOUNT LAUREL, NJ 08054

(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	Initial Comments Complaint #: NJ149611, NJ153805, NJ151585, NJ155095, NJ152881, NJ149603, NJ152929, NJ153866, NJ154082, NJ154365, NJ150799, NJ152743, NJ155540, NJ149112 and NJ152914. Census: 197 Sample Size: 17 TYPE OF SURVEY: Complaint Survey The facility is not in substantial compliance with all the standards in the New Jersey Administrative Code 8:39, Standards for Licensure of Long-Term Care Facilities. 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	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Complaint Intakes: #NJ151585 and #NJ149611 Based on interviews, facility document review, and New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, it was determined that the facility failed to ensure staffing ratios were met. The facility was deficient in certified nursing assistant (CNA) staffing for residents for 14 of 14	S 560	08/12/22 S560- 8:39-5.1 (a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State and local laws,	8/31/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed

TITLE

(X6) DATE: 08/18/22

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S 560	Continued From page 1 day shifts for the weeks of 01/16/2022 through 01/22/2022 and 01/23/2022 through 01/29/2022. The facility was deficient in CNA staffing for 14 of 14 day shifts for the weeks of 07/03/2022 through 07/09/2022 and 07/10/2022 through 07/16/2022. The facility was deficient in staffing for two of seven evening shifts for the week of 01/23/2022 through 01/29/2022. The deficient practice had the potential to affect all residents. Findings included: Reference: New Jersey Department of Health (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: One certified nurse aid to every eight residents for the day shift. 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 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.	S 560	rules, and regulations. 1. Corrective Action: Efforts to hire facility staff will continue until there is adequate staff to serve all residents. Until that time, the facility will utilize staffing agencies to fill any open spots in the schedule. 2. Identification of other residents or areas having the potential to be affected: Due to the nature of the deficiency, all residents have the potential to be affected by this practice. 3. Measures put into Place: Contracts with additional staffing agencies have been secured to supplement facility staff. Hiring and recruitment efforts including wage analysis and adjustments, pay for experience, online job listings, job fairs, shift differentials and referral bonuses are being utilized to become more competitive in the marketplace. Administrator or designee will document all recruitment efforts. 4. The Administrator or designee will review staffing schedules weekly to ensure adequate staffing for all shifts. The results of these reviews will be submitted to the Quality Assurance Process Improvement Committee Meeting for 6 months. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.	

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S 560	Continued From page 2 1. A review of the "Nurse Staffing Report," completed by the facility for the weeks of 01/16/2022 through 01/22/2022 and 01/23/2022 through 01/29/2022 revealed staff-to-resident ratios that did not meet the minimum requirements. The facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows: - 01/16/2022 had 17 CNAs for 195 residents on the day shift, required 24. - 01/17/2022 had 16 CNAs for 195 residents on the day shift, required 24. - 01/18/2022 had 17 CNAs for 194 residents on the day shift, required 24. - 01/19/2022 had 19 CNAs for 193 residents on the day shift, required 24. - 01/20/2022 had 17 CNAs for 193 residents on the day shift, required 24. - 01/21/2022 had 18 CNAs for 190 residents on the day shift, required 24. - 01/22/2022 had 14 CNAs for 189 residents on the day shift, required 24. - 01/23/2022 had 11 CNAs for 188 residents on the day shift, required 23. - 01/24/2022 had 15 CNAs for 187 residents on the day shift, required 23. - 01/25/2022 had 18 CNAs for 187 residents on the day shift, required 23. - 01/26/2022 had 20 CNAs for 187 residents on the day shift, required 23. - 01/27/2022 had 19 CNAs for 187 residents on the day shift, required 23. - 01/28/2022 had 18 CNAs for 187 residents on the day shift, required 23. - 01/29/2022 had 9 CNAs for 187 residents on the day shift, required 23. The facility was also deficient in staffing for evening shift as follows:	S 560		

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S 560	Continued From page 3 - 01/23/2022 had a total of 17 staff members for the evening shift for 188 residents, required 19. - 01/23/2022 had a total of 17 staff members with 6 CNAs, required 8. 2. A review of the "Nurse Staffing Report," completed by the facility for the weeks of 07/03/2022 through 07/09/2022 and 07/10/2022 through 07/16/2022 revealed staff-to resident ratios that did not meet the minimum requirements. The facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows: - 07/03/2022 had 16 CNAs for 197 residents on the day shift, required 25. - 07/04/2022 had 20 CNAs for 196 residents on the day shift, required 24. - 07/05/2022 had 18 CNAs for 190 residents on the day shift, required 24. - 07/06/2022 had 16 CNAs for 187 residents on the day shift, required 23. - 07/07/2022 had 17 CNAs for 187 residents on the day shift, required 23. - 07/08/2022 had 16 CNAs for 187 residents on the day shift, required 23. - 07/09/2022 had 18 CNAs for 187 residents on the day shift, required 23. - 07/10/2022 had 20 CNAs for 190 residents on the day shift, required 24. - 07/11/2022 had 17 CNAs for 190 residents on the day shift, required 24. - 07/12/2022 had 18 CNAs for 190 residents on the day shift, required 24. - 07/13/2022 had 20 CNAs for 190 residents on the day shift, required 24. - 07/14/2022 had 20 CNAs for 190 residents on the day shift, required 24. - 07/15/2022 had 17 CNAs for 190 residents on the day shift, required 24.	S 560		

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S 560	Continued From page 4 - 07/16/2022 had 18 CNAs for 190 residents on the day shift, required 24. During an interview on 07/21/2022 at 10:34 AM, the Director of Nursing (DON) stated the number of staff scheduled to work was based on the daily census and that the facility used agency staff to try to meet staffing requirements. She indicated the facility scheduled adequate staff for each shift, but last-minute call outs were causing insufficient staffing in the facility. During an interview on 07/21/2022 at 11:28 AM, the Administrator verified the facility was short-staffed from 01/16/2022 through 01/29/2022 and 07/03/2022 through 07/16/2022. She stated the schedule would be filled and staffed to the requirements, and then staff would call out or agency staff would not show up. The facility made every effort to fill all call outs; however, they were not always successful. She stated the facility currently had contracts with about six different staffing agencies and marketed for staff using all available platforms. The company was willing to do and pay whatever they needed to get the staffing ratios up to the state requirements, but she was not sure what more they could do.	S 560		