

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

PRINTED: 03/26/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315524	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/22/2019
NAME OF PROVIDER OR SUPPLIER LAUREL BROOK REHABILITATION AND HEALTHCARE CENTER			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) COMPLETION DATE	
F 000	<p>INITIAL COMMENTS</p> <p>COMPLAINT # NJ 126234</p> <p>CENSUS: 165</p> <p>SAMPLED SIZE: 4</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 VISIT.</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

08/28/2019

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: 03015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/22/2019
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NAME OF PROVIDER OR SUPPLIER LAUREL BROOK REHABILITATION AND HEALTHCAR	STREET ADDRESS, CITY, STATE, ZIP CODE 3718 CHURCH ROAD MOUNT LAUREL, NJ 08054
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S1680	<p>8:39-25.2(b)(1)&(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		9/4/19

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S1680	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: COMPLAINT: # NJ 126234</p> <p>Based on review of staffing schedules provided by the facility for the week of 5/5/19, 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 5/5/19 Required staffing hours: 413.25</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Actual Staffing Hours</th> <th>Difference</th> </tr> </thead> <tbody> <tr> <td>5/11/19</td> <td>400</td> <td>-13.25 hours.</td> </tr> </tbody> </table> <p>During a post survey interview on 8/8/19 at 12:35 p.m., the Administrator stated "If we are short staffed or have callouts we first call our full time and part time staff for OT (overtime) or extra shifts. We also ask the current staff to stay over for half a shift or 4 hours. If we can not get our own staff to cover we call agency staffing. We use 4 or 5 different agencies for coverage."</p>	Date	Actual Staffing Hours	Difference	5/11/19	400	-13.25 hours.	S1680	<p>Preparation and/or execution of this plan of correction does not constitute an admission or agreement by the Provider of the truth or the facts alleged, or conclusion set forth in the Statement of Deficiencies. This plan of correction is prepared and/or executed because the provisions of Federal and State laws that require it.</p> <p>Residents residing in the facility on May 11, 2019 had their nursing services needs met.</p> <p>All Residents residing in the facility have the potential to be affected by not meeting nurse staffing requirements.</p> <p>The facility has, or will, put the following actions in place to insure mandatory staffing requirements are met:</p> <ol style="list-style-type: none"> 1. Offer transportation to those employees who require when public transportation is unavailable. 2. Continue to work with "Caring Partners" program to hire those individuals who are eligible for a future NA/CNA role to assist with non-clinical needs of patients/residents. 3. 	
Date	Actual Staffing Hours	Difference								
5/11/19	400	-13.25 hours.								

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S1680	Continued From page 2	S1680	<p>Offer/sponsor CNA classes. 4. Provide various bonus programs to encourage perfect attendance, as well as picking up open shifts. 5. Work with 6 agency employment companies to fill any open nursing positions. 6. Retention and Recruitment efforts on the part of management and Corporation to hire and retain the most qualified applicants. 7. Offer referral bonuses for new hires and for those who refer qualified applicants. 8. Increase rates for CNAs.</p> <p>For the next three months, the Administrator, the DON and/or their designees will calculate PPD (Per Patient Day) staffing, including, acuties, for the current 24-48 hour period and will report daily. Any variations to the required PPD (Per Patient Day)/required staffing will be addressed. The QAPI committee will review the daily PPD (Per Patient Day) report on a monthly basis. Audits will remain in place for three months, and until the Committee has established substantial compliance.</p>	