

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>030305</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/05/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CAMBRIDGE REHABILITATION AND HEALTHC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>255 EAST MAIN ST</b> <b>MOORESTOWN, NJ 08057</b>
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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>Complaint#: NJ159688</p> <p>CENSUS: 149</p> <p>SAMPLE SIZE: 3</p> <p>The facility was not in compliance with 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 the provisions of the 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 and facility document review on 11/28/2022, 11/29/2022 and 12/5/2022, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratios as mandated by the State of New Jersey for 14 of 14 Certified Nurse's Aides (CNAs) for Day shifts. This deficient practice had the potential to affect all</p>	S 560	<p>S560 Mandatory Access to Care</p> <ol style="list-style-type: none"> <li>1. No residents were identified by not meeting the State of NJ minimum staffing requirements</li> <li>2. Residents could be affected by this area of concern.</li> <li>3. Recruitment efforts continue to include:</li> </ol>	1/3/23

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

TITLE

(X6) DATE

Electronically Signed

12/29/22

New Jersey Department of Health

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S 560	<p>Continued From page 1 residents.</p> <p>Findings include:</p> <p>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 as 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 Aide (CNA) 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 of all staff members shall be CNAs and each direct staff member shall be signed into 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 CNA and perform CNA duties.</p> <p>The facility was deficient in CNA staffing for 14 of 14 day shifts as follows:</p> <p>10/30/2022 Day shift CNA Staff was 13 for 157 residents. Staffing should have been 20 10/31/2022 Day shift CNA Staff was 13 for 157 residents. Staffing should have been 20 11/01/2022 Day shift CNA Staff was 14 for 153 residents. Staffing should have been 19 11/02/2022 Day shift CNA Staff was 16 for 152 residents. Staffing should have been 19</p>	S 560	<p>a. Job fairs b. Daily staffing meetings c. Sponsored orientees for 45 days to increase retention of new hires d. Care Champion Mentor Program to support retention e. Culture committee to improve and maintain staff morale f. Recruitment bonus and sign-on bonuses offered. g. Increase starting salary for CNAs h. Started a new No Frills salary option i. Continue the use of agency staff to assist with meeting minimum staffing requirements.</p> <p>4. To monitor and maintain ongoing compliance the DON will monitor staffing daily for 1 week, weekly for 3 weeks and monthly for 2 months. Results will be presented to the QAPI team monthly for continued review and recommendations.</p>	
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S 560	Continued From page 2  11/03/2022 Day shift CNA Staff was 13 for 152 residents. Staffing should have been 19 11/04/2022 Day shift CNA Staff was 14 for 152 residents. Staffing should have been 19 11/05/2022 Day shift CNA Staff was 13 for 152 residents. Staffing should have been 19 11/06/2022 Day shift CNA Staff was 10 for 154 residents. Staffing should have been 19 11/07/2022 Day shift CNA Staff was 13 for 151 residents. Staffing should have been 19 11/08/2022 Day shift CNA Staff was 15 for 150 residents. Staffing should have been 19 11/09/2022 Day shift CNA Staff was 15 for 150 residents. Staffing should have been 19 11/10/2022 Day shift CNA Staff was 14 for 150 residents. Staffing should have been 19 11/11/2022 Day shift CNA Staff was 15 for 150 residents. Staffing should have been 19 11/12/2022 Day shift CNA Staff was 13 for 149 residents. Staffing should have been 19	S 560		
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## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 030305	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 1/12/2023	Y3
NAME OF FACILITY CAMBRIDGE REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 255 EAST MAIN ST MOORESTOWN, NJ 08057		

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 _____	01/03/2023	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 12/5/2022		<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		