

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315201	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/07/2023
NAME OF PROVIDER OR SUPPLIER CAMBRIDGE REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 255 EAST MAIN ST MOORESTOWN, NJ 08057		
(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 #: NJ00159128, NJ00166965 Census: 147 Sample Size: 4 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT SURVEY.	F 000			
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00159128 Based on observation, interview, and review of facility documentation on 09/06/23 and 09/07/23 it was determined that the facility failed to obtain a timely reweigh for a resident with an identified significant Ex Order 26. 4B1 , and contact the Registered Dietitian in writing regarding a resident with an identified significant Ex Order 26. 4B1 . The facility also failed to follow their policy for, "Weight Assessment and Intervention" for 1 of 3 residents (Resident #2) reviewed for Ex Order 26. 4B1 . The deficient practice was evidenced by the following:	F 658	1. Resident #2 no longer resides at the facility. 2. All residents have the potential to be affected by facility not obtaining a timely reweigh for residents not contacting the Ex Order 26. 4B1 with an identified significant Ex Order 26. 4B1 . An audit was completed of all resident weights to determine if needed reweighs were completed and Ex Order 26. 4B1 was notified, in writing. All deviations were corrected. 3. The Director of Nursing educated all licensed nurses and the interdisciplinary team leadership to Cambridge policy for significant Ex Order 26. 4B1 , reweighs and	10/4/23	

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


TITLE

(X6) DATE

Electronically Signed

09/28/2023

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.

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F 658	<p>Continued From page 1</p> <p>Reference: New Jersey Statues, Annotated Title 45, Chapter 11 Nursing Board, The Nurse Practice Act for the State of New Jersey states; "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and well-being, and executing a medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist."</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p> <p>The surveyor reviewed the closed medical record for Resident #2:</p> <p>According to the Admission Record, Resident #2 was admitted to the facility on <u>Ex Order 26. 4B1</u> with medical diagnoses which included but were not limited to <u>Ex Order 26. 4B1</u></p> 	F 658	<p>documentation of communication to the Registered Dietician, in writing.</p> <p>4. The Director of Nursing and Regional Registered Dietician will audit for weights and reweight documentation to Registered Dietician in writing weekly times 4 and then monthly for 3 months to assure that notification is reported and documented timely. Results will be presented to the Quality Assurance Performance Improvement team monthly for continued review and recommendations until substantial compliance is maintained. The Quality Assurance Performance Improvement committee will determine the need for further and continued action. The Quality Assurance Performance Improvement committee consists of the Administrator, Director of Nursing and Medical Director, as well as other interdisciplinary members.</p>		

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F 658	<p>Continued From page 2</p> <p>The admission Minimum Data Set (MDS), an assessment tool used to facilitate the management of care dated ^{Ex Order 26. 4B1} indicated that the resident had a Brief Interview for Mental Status score of ^{Ex One} out of a possible 15 which indicated that they were ^{Ex Order 26. 4B1}. The MDS also indicated that the resident weighed ^{Ex Order} Lbs. (pounds).</p> <p>The Nutrition care plan dated 07/29/22 indicated, ^{Ex Order 26. 4B1}</p> <p>The care plan also indicated, "RD [Registered Dietitian] to evaluate and make diet change recommendations PRN [as needed]."</p> <p>Resident #1's ^{Ex Order 26. 4B1} Summary indicated the following:</p> <p>07/28/22 ^{NJ Exec. Order 26-4.b.1} 07/29/22 ^{NJ Exec. Order 26-4.b.1} 08/04/22 ^{NJ Exec. Order 26-4.b.1} 08/12/22 ^{NJ Exec. Order 26-4.b.1} 08/15/22 ^{NJ Exec. Order 26-4.b.1} 08/17/22 ^{NJ Exec. Order 26-4.b.1} 08/18/22 ^{NJ Exec. Order 26-4.b.1} 08/29/22 ^{NJ Exec. Order 26-4.b.1} 08/31/22 ^{NJ Exec. Order 26-4.b.1} MDS: -5.0% change over 30 day(s) [Comparison ^{Ex Order 26. 4B1} 8/4/2022 ^{NJ Exec. O} Lbs., -6.2%, -10 Lbs.] 09/02/22 ^{NJ Exec. Order 26-4.b.1} Lbs. MDS: MDS: -5.0% change over 30 day(s) [Comparison ^{Ex Order 26. 4B1} 8/4/2022, ^{NJ Exec. O} Lbs., -5.6%, -9 Lbs.] 09/06/22 ^{NJ Exec. Order 26-4.b.1} Lbs. MDS: -5.0% change over 30 day(s) [Comparison ^{Ex Order 26. 4B1} 8/12/2022, ^{NJ Exec. O} Lbs., -6.7%, -11 Lbs.] 09/07/22 ^{NJ Exec. Order 26-4.b.1} Lbs. MDS: -5.0% change over 30 day(s) [Comparison ^{Ex Order 26. 4B1} 8/12/2022, ^{NJ Exec. O} Lbs., -6.7%, -11 Lbs.]</p>	F 658			

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F 658	<p>Continued From page 3</p> <p>09/08/22 [REDACTED] Lbs. MDS: -5.0% change over 30 day(s) [Comparison [REDACTED] 8/12/2022, [REDACTED] Lbs., -6.1%, -10 Lbs.]</p> <p>09/09/22 [REDACTED] Lbs.</p> <p>09/13/22 [REDACTED] Lbs. MDS: -5.0% change over 30 day(s) [Comparison [REDACTED] 8/12/2022, [REDACTED] Lbs., -5.5%, -9 Lbs.]</p> <p>09/16/22 [REDACTED] Lbs. MDS: -5.0% change over 30 day(s) [Comparison [REDACTED] 8/17/2022, [REDACTED] Lbs., -8.0%, -13 Lbs.]</p> <p>09/20/22 [REDACTED] Lbs. MDS: -5.0% change over 30 day(s) [Comparison [REDACTED] 8/29/2022, [REDACTED] Lbs., -8.6%, -14 Lbs.]</p> <p>09/21/22 [REDACTED] Lbs. MDS: -5.0% change over 30 day(s) [Comparison [REDACTED] 8/29/2022, [REDACTED] Lbs., -8.6%, -14 Lbs.]</p> <p>09/22/22 [REDACTED] Lbs. MDS: -5.0% change over 30 day(s) [Comparison [REDACTED] 8/29/2022, [REDACTED] Lbs., -6.2%, -10 Lbs.]</p> <p>09/24/22 [REDACTED] Lbs. MDS: -5.0% change over 30 day(s) [Comparison [REDACTED] 8/29/2022, [REDACTED] Lbs., -6.8%, -11 Lbs.]</p> <p>Review of the nursing progress notes failed to reveal any documentation that nursing notified the RD of the significant [REDACTED] (5% of body [REDACTED] in 30 days) which began on 08/31/22.</p> <p>Review of the nutrition notes indicated a 09/16/22 note, [REDACTED] Spoke with [Resident #1's] [family member] on phone today who was concerned about decline in PO [by mouth] intake and [REDACTED] levels. [Family member] requested a bag of chips and sandwich for lunch, and to try a boost pudding in addition to the ensure that is provided to [Resident #1] BID [twice a day] since [his/her] intake of the ensure BID has been variable. Updated preferences [...] ordered boost pudding QD [every day] [...] and</p>	F 658			

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F 658	<p>Continued From page 4</p> <p>will bring menus to [Resident #1's] room for [family member] to fill out to encourage positive PO intake."</p> <p>Further review of the nutrition notes failed to indicate that the RD documented the significant Ex Order 26. 4B1, reassessed the resident, or implemented interventions related to the significant Ex Order 26. 4B1.</p> <p>During an interview with the surveyor on 09/07/23 at 11:37 AM, the Registered Nurse/ Unit Manager (RN/UM) stated that when staff identified a significant Ex Order 26. 4B1 that they would confirm the significant Ex Order 26. 4B1 with a reweigh the next day. The RN/UM continued that after the significant Ex Order 26. 4B1 was confirmed that they should let the family know, let the doctor know, and let the RD know.</p> <p>During an interview with the surveyor on 09/07/23 at 1:13 PM, the Regional RD stated that nursing staff should have obtained another weight on Resident #1 on 08/31/22 either later in the day or the next day (09/01/23). The Regional RD stated that there was another weight obtained on Resident #1 on 09/02/22. The Regional RD continued that after the weight was confirmed with a reweigh that the RD would address the NJ Exec. Order 26:4.b.1 by continuing to monitor the weight, update food preference, and supplementation. The Regional RD stated that she did not see where in the resident's medical record that it was documented that the RD was made aware of the significant Ex Order 26. 4B1.</p> <p>During an interview with the surveyor on 09/07/23 at 1:58 PM, the Director of Nursing (DON) stated that if a resident had a significant Ex Order 26. 4B1 that</p>	F 658			

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F 658	Continued From page 5 they would reweigh the resident either right away or the next day at the latest. The DON continued that after the resident was reweighed and the significant Ex Order 26.4B1 was confirmed that the unit manager would bring that information to the clinical meeting and would then follow up with the physician or medical provider to make them aware. The DON stated that she did not have "proof" in writing that the RD or physician were notified of the NJ Exec. Order 26:4.b.1 . The undated facility policy, "Weight Assessment and Intervention" indicated under the "Policy Interpretation and Implementation" section, "3. Any weight change of 5% or more since the last weight assessment is retaken the next day for confirmation. a. If the weight is verified, nursing will immediately notify the dietitian in writing. 4. Unless notified of significant weight change, the dietitian will review the unit weight record monthly to follow individual weight trends over time."	F 658			
F 677 SS=D	NJAC 8:39-27.2(a) ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Complaint #: NJ00159128 Based on interviews, medical record review, and review of other pertinent facility documentation on 09/06/23 and 09/07/23, it was determined that the facility staff failed to consistently document on the	F 677	F677 ADL Care Provided for Dependent Residents 1. Resident #2 no longer resides at the facility. 2. All residents have the potential to be affected by this deficient practice. An	10/4/23	

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F 677	<p>Continued From page 6</p> <p>"Documentation Survey Report" (DSR) the Activities of Daily Living (ADL) status and care provided to the residents according to the facility policy, "Activities of Daily Living (ADLs), Supporting" for 1 of 2 residents (Resident #2) reviewed for documentation.</p> <p>This deficient practice was evidenced by the following:</p> <p>The surveyor reviewed the closed medical record for Resident #2:</p> <p>According to the Admission Record (AR), Resident #2 was admitted on ^{Ex Order 26.4B1}, with diagnoses that included but were not limited to ^{Ex Order 26.4B1}</p> <p>[REDACTED]</p> <p>The admission Minimum Data Set (MDS), an assessment tool used to facilitate the management of care dated 08/04/22 indicated that the resident had a Brief Interview for Mental Status score of ^{Ex Order 26.4B1} out of a possible 15 which indicated that they were ^{Ex Order 26.4B1}. The MDS also indicated that Resident #2 required ^{NJ Exec. Order 26:4.b.1} use.</p> <p>The ADL Self Care Performance Deficit care plan dated 07/28/22 indicated that the resident required ^{NJ Exec. Order 26:4.b.1}.</p> <p>Review of Resident #2's DSR (ADL Record) and the progress notes (PN) for the months of 08/2022 and 09/2022 lacked any documentation to indicate that the care for ^{NJ Exec. Order 26:4.b.1} was</p>	F 677	<p>audit of residents ADL documentation completed and any deviations corrected.</p> <p>3. The Director of Nursing educated all Certified Nursing Assistants and Licensed Nurses on documentation of Activities of Daily Living (ADL).</p> <p>4. The Director of Nursing will complete audits for all POC documentation daily for 5 days, weekly for 4 weeks and then monthly for 3 months. The Director of Nursing will report the results of the audits to the monthly Quality Assurance Performance Improvement committee for review. The Quality Assurance Performance Improvement committee will determine the need for further and continued action monthly for 3 months. Results will be presented to the Quality Assurance Performance Improvement team monthly for continued review and recommendations. The QAPI committee consists of the Administrator, Director of Nursing and Medical Director, as well as other interdisciplinary members.</p>		

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

PRINTED: 12/27/2023
FORM APPROVED
OMB NO. 0938-0391

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F 677	<p>Continued From page 7</p> <p>provided and/or that the resident refused care on the following dates and shifts:</p> <p>7:00 AM-3:00 PM shift on 08/03/22, 08/06/22, 08/07/22, 08/10/22, 08/12/22-08/14/22, 08/19/22, 08/21/22, 09/01/22, 09/09/22, 09/18/22, and 09/22/22.</p> <p>3:00 PM-11:00 PM shift on 08/06/22, 08/07/22, 08/09/22, 08/20/22, 08/30/22, 09/03/22, 09/05/22-09/08/22, 09/13/22, 09/16/22, 09/18/22, 09/19/22, 09/22/22.</p> <p>11:00 PM-7:00 AM shift on 08/14/22, 08/15/22, 08/29/22, 09/07/22.</p> <p>During an interview with the surveyor on 09/06/23 at 2:25 PM, Certified Nursing Assistant #1 stated that ADL care should be documented in the resident's electronic medical record and that the expectation was to document on every resident every shift.</p> <p>During an interview with the surveyor on 09/07/23 at 10:18 AM, the Licensed Practical Nurse (LPN) #1 stated that ADL care was documented by the CNAs into the resident's electronic health record and that it should be documented on every resident before the end of the shift. LPN #1 stated that the purpose of documenting the ADL care was to provide continuity of care and to document the status of the resident.</p> <p>During an interview with the surveyor on 09/07/23 at 11:37 AM, the Registered Nurse/ Unit Manager (RN/UM) stated that the CNAs were expected to complete the ADL documentation every shift for every resident. The RN/UM stated that the purpose of the ADL documentation was to see if care was provided and to track the amount of assistance that residents needed.</p>	F 677			

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F 677	Continued From page 8 During an interview with the surveyor on 09/07/23 at 1:58 PM, the Director of Nursing (DON) stated that CNAs should document ADL care every shift on the tasks available. The facility policy "Activities of Daily Living (ADLs), Supporting" with a revised date of 3/2018 indicated under the "Policy Interpretation and Implementation" section, "The resident's ability to participate in ADLs and the support provided during ADL care and resident-specific tasks will be documented each shift by Certified Nursing Assistants in the medical record." NJAC 8:39-35.2(d)(6).	F 677			

New Jersey Department of Health

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S 000	<p>Initial Comments</p> <p>Complaint #: NJ00159128, NJ00166965</p> <p>Census: 147</p> <p>Sample Size: 4</p> <p>The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 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: Complaint #: NJ00159128</p> <p>Based on interview and review of other facility documentation on 09/5/23, 09/06/23, and 09/07/23, it was determined that the facility failed to maintain the required minimum direct care staff-to-resident ratio for the day shift as mandated by the State of New Jersey. The facility was deficient in Certified Nursing Assistants (CNA) staffing for residents on 21 of 21 day shifts. This deficient practice had the potential to</p>	S 560	<p>S560 Mandatory Access to Care</p> <ol style="list-style-type: none"> 1. No residents were affected by not meeting the State of NJ minimum staffing requirements as determined by routine monitoring and review on those dates that no significant changes were noted. 2. All residents could be affected by this area of concern. 3. Recruitment and retention efforts continue to include: <ol style="list-style-type: none"> a. Job fairs 	10/4/23

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

Electronically Signed

TITLE

(X6) DATE

09/28/23

New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>affect all 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 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 (1) Certified Nurse Aide (CNA) to every eight (8) residents for the day shift.</p> <p>One (1) direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct care staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and</p> <p>One (1) 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>1. As per the "Nurse Staffing Report" completed by the facility for the week of 09/25/22 through 10/01/22, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows:</p> <p>-09/25/22 had 11 CNAs for 148 residents on the day shift, required at least 18 CNAs. -09/26/22 had 15 CNAs for 148 residents on the day shift, required at least 18 CNAs. -09/27/22 had 15 CNAs for 147 residents on the</p>	S 560	<p>b. Daily staffing meetings and weekly Regional Labor Management reviews</p> <p>c. Sponsored orientees for 45 days toward retention of new hires</p> <p>d. Care Champion mentor program to support retention</p> <p>e. Culture committee to improve and maintain staff morale</p> <p>f. Recruitment bonus and sign-on bonuses offered.</p> <p>g. Certified Nursing Assistant classes held on campus</p> <p>4. To monitor and maintain ongoing compliance the Director of Nursing or designee will monitor staffing daily for 1 week, weekly for 3 weeks and monthly for 3 months. Results will be presented to the Quality Assurance and Performance Improvement team monthly for continued review and recommendations until substantial compliance is maintained.</p>	

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 030305	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/07/2023
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NAME OF PROVIDER OR SUPPLIER CAMBRIDGE REHABILITATION AND HEALTHC	STREET ADDRESS, CITY, STATE, ZIP CODE 255 EAST MAIN ST MOORESTOWN, NJ 08057
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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 560	<p>Continued From page 2</p> <p>day shift, required at least 18 CNAs. -09/28/22 had 16 CNAs for 145 residents on the day shift, required at least 18 CNAs. -09/29/22 had 16 CNAs for 143 residents on the day shift, required at least 18 CNAs. -09/30/22 had 13 CNAs for 142 residents on the day shift, required at least 18 CNAs. -10/01/22 had 10 CNAs for 139 residents on the day shift, required at least 17 CNAs</p> <p>2. As per the "Nurse Staffing Report" completed by the facility for the weeks of 08/20/23 to 09/02/23, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows:</p> <p>-08/20/23 had 12 CNAs for 143 residents on the day shift, required at least 18 CNAs. -08/21/23 had 10.5 CNAs for 143 residents on the day shift, required at least 18 CNAs. -08/22/23 had 12 CNAs for 141 residents on the day shift, required at least 18 CNAs. -08/23/23 had 15 CNAs for 141 residents on the day shift, required at least 18 CNAs. -08/24/23 had 13 CNAs for 141 residents on the day shift, required at least 18 CNAs. -08/25/23 had 13 CNAs for 141 residents on the day shift, required at least 18 CNAs. -08/26/23 had 12 CNAs for 141 residents on the day shift, required at least 18 CNAs. -08/27/23 had 11 CNAs for 141 residents on the day shift, required at least 18 CNAs. -08/28/23 had 15.5 CNAs for 138 residents on the day shift, required at least 17 CNAs. -08/29/23 had 13 CNAs for 138 residents on the day shift, required at least 17 CNAs. -08/30/23 had 14 CNAs for 138 residents on the day shift, required at least 17 CNAs. -08/31/23 had 13 CNAs for 138 residents on the day shift, required at least 17 CNAs. -09/01/23 had 13 CNAs for 138 residents on the</p>	S 560		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 030305	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/07/2023
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NAME OF PROVIDER OR SUPPLIER CAMBRIDGE REHABILITATION AND HEALTHC	STREET ADDRESS, CITY, STATE, ZIP CODE 255 EAST MAIN ST MOORESTOWN, NJ 08057
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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 560	<p>Continued From page 3</p> <p>day shift, required at least 17 CNAs. -09/02/23 had 14 CNAs for 138 residents on the day shift, required at least 17 CNAs.</p> <p>During an interview with the surveyor on 09/07/23 at 1:58 PM, the Director of Nursing (DON) stated that she was aware of the staffing regulations. The DON stated that they contracted with 3 different staffing agencies, that they held an open house to attract new staff, and that they increased employee rates and marketing of the facility.</p>	S 560		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315201	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 10/25/2023	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 qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, 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 CMS-2567 (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 F0658	Correction	ID Prefix F0677	Correction	ID Prefix	Correction
Reg. # 483.21(b)(3)(i)	Completed	Reg. # 483.24(a)(2)	Completed	Reg. #	Completed
LSC	10/04/2023	LSC	10/04/2023	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 9/7/2023		<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		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 030305	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/25/2023
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	10/04/2023	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 9/7/2023		<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		