

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 030709	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/30/2021
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NAME OF PROVIDER OR SUPPLIER REFORMED CHURCH HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1990 ROUTE 18 NORTH OLD BRIDGE, NJ 08857
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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	Initial Comments 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.	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: Based on interview and facility document review, the facility failed to ensure staffing ratios were met for 16 of 42 shifts. This deficient practice had the potential to affect all residents and was evidenced as follows: 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 Aide (CNA) to every eight	S 560	S560 All residents have the potential to be affected by the staff shortage. The facility has taken multiple steps to address this concern. In addition to the current listed efforts, Effective 8/8/2021 all CNAs will receive \$2/hour increase across the board. This will allow us to increase our starting wages and additional \$2.00/hour. This will make Reformed Church Home starting wages above our competitor's rates. An open house is scheduled for September 16, 2021. We have also signed up with a new staffing agency and will continue working with the additional five companies already contracted. Since all residents have the potential to be	9/30/21

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

TITLE

(X6) DATE

Electronically Signed

08/10/21

New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>residents for the day shift.</p> <p>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 CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and</p> <p>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>1. A review of posted facility staffing ratios from 07/16/21 through 07/29/21 revealed the following for the day shifts:</p> <p>On 07/16/21, the staff to resident ratio was posted as 1 CNA to 11.3 residents on the day shift.</p> <p>On 07/17/21, the staff to resident ratio was posted as 1 CNA to 9.7 residents on the day shift.</p> <p>On 07/18/21, the staff to resident ratio was posted as 1 CNA to 9.7 residents on the day shift.</p> <p>On 07/19/21, the staff to resident ratio was posted as 1 CNA to 8.9 residents on the day shift.</p> <p>On 07/20/21, the staff to resident ratio was posted as 1 CNA to 10.7 residents on the day shift.</p> <p>On 07/24/21, the staff to resident ratio was posted as 1 CNA to 9.2 residents on the day shift.</p> <p>2. A review of posted facility staffing ratios from 07/16/21 through 07/29/21 revealed the following</p>	S 560	<p>affected, the facility is also closing one of its subacute wings (3C- 12 beds) until such time that staffing improves. Admissions will be reviewed and considered daily based upon staffing needs.</p> <p>Managers will continue to supplement shifts when necessary.</p> <p>Staff ratios are monitored daily at morning meeting by the Assistant Administrator and adjustment to admissions and management staffing will be made at that time.</p> <p>The staffing coordinator will do a quarterly report on the staffing ratios and staffing needs at the quarterly QA meeting.</p>	

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S 560	<p>Continued From page 2</p> <p>for the evening shifts:</p> <p>On 07/17/21, the staff to resident ratio was posted as 1 CNA to 10.5 on residents on the evening shift.</p> <p>On 07/19/21, the staff to resident ratio was posted as 1 CNA to 10.7 on residents on the evening shift.</p> <p>3. A review of posted facility staffing ratios from 07/16/21 through 07/29/21 revealed the following for the night shifts.</p> <p>On 07/16/21, the staff to resident ratio was posted as 1 CNA to 14.5 residents on the night shift.</p> <p>On 07/17/21, the staff to resident ratio was posted as 1 CNA to 24.0 residents on the night shift.</p> <p>On 07/18/21, the staff to resident ratio was posted as 1 CNA to 16.4 residents on the night shift.</p> <p>On 07/19/21, the staff to resident ratio was posted as 1 CNA to 16.0 residents on the night shift.</p> <p>On 07/21/21, the staff to resident ratio was posted as 1 CNA to 16.6 residents on the night shift.</p> <p>On 07/22/21, the staff to resident ratio was posted as 1 CNA to 16.6 residents on the night shift.</p> <p>On 07/26/21, the staff to resident ratio was posted as 1 CNA to 16.6 residents on the night</p>	S 560		

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S 560	<p>Continued From page 3</p> <p>shift.</p> <p>On 07/27/21, the staff to resident ratio was posted as 1 CNA to 19.8 residents on the night shift.</p> <p>During an interview with the surveyor, Administrator and Director of Nursing (DON) on 07/29/21 at 01:16 PM, the Administrator stated that the facility had increased the Certified Nursing Assistant's (CNA) hourly wages by \$1.50 and offered a sign-on bonus when an employee refers a friend. The facility had used Agency staff, but that had not panned out. The Administrator stated that the facility will call an agency employee to come back, if we like them. The DON had contacted the CNA schools and presented lectures as to why someone would want to work at the facility. The Administrator further stated that it had been an uphill battle, have tried to bring in new employees and the background checks had been challenging. The DON stated that the new employees worked here for about 10 days and then they are gone. The Administrator further stated that the census had been low and had stopped taking admissions several times to meet the staffing requirement; and are going to be closing the C wing on the third floor. The facility registered with the Department of Labor for a program where the unemployed would be referred to the nursing home, but no one has been referred as yet.</p> <p>During a follow up interview with the surveyor on 07/30/21 at 10:40 AM, the DON stated that she spends about 20 hours weekly on staffing; and if she can't get anyone to come in, administration will help.</p>	S 560		

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S 560	Continued From page 4 NJAC 8:39-5.1(a)	S 560		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 030709	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 9/30/2021
NAME OF FACILITY REFORMED CHURCH HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1990 ROUTE 18 NORTH OLD BRIDGE, NJ 08857	

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 _____	09/30/2021	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 7/30/2021		<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		