

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

PRINTED: 03/14/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315339</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/21/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>CAREONE AT ORADELL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>600 KINDERKAMACK ROAD</b> <b>ORADELL, NJ 07649</b>		
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F 000	INITIAL COMMENTS  Complaint #NJ151035, NJ148557, NJ150492  Census: 120  Sample size: 6  The facility is not in compliance with the requirements of 42 CFR Park 483, Subpart B, for Long Term Care Facilities based on this complaint survey.  A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.	F 000			
F 557 SS=D	Survey Date: 01/21/2022 Respect, Dignity/Right to have Prsnl Property CFR(s): 483.10(e)(2)  §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including:  §483.10(e)(2) The right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents. This REQUIREMENT is not met as evidenced by: Complaint Intake #: NJ148557	F 557		2/18/22	
			F577		

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

TITLE

(X6) DATE

Electronically Signed

02/10/2022

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 557	<p>Continued From page 1</p> <p>Based on record review, observations, interviews, and policy review, the facility failed to ensure resident's dignity was maintained by failing to place a privacy cover over a [REDACTED] for 2 (Resident #3 and Resident #4) of 4 residents observed with [REDACTED]. The facility identified 11 residents with [REDACTED].</p> <p>Findings included:</p> <p>1. Resident #3 was admitted to the facility on [REDACTED] with diagnoses including [REDACTED].</p> <p>A review of the most recent annual Minimum Data Set Assessment, dated [REDACTED], identified Resident #3 as [REDACTED] with a Brief Interview for Mental Status score of [REDACTED].</p> <p>During an observation on 01/21/2022 at 9:26 AM, the resident had an [REDACTED] hanging on the side of the bed on the railing. The [REDACTED] was observed to have [REDACTED] inside, and no [REDACTED] cover was seen.</p> <p>2. Resident #4 was admitted to the facility on [REDACTED] with diagnoses including [REDACTED] of the [REDACTED] and [REDACTED].</p> <p>A review of the most recent admission Minimum Data Set Assessment, dated [REDACTED], identified Resident #4 as [REDACTED] with a Brief Interview for Mental Status score of [REDACTED] out of [REDACTED].</p> <p>During an observation on 01/21/2022 at 2:20 PM, the resident was in bed with an [REDACTED].</p>	F 557	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Privacy covers were placed over the [REDACTED] for Resident #3 and Resident #4.</p> <p>How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All residents with [REDACTED] [REDACTED] have the potential to be affected.</p> <p>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice will not recur?</p> <p>The facility will maintain a minimum stock of [REDACTED] bags sufficient to provide for all current residents with [REDACTED] and an equal number of spare [REDACTED] bags.</p> <p>Whenever [REDACTED] collection bags are first applied or changed or emptied the nurse will ensure that a properly fitting [REDACTED] [REDACTED] is in place.</p> <p>All Nurses were in-serviced on the need to ensure that a properly fitting [REDACTED] cover is in place whenever a [REDACTED] [REDACTED] is in use.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice</p>		

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F 557	<p>Continued From page 2</p> <p>██████████ hanging on the lower rail facing the doorway. ██████████ was visibly observed. There was no ██████████ cover over the ██████████ bag.</p> <p>During an interview with the Director of Nursing on 01/21/2022 at 3:50 PM, she stated all ██████████ should be placed in a ██████████ to ensure the dignity of the resident.</p> <p>During an interview with the Administrator on 01/21/2022 at 3:55 PM, he stated the ██████████ should be covered for ██████████</p> <p>A review of the policy titled ██████████ Continuous ██████████," dated 07/22/2011, read that the purpose of the policy was to provide dignity and privacy to residents with ██████████. The policy did not address applying a ██████████ cover to the ██████████</p>	F 557	<p>will not recur i.e., what program will be put into place to monitor the continued effectiveness of the systemic change?</p> <p>The Director of Nursing or Designee will complete an audit on 3 Residents with urinary collection bags 3x a week for 2 weeks and then monthly for 3 months thereafter.</p> <p>Results of all the above audits will be presented to the Administrator for review at the Quality Assurance monthly for three months.</p>		
F 580 SS=D	<p>New Jersey Administrative Code § 8:39-4.1(a)12 Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)</p> <p>§483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;</p> <p>(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or</p>	F 580		2/18/22	

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F 580	<p>Continued From page 3</p> <p>clinical complications);</p> <p>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Complaint Intake #: NJ148557</p>	F 580			
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F 580	<p>Continued From page 4</p> <p>Based on record review, observations, interviews, and policy review, the facility failed to notify a responsible party (RP) of a change in condition for 1 of 4 residents reviewed for [REDACTED] (Resident #2) and for 1 of 3 residents reviewed for a [REDACTED] (Resident #2).</p> <p>Findings included:</p> <p>1. Resident #2 was admitted to the facility for respite services on [REDACTED] with diagnoses including [REDACTED].</p> <p>A review of the admission Minimum Data Set (MDS), dated [REDACTED] identified Resident #2 as having a Brief Interview for Mental Status score of zero on a scale of [REDACTED]. The resident had no behaviors and did not resist care. Resident #2 required extensive, two-person assistance with bed mobility, transferring, and toilet use. Resident #2 did not have an [REDACTED]. [REDACTED] was frequently [REDACTED] of the [REDACTED], and always [REDACTED]. The resident had no [REDACTED] present and was on no scheduled [REDACTED] medications and no PRN (as needed) [REDACTED] medications. The resident had no [REDACTED] and had pressure reducing devices to the chair and the bed.</p> <p>A review of the physician's order, dated [REDACTED] to begin on [REDACTED], revealed an order to cleanse the [REDACTED], pat dry, and apply [REDACTED] and cover with a dry dressing, every day-shift for [REDACTED] care and cleanse [REDACTED] with [REDACTED] and pat dry and apply [REDACTED] to the area [REDACTED] on [REDACTED].</p>	F 580	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>The affected resident was discharged from the facility prior to the date of survey.</p> <p>How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All residents have the potential to be affected.</p> <p>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice will not recur?</p> <p>The nurse assigned to each resident will notify the resident and/or responsible party as applicable in case of any significant change in clinical status including new skin breakdown as well as new related clinical intervention or treatment during or at the completion of each shift and make a record of the notification made in the resident's clinical record.</p> <p>Nurses will be in-serviced on the requirement to notify the resident and/or responsible party upon significant change in condition and document the notification.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice</p>		

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F 580	<p>Continued From page 5</p> <p>the [REDACTED], covering the entire [REDACTED] with [REDACTED] and a dry dressing daily, changing the dressing if it becomes soiled or comes off.</p> <p>A review of the nursing notes, dated [REDACTED] through [REDACTED], did not reveal any note reflecting skin breakdown of the [REDACTED] or notification of breakdown to the responsible party.</p> <p>A review of the physician's order, dated [REDACTED] revealed an order for a [REDACTED] and [REDACTED]</p> <p>A review of the [REDACTED] dated [REDACTED] revealed a [REDACTED] of [REDACTED]</p> <p>A review of the [REDACTED] Medication Administration Record (MAR) revealed the resident received [REDACTED] milligrams one tablet, by mouth, twice daily for three days for a [REDACTED]. The medication was changed following the results of the [REDACTED] on [REDACTED] to [REDACTED] milligrams one tablet, by mouth, twice daily until [REDACTED]. The MAR revealed this medication was given as ordered.</p> <p>A review of the nursing progress notes, dated [REDACTED] through [REDACTED], did not reveal any notification to the responsible party regarding a [REDACTED].</p> <p>Attempts were made to contact the resident's RP, but they could not be reached.</p> <p>During an interview with the Director of Nursing (DON) on 01/21/2022 at 3:50 PM, she stated the</p>	F 580	<p>will not recur i.e., what program will be put into place to monitor the continued effectiveness of the systemic change? The DON or designee will complete a weekly audit of 3 residents with significant change of condition weekly for a month then bi-weekly for 3 months thereafter to ensure notification of change is reflected in the documentation.</p> <p>Results of all the above audits will be presented to the Administrator for review by the Quality Assurance Committee monthly for three months.</p>	

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F 580	Continued From page 6 [REDACTED] was placed on [REDACTED] because of a [REDACTED] to the [REDACTED], and the responsible party was in the facility at that time. The DON acknowledged having no documentation that the responsible party was made aware of the [REDACTED]; however, the responsible party was made aware of the [REDACTED] medication change following the return of the [REDACTED] because the DON reported speaking with the responsible party. The DON further stated the facility did not have any assessment of the date the [REDACTED] on the [REDACTED] and [REDACTED] occurred or when the responsible party was notified. She stated she knew that on 09/01/2021 treatment began for the two wounds on the [REDACTED] and the resident saw the [REDACTED] on 09/07/2021. She stated responsible parties should always be notified of changes in condition, and while this family member was there daily and aware, they had no documentation stating when they were made aware of the [REDACTED] or the [REDACTED] to the [REDACTED].  The Administrator was unavailable for interview as he had left the facility for the day and was unavailable by telephone.  A review of the policy titled, "Change in a Resident's Condition or Status," dated 05/2017, read, "The facility shall promptly notify the resident, his or her attending physician, and representative of changes in the resident's medical/mental condition and/or status."  New Jersey Administrative Code § 8:39-5.1(a) Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii)	F 580			
F 686 SS=D		F 686		2/18/22	

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F 686	<p>Continued From page 7</p> <p>§483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that-</p> <p>(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and</p> <p>(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint Intake #: NJ148557</p> <p>Based on record review, observations, interviews, and policy review, the facility failed to assess and document newly [REDACTED] when the [REDACTED] were discovered for 1 (Resident #2) of 4 residents reviewed for [REDACTED]. The facility identified five residents with [REDACTED]</p> <p>Findings included:</p> <p>1. Resident #2 was admitted to the facility for respite services on [REDACTED] with diagnoses including [REDACTED]. The resident discharged home on [REDACTED].</p> <p>A review of the admission Minimum Data Set (MDS), dated [REDACTED], identified Resident #2 as having a Brief Interview for Mental Status score of [REDACTED] on a scale of [REDACTED]. The resident</p>	F 686	<p>F686</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>The affected resident was discharged from the facility prior to the date of survey.</p> <p>How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All residents have the potential to be affected.</p> <p>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice will not</p>		



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F 686	<p>Continued From page 8</p> <p>had no behaviors and did not resist care. Resident #2 required extensive, two-person assistance with bed mobility, transferring and toilet use. Walking in the room and hall only occurred once or twice. The resident required extensive, one-person assistance with dressing and hygiene. The resident was able to feed self after the tray was set-up. The resident had no range-of-motion limitations to the upper or lower extremities. Resident #2 did not have an [REDACTED], was frequently [REDACTED], and always [REDACTED]. The Care Area Assessment triggered for [REDACTED] related to the resident's decreased bed mobility and incontinence.</p> <p>A review of the care plan, titled, "At risk for alteration in [REDACTED], [REDACTED], and [REDACTED]," dated [REDACTED] revealed interventions including barrier cream to [REDACTED] as needed, dietary supplements per physician order, observe skin condition with activities of daily living care daily, labs as ordered, and [REDACTED] as able.</p> <p>A review of the physician's order dated [REDACTED] revealed an order for [REDACTED] and [REDACTED] mix every shift for ten days, applying to open areas on the [REDACTED], [REDACTED] milliliters by mouth twice daily for [REDACTED] and [REDACTED] one tablet by mouth once daily, [REDACTED] milligrams chewable once daily and [REDACTED] milligrams once daily for 14 days for [REDACTED].</p> <p>A review of the nursing notes, dated [REDACTED] through [REDACTED], did not reveal any note</p>	F 686	<p>recur?</p> <p>Nurses will be in-serviced on the requirement to document accurately and timely any change in the condition of residents' skin.</p> <p>Weekly wound rounds on all residents will take place during which any wounds or skin breakdowns observed will be noted and documented in the resident's clinical record.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur i.e., what program will be put into place to monitor the continued effectiveness of the systemic change? The Director of Nursing or Designee will complete a skin assessment on 3 Residents twice a week for 3 weeks and then biweekly for 3 months thereafter in order to determine if the documentation in the resident's clinical record accurately reflects the resident's current skin condition.</p> <p>Results of all the above audits will be presented to the Administrator for review by the Quality Assurance Committee monthly for three months.</p>		

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F 686	<p>Continued From page 9</p> <p>reflecting skin breakdown of the [REDACTED], including the date of [REDACTED] were first observed, the measurements of the [REDACTED] and the [REDACTED].</p> <p>A review of the [REDACTED] Clinic note, dated [REDACTED], revealed the resident had a [REDACTED] to the [REDACTED] with no signs of infection and a [REDACTED] with no signs of infection.</p> <p>A review of the Treatment Administration Records for [REDACTED] and [REDACTED] revealed weekly skin checks were done as ordered; however, there were no assessments of the [REDACTED].</p> <p>During an interview with the Director of Nursing (DON) on 01/21/2022 at 3:50 PM, she stated that the facility had no documentation of when the [REDACTED] began or [REDACTED] measurements, only that the treatment to the [REDACTED] began on [REDACTED], and the resident saw the [REDACTED] on [REDACTED]. The DON stated she would expect when a [REDACTED] was discovered, the [REDACTED] would be assessed by the nurse, and the chart would reflect the location, [REDACTED], and that the physician and responsible party were notified.</p> <p>During an interview with the Assistant Director of Nursing, on 01/21/2022 at 4:30 PM, she stated she did see the [REDACTED], and it appeared as [REDACTED]. She did not recall the date she saw the [REDACTED]. The facility was using [REDACTED] cream with each</p>	F 686		

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

PRINTED: 03/14/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315339</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/21/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>CAREONE AT ORADELL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>600 KINDERKAMACK ROAD</b> <b>ORADELL, NJ 07649</b>		
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F 686	<p>Continued From page 10</p> <p>incontinent episode. She believed somewhere around [REDACTED], the area on the [REDACTED] opened.</p> <p>The Administrator was unavailable for interview during the survey.</p> <p>A review of the policy titled, "[REDACTED] - Clinical Record," dated [REDACTED] read, in part, "Assessment and Recognition: 2. The nurse shall describe and document/report the following: (a) full assessment of [REDACTED] including location, [REDACTED] (b) assessment, (c) resident's mobility status (d) current treatments, and (e) all active diagnoses."</p> <p>New Jersey Administrative Code § 8:39-27.1(e)</p>	F 686			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>060234</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/21/2022</b>
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S 000	<p>Initial Comments</p> <p>Complaint #: NJ151035, NJ148557, NJ150492</p> <p>Census: 120</p> <p>Sample Size: 6</p> <p>TYPE OF SURVEY: Complaint and Focused Infection Control</p> <p>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.</p> <p>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.</p> <p>Survey Date: 01/21/2022</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 Intake #: NJ151035</p> <p>Based on interview, facility document review, and New Jersey Department of Health (NJDOH) memo, dated 09/19/2021, it was determined the</p>	S 560	<p>S 560</p> <p>What corrective action(s) will be accomplished for those residents found to</p>	2/18/22

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

Electronically Signed

TITLE

(X6) DATE

02/10/22

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>060234</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/21/2022</b>
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S 560	<p>Continued From page 1</p> <p>facility failed to maintain direct care staff-to-resident ratios as mandated by New Jersey State Law. This was evident for 14 out of 14 day shifts reviewed. This had the potential to affect all residents.</p> <p>Findings included:</p> <p>Reference: 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 certified nurse aid (CNA) to every eight residents for the day shift.</p> <p>1. A review of the "Nurse Staffing Report," completed by the facility for the weeks of 01/02/2022 - 01/15/2022, revealed staff-to-resident ratios that did not meet the minimum requirements.</p> <p>The facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows: -01/02/2022 had 10 CNAs for 110 residents on the day shift, required 14 CNAs. -01/03/2022 had 10 CNAs for 110 residents on the day shift, required 14 CNAs. -01/04/2022 had 11 CNAs for 110 residents on the day shift, required 14 CNAs. -01/05/2022 had 11 CNAs for 110 residents on the day shift, required 14 CNAs. -01/06/2022 had 11 CNAs for 110 residents on the day shift, required 14 CNAs. -01/07/2022 had 11 CNAs for 110 residents on</p>	S 560	<p>have been affected by the deficient practice?</p> <p>The facility will contract with a staffing agency that currently has employed, Certified Nurse Aides available to work in the Bergen County Area. The facility will schedule with the Agency, sufficient CNA's to work the vacant shifts required to meet the minimum staffing ratios.</p> <p>How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All residents have the potential to be affected. An audit of current staffing schedule was conducted and request for required CNA's to meet minimum staffing ratios was sent to agency.</p> <p>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice will not recur?</p> <p>The Staffing coordinator will prepare a rolling staffing schedule two weeks in advance, updated weekly and forward to the agency the vacancies that require filling to meet the minimum staffing ratios. The staffing coordinator will update the contracted agency daily of any changes in the number vacant shifts that cannot be filled by the facility's current staffing pool.</p> <p>How the corrective action(s) will be</p>	
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New Jersey Department of Health

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S 560	<p>Continued From page 2</p> <p>the day shift, required 14 CNAs. -01/08/2022 had 10 CNAs for 110 residents on the day shift, required 14 CNAs. -01/09/2022 had 8 CNAs for 118 residents on the day shift, required 15 CNAs. -01/10/2022 had 11 CNAs for 118 residents on the day shift, required 15 CNAs. -01/11/2022 had 13 CNAs for 118 residents on the day shift, required 15 CNAs. -01/12/2022 had 13 CNAs for 118 residents on the day shift, required 15 CNAs. -01/13/2022 had 12 CNAs for 128 residents on the day shift, required 16 CNAs. -01/14/2022 had 12 CNAs for 128 residents on the day shift, required 16 CNAs. -01/15/2022 had 13 CNAs for 129 residents on the day shift, required 17 CNAs.</p> <p>During an interview with the Director of Nursing (DON) on 01/24/2022 at 1:35 PM, she stated it had been difficult to staff and the facility uses agency, and those workers will call out the last minute or just not show up. The DON indicated they had staff working double shifts when they could. She further stated that the facility now had a certified nursing assistant program and faculty and will be applying for approval with New Jersey for the facility to train their own CNAs.</p>	S 560	<p>monitored to ensure the deficient practice will not recur i.e., what program will be put into place to monitor the continued effectiveness of the systemic change? The Administrator or designee will audit the schedule weekly for 6 weeks for any vacancies that were not able to be filled. The results of the audit will be presented to the quarterly QA committee for review.</p>	