New Jersey Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	(X3) DATE SURVEY COMPLETED	
			7. BOILDING.		С
		060313	B. WING		09/08/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE. ZIP CODE	
			ERTON ROAD	,	
MEDFOR	D CARE CENTER	MEDFORE), NJ 08055		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
S 000	Initial Comments		S 000		
	Census: 118 Sample Size: 8	Complaint Curvey			
	TYPE OF SURVEY: 0 The facility is not in suall of the standards in Administrative Code 8 Licensure of Long-Tel	ubstantial compliance with the New Jersey 3:39, Standards for			
	including a completion and ensure that the p to correct deficiencies action in accordance	nit a plan of correction, n date for each deficiency lan is implemented. Failure may result in enforcement with provisions of New Code Title 8, Chapter 43E, sure Regulations.			
S 560	8:39-5.1(a) Mandator	y Access to Care	S 560		10/1/21
	(a) The facility shall confederal, State, and lo regulations.				
	This REQUIREMENT by: Complaint Intake: NJ	is not met as evidenced		The facility can not retroactively address the concern identified.	
	and New Jersey Depa memo, dated 01/28/2 facility failed to mainta staff-to-resident ratios mandated by the Stat evident for 2 out of 2 v	facility document review, artment of Health (NJDOH) 021, it was determined the ain direct care for weekend shifts as e of New Jersey. This was weekend shifts reviewed. to affect all residents.		2. The Administrator and DON review recruitment procedures currently in pla Incentive bonuses are in place, agenc staff is utilized are needed. We have instituted a hiring incentive for all nurs and Certified Nurse Aides. Nursing ar CNA schools have been contacted for recruiting new graduates. We continu hire temporary CNAs and assist in	es nd

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

TITLE (X6) DATE

Electronically Signed

09/29/21

PRINTED: 07/13/2022 FORM APPROVED

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		060313	B. WING		C 09/08/2021	
	ROVIDER OR SUPPLIER D CARE CENTER	185 TUC	DDRESS, CITY, ST KERTON ROAD RD, NJ 08055			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
S 560	Reference: NJDOH n "Compliance with N.J. Annotated) 30:13-18, requirements for nurs New Jersey Governo 112, codified at N.J.S established minimum nursing homes. The f effective on 02/01/20 One certified nurse a for the day shift. One direct care staff residents for the ever fewer than half of all s certified nurse aides, member shall be sign nurse aide and shall g and One direct care staff residents for the nigh direct care staff mem certified nurse aide a aide duties. 1. A review of the "Nu completed by the faci 08/22/2021 - 08/28/20 09/04/2-21, the staff- meet the minimum re residents for the day on the evening shift, a on the night shift are	nemo, dated 01/28/2021, I.S.A. (New Jersey Statutes new minimum staffing sing homes," indicated the r signed into law P.L. 2020 c I.A. 30:13-18 (the Act), which staffing requirements in following ratio(s) were 21: Indicated the residents in sidney in the staffing requirements in sollowing ratio(s) were 21: Indicate the residents in staff member to every 10 in the staff members shall be and each direct staff in the staff members and each direct staff in the staff member to every 14 in the staff, provided that each ber shall sign in to work as a not perform certified nurse are staffing Report," In the staffing Report, "In the staffing Report," In the staffing Report, "In the staffing Report,"	S 560	obtaining certifications. Pay rates are being reviewed for increases. We are advertising on job sites. Nursing management is utilized for patient can needed. Nursing management is on on a rotating basis to assist with staffi issues. All open shifts are posted we as DON will monitor staffing daily and meet with staffing coordinator to revies schedules. DON will be responsible to verify adequate staffing levels to ensure are meeting the requirements. St is reviewed with supervisors daily. 4. DON will review recruitment and retention on an ongoing basis and represults at monthly Quality Assurance Performance Improvement meetings.	re as call ng ekly. I will w o ure affing	

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		060313	B. WING		I	C 08/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
MEDFORI	CARE CENTER		KERTON ROAD RD, NJ 08055			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
S 560	Continued From page	2	S 560			
		to 121 residents on the day 121 residents on the night				
		s to 121 residents on the for 121 residents on the				
		s to 121 residents on the to 121 residents on the				
		to 119 residents on the day 119 residents on the night				
		to 119 residents on the day 119 residents on the night				
	shift, 8 CNAs for 118	for 118 residents on the day residents for the evening 118 residents on the night				
		for 117 residents on the day 117 residents on the night				
		for 115 residents on the day 115 residents on the night				
		for 114 residents on the day 114 residents for the night				
		for 113 residents on the day 113 residents on the night				

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		060313	B. WING		I	C / 08/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	•		
MEDFORI	D CARE CENTER		KERTON ROAD				
	I		D, NJ 08055			<u> </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
S 560	Continued From page	e 3	S 560				
	shift.						
		for 113 residents for the day 112 residents on the night					
		for 113 residents on the day 113 residents for the night					
		for 113 residents on the day 113 residents on the night					
	stated every facility in getting enough staff. staff and offered bon- able to hire enough s did not meet staffing	n New Jersey has a problem She stated she used agency uses, but she had not been staff. She acknowledged she requirements. "I know I am requirements." She was Id burn out.					