

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

PRINTED: 06/10/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315176	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/25/2024
NAME OF PROVIDER OR SUPPLIER MEDFORD CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 185 TUCKERTON ROAD MEDFORD, NJ 08055		
(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	<p>INITIAL COMMENTS</p> <p>Complaint #: NJ154649, NJ159112, NJ160516, NJ163597, NJ164245, NJ165239, NJ165709, NJ166998, N J167922, NJ168058, NJ168094, NJ168785, NJ171076</p> <p>Census: 96</p> <p>Sample Size: 11</p> <p>THE FACILITY IS IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

05/01/2024

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.

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060313	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/25/2024
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NAME OF PROVIDER OR SUPPLIER MEDFORD CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 185 TUCKERTON ROAD MEDFORD, NJ 08055
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S 000	<p>Initial Comments</p> <p>Complaint#: NJ154649, NJ159112, NJ160516, NJ163597, NJ164245, NJ165239, NJ165709, NJ166998, N J167922, NJ168058, NJ168094, NJ168785, NJ171076</p> <p>Census: 96</p> <p>Sample: 11</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: Complaint #: NJ154649, NJ159112, NJ160516, NJ163597, NJ164245, NJ165239, NJ165709, NJ166998, N J167922, NJ168058, NJ168094, NJ168785, NJ171076</p> <p>Based on interviews and review of facility documents on 4/24/2024 and 4/25/2024, it was determined that the facility failed to ensure</p>	S 560	<p>1. The facility cannot retroactively address the concern identified.</p> <p>2. The Administrator and Director of Nursing have reviewed current hiring initiatives to further incentivize new staff (recruiting) and current staff (retention. Open positions are advertised on multiple</p>	6/5/24

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S 560	<p>Continued From page 1</p> <p>staffing ratios were met for 13 of 14-day shifts and 1 of 14-overnight shift reviewed. This deficient practice had the potential to 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 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 residents on 13 of 14-day shifts, deficient in CNAs to total staff on 1 of 14 evening shifts, and deficient in total staff for residents on 1 of 14 overnight shifts as follows:</p> <p>On 04/07/24 had 8 CNAs for 95 residents on the day shift, required at least 12 CNAs. On 04/08/24 had 10 CNAs for 95 residents on the day shift, required at least 12 CNAs.</p>	S 560	<p>job search engines. Physical ads have been placed in various locations throughout this and neighboring locations. Recruitment efforts include: sign-on bonuses, tuition reimbursement and child care reimbursement. Interviews are scheduled at various times to accommodate applicants and on the spot offers are made. Walk in applicants are interviewed directly and offered positions if they qualify for employment. Referral bonuses are available to staff who refer nursing staff. Current staff are offered tuition reimbursement, child care reimbursement and bonuses to work extra shifts in addition to time and one half paid in excess of full time hours. Pay rates for nursing staff have been increased across the board. Nursing and CNA schools have been contacted and visited in an effort to recruit new graduates. Nursing management is utilized for patient care and is "on-call" on a rotating basis to assist with patient needs and staffing to verify that patients receive proper care and treatment.</p> <p>3. Director of Nursing will monitor daily staffing and meet with the staffing coordinator to review schedules. The Director of Nursing will be responsible to verify adequate staffing levels to be certain that requirements are being met. Staffing will continue to be reviewed with nursing supervisors daily.</p> <p>4. The Director of Nursing will review recruitment and retention on an on-going basis and report findings to Quality Assurance Performance Improvement</p>	

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S 560	<p>Continued From page 2</p> <p>On 04/09/24 had 10 CNAs for 92 residents on the day shift, required at least 11 CNAs.</p> <p>On 04/11/24 had 10 CNAs for 92 residents on the day shift, required at least 11 CNAs.</p> <p>On 04/12/24 had 10 CNAs for 92 residents on the day shift, required at least 11 CNAs.</p> <p>On 04/13/24 had 9 CNAs for 92 residents on the day shift, required at least 11 CNAs.</p> <p>On 04/14/24 had 9 CNAs for 92 residents on the day shift, required at least 11 CNAs.</p> <p>On 04/15/24 had 9 CNAs for 93 residents on the day shift, required at least 12 CNAs.</p> <p>On 04/16/24 had 9 CNAs for 93 residents on the day shift, required at least 12 CNAs.</p> <p>On 04/17/24 had 11 CNAs for 93 residents on the day shift, required at least 12 CNAs.</p> <p>On 04/17/24 had 3 CNAs to 17 total staff on the evening shift, required at least 8 CNAs.</p> <p>On 04/18/24 had 10 CNAs for 93 residents on the day shift, required at least 12 CNAs.</p> <p>On 04/19/24 had 11 CNAs for 93 residents on the day shift, required at least 12 CNAs.</p> <p>On 04/20/24 had 10 CNAs for 93 residents on the day shift, required at least 12 CNAs.</p> <p>On 04/20/24 had 6 total staff for 93 residents on the overnight shift, required at least 7 total staff.</p>	S 560	Committee monthly for the next three months with follow up provided as needed.	
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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 060313	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/20/2024
NAME OF FACILITY MEDFORD CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 185 TUCKERTON ROAD MEDFORD, NJ 08055	

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	06/05/2024	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 4/25/2024		<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		