

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 03/22/2022
--	---	---	---

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) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>Complaint #: NJ150728 and NJ150918 Census: 133 Sample Size: 6</p> <p>TYPE OF SURVEY: Complaint Survey</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 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 Intake NJ150918</p> <p>Based on interviews, facility document review, and New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, it was determined that the facility failed to ensure staffing ratios were met. The facility was deficient in certified nursing assistant (CNA) staffing for residents on 14 of 14 day shifts, deficient in total staff for residents on 5 of 14 evening shifts, deficient in CNAs to total</p>	S 560	<p>1. The facility can not retroactively address the concern identified.</p> <p>2. The Administrator and Director of Nursing have reviewed all hiring initiatives to further incentivize new nursing staff (recruitment) and current staff (retention). Recruitment efforts include sign on bonuses, tuition reimbursement and child care reimbursement. Open positions are</p>	4/30/22

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

TITLE

(X6) DATE

Electronically Signed

04/28/22

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 03/22/2022
--	---	---	---

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) COMPLETE DATE
S 560	<p>Continued From page 1</p> <p>staff on 10 of 14 evening shifts and deficient in total staff for residents on 9 of 14 overnight shifts reviewed for the weeks of 02/27/2022 through 03/12/2022. This deficient practice 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 to every eight 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 certified nurse aides, and each direct staff member shall be signed in to work as a certified nurse aide 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 certified nurse aide and perform certified nurse aide duties.</p> <p>1. A review of the "Nurse Staffing Report," completed by the facility for the weeks of 02/27/2022 through 03/12/2022, revealed staff-to-resident ratios that did not meet the</p>	S 560	<p>advertised on multiple job search engines and physical ads have been placed in various locations throughout this and neighboring communities. The company employs two full time staff recruiters. Interviews are scheduled at various hours 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 and child care reimbursement and bonuses to work extra shifts in addition to time and one half paid in excess of full time hours. Agency nursing staff is being utilized from several agencies with block staffing being used to provide coverage and continuity. Temporary aides continue to be utilized and the facility is assisting these candidates in attaining permanent CNA status. Pay rates were increased for nursing staff across the board. Nursing and CNA schools have been called and are being visited in an effort to employ new graduates. Several nursing schools are utilizing our facility for their clinical rotation with efforts to hire new graduates. Nursing management is utilized for patient care as needed and is "on call" on a rotating basis to assist with patient needs and staffing to verify that the residents are receiving proper care and treatment.</p> <p>3. DON will monitor staffing daily and will meet with staffing coordinator to review schedules. DON will be responsible to verify adequate staffing levels to ensure</p>	

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 03/22/2022
--	---	---	---

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) COMPLETE DATE
S 560	<p>Continued From page 2</p> <p>minimum requirements as listed below:</p> <p>02/27/2022 - 6.5 CNAs for 126 residents on the day shift, required 16 CNAs. 02/27/2022 - 5.5 CNAs to 15.5 total staff on the evening shift, required 8 CNAs. 02/27/2022 - 8 total staff for 126 residents on the overnight shift, required 9 total staff. 02/28/2022 - 7 CNAs for 125 residents on the day shift, required 16 CNAs. 02/28/2022 - 11.5 total staff for 125 residents on the evening shift, required 13 total staff. 02/28/2022 - 5 total staff for 125 residents on the overnight shift, required 9 total staff. 03/01/2022 - 9 CNAs for 125 residents on the day shift, required 16 CNAs. 03/02/2022 - 8 CNAs for 125 residents on the day shift, required 16 CNAs. 03/02/2022 - 8 total staff for 125 residents on the overnight shift, required 9 total staff. 03/03/2022 - 11 CNAs for 125 residents on the day shift, required 16 CNAs. 03/03/2022 - 11 total staff for 125 residents on the evening shift, required 13 total staff. 03/03/2022 - 5 CNAs to 11 total staff on the evening shift, required 6 CNAs. 03/04/2022 - 7 CNAs for 127 residents on the day shift, required 16 CNAs. 03/04/2022 - 9.5 total staff for 127 residents on the evening shift, required 13 total staff. 03/04/2022 - 4 CNAs to 9.5 total staff on the evening shift, required 5 CNAs. 03/04/2022 - 8 total staff for 127 residents on the overnight shift, required 10 total staff. 03/05/2022 - 6 CNAs for 125 residents on the day shift, required 16 CNAs. 03/05/2022 - 7 CNAs to 16 total staff on the evening shift, required 8 CNAs. 03/06/2022 - 6 CNAs for 125 residents on the</p>	S 560	<p>we are meeting the requirements. Staffing is reviewed with supervisors daily.</p> <p>4. DON will review recruitment and retention on an ongoing basis and report results at monthly Quality Assurance Performance Improvement meetings</p>	

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 03/22/2022
--	---	---	---

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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S 560	<p>Continued From page 3</p> <p>day shift, required 16 CNAs. 03/06/2022 - 5.5 CNAs to 12.5 total staff on the evening shift, required 7 CNAs. 03/07/2022 - 9 CNAs for 125 residents on the day shift, required 16 CNAs. 03/07/2022 - 11 total staff for 125 residents on the evening shift, required 13 total staff. 03/07/2022 - 5 CNAs to 11 total staff on the evening shift, required 6 CNAs. 03/07/2022 - 7 total staff for 125 residents on the overnight shift, required 9 total staff. 03/08/2022 - 10.5 CNAs for 125 residents on the day shift, required 16 CNAs. 03/09/2022 - 10 CNAs for 125 residents on the day shift, required 16 CNAs. 03/09/2022 - 6 CNAs to 13.5 total staff on the evening shift, required 7 CNAs. 03/09/2022 - 6 total staff for 125 residents on the overnight shift, required 9 total staff. 03/10/2022 - 10 CNAs for 132 residents on the day shift, required 17 CNAs. 03/10/2022 - 5.5 CNAs to 13 total staff on the evening shift, required 7 CNAs. 03/10/2022 - 9 total staff for 132 residents on the overnight shift, required 10 total staff. 03/11/2022 - 13 CNAs for 130 residents on the day shift, required 17 CNAs. 03/11/2022 - 11 total staff for 130 residents on the evening shift, required 13 total staff. 03/11/2022 - 5 CNAs to 11 total staff on the evening shift, required 6 CNAs. 03/11/2022 - 9 total staff for 130 residents on the overnight shift, required 10 total staff. 03/12/2022 - 9.5 CNAs for 128 residents on the day shift, required 16 CNAs. 03/12/2022 - 7.5 CNAs to 16 total staff on the evening shift, required 8 CNAs. 03/12/2022 - 7 total staff for 128 residents on the overnight shift, required 10 total staff.</p>	S 560		
-------	--	-------	--	--

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 03/22/2022
--	---	---	---

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) COMPLETE DATE
S 560	Continued From page 4 During an interview on 03/22/2022 at 12:05 PM, the Nursing Home Administrator (NHA) stated that she was aware of the mandate regarding staffing ratios. The NHA stated she was "so frustrated" by the staffing issue. She mentioned the facility was tucked back into the woods and not along a bus route. She stated the facility offered transportation from a nearby town hoping that would generate more applicants. The NHA stated she was doing what everyone else was doing with offering sign-on bonuses, and the facility had raised their rates of pay. The facility was currently using agency staff too, if they were available.	S 560		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315176	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 5/24/2022	Y3
NAME OF FACILITY MEDFORD CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 185 TUCKERTON ROAD MEDFORD, NJ 08055		

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 F0880	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	05/20/2022	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 3/22/2022		<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		