

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061314	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/23/2021
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NAME OF PROVIDER OR SUPPLIER ALLAIRE REHAB & NURSING	STREET ADDRESS, CITY, STATE, ZIP CODE 115 DUTCH LANE ROAD FREEHOLD, NJ 07728
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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 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: C#: NJ 00149635 NJ 00150217</p> <p>Based on interviews and review of pertinent facility documentation on 11/23/2021, it was determined that the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey. This deficient practice was evidenced by the following:</p> <p>Reference: New Jersey Department of Health (NJDOH) memo, dated 1/28/21, "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 2/01/21:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift.</p> <p>The CNAs were responsible for providing direct care to the residents.</p> <p>The surveyor requested staffing for the weeks of 11/7/2021 and 11/14/2021.</p> <p>Review of the New Jersey Department of Health Long Term Care Assessment and Survey</p>	S 560	<ul style="list-style-type: none"> • All residents are at risk to be affected by the deficient practice. • The facility will utilize internal and external resources to increase recruitment of direct staff and to ensure the availability of other staffing resources (e.g. contracted staff) in the event of staffing shortage. • The facility will add an additional weekend bonus pay to ensure the weekends are staffed appropriately. • For the next month, the administrator or designee will review the projected staffing hours daily to ensure staffing hours above state minimum. • Findings will be submitted for 3 months to the monthly QAPI committee who will determine further interventions as needed. 	12/15/21

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

TITLE

(X6) DATE

Electronically Signed

12/15/21

New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>Program Nurse Staffing Report revealed the following:</p> <p>The facility was deficient for CNA staffing for residents on 10 of 14 day shifts, deficient in total staff for residents on 1 of 14 evening shifts, and deficient in total staff for residents on 3 of 14 overnight shifts as follows:</p> <p>11/07/21 had 7 CNAs for 130 residents on the day shift, required 17 CNAs. 11/07/21 had 9 total staff for 130 residents on the overnight shift, required 10 total staff. 11/09/21 had 16 CNAs for 130 residents on the day shift, required 17 CNAs. 11/10/21 had 13 CNAs for 130 residents on the day shift, required 17 CNAs. 11/11/21 had 16 CNAs for 130 residents on the day shift, required 17 CNAs. 11/11/21 had 9 total staff for 130 residents on the overnight shift, required 10 total staff. 11/12/21 had 8 total staff for 130 residents on the overnight shift, required 10 total staff. 11/13/21 had 13 CNAs for 130 residents on the day shift, required 17 CNAs. 11/14/21 had 8 CNAs for 127 residents on the day shift, required 16 CNAs. 11/15/21 had 13 CNAs for 126 residents on the day shift, required 16 CNAs. 11/18/21 had 14 CNAs for 126 residents on the day shift, required 16 CNAs. 11/19/21 had 14 CNAs for 125 residents on the day shift, required 16 CNAs. 11/20/21 had 11 CNAs for 125 residents on the day shift, required 16 CNAs. 11/20/21 had 10 total staff for 125 residents on the evening shift, required 13 total staff.</p> <p>During an interview on 11/23/21 at 12:49 pm, the Director of Nursing stated that the facility was aware of the staffing ratios.</p>	S 560		

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

PRINTED: 05/09/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315387	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/23/2021
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F 000	<p>INITIAL COMMENTS</p> <p>C#: NJ 00150217, 00149635</p> <p>Sample Size: 3</p> <p>Census: 127</p> <p>The facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 12/15/2021
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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.