

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

PRINTED: 01/18/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315105	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/03/2022
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NAME OF PROVIDER OR SUPPLIER CORAL HARBOR REHABILITATION AND HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 SIXTH AVE NEPTUNE CITY, NJ 07753
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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) COMPLETION DATE
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F 000	<p>INITIAL COMMENTS</p> <p>COMPLAINT#: NJ154876, NJ155504, NJ155034</p> <p>CENSUS: 89</p> <p>SAMPLE SIZE: 6</p> <p>THE FACILITY IS IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES.</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 11/03/2022
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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.

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061317	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/03/2022
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NAME OF PROVIDER OR SUPPLIER CORAL HARBOR REHABILITATION AND HEALTHCAF	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 SIXTH AVE NEPTUNE CITY, NJ 07753
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S 000	Initial Comments THE FACILITY WAS NOT IN COMPLIANCE WITH THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE, CHAPTER 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.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: C#: NJ154876 Based on facility document review on 10/3/2022, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratios as mandated by the State of New Jersey Certified Nurse's Aides (CNAs) for 14 of 14 day shifts, 2 of 14 evening shifts, and 4 of 14 night shifts. This deficient practice had the potential to affect all residents. Findings include:	S 560	All residents of the facility have the potential to be affected. Director of Nursing, Staffing coordinator and administrator will meet daily during the week to review recruitment efforts, staffing for next day, and staffing for upcoming week. Then facility has developed a culture committee focused on recruitment and retention of staff along wit customer service and the employee experience. The facility participates in an interdisciplinary Quality Care Resource call weekly to review open positions, recruitment tactics,	11/3/22

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

TITLE

(X6) DATE

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11/03/22

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S 560	<p>Continued From page 1</p> <p>Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with NJSA (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law PL 2020 c 112, codified as NJSA 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>1. The facility was deficient in CNA staffing for 14 of 14 days shifts as follows:</p> <p>09/11/2022 CNA Staff was 6 for 89 residents. Staffing should have been 11 09/12/2022 CNA Staff was 7 for 89 residents. Staffing should have been 11 09/13/2022 CNA Staff was 6 for 89 residents. Staffing should have been 11 09/14/2022 CNA Staff was 7 for 89 residents. Staffing should have been 11 09/15/2022 CNA Staff was 7 for 89 residents. Staffing should have been 11 09/16/2022 CNA Staff was 7 for 92 residents. Staffing should have been 11 09/17/2022 CNA Staff was 7 for 92 residents. Staffing should have been 11</p>	S 560	<p>and changes to improve outcomes. The facility has contract staff utilization is reviewed bi-weekly to identify trends and opportunities. The facility has contracts in place with multiple staffing agencies as an effort to provide additional staff when needed.</p> <p>The facility has implemented a multifaceted approach for recruitment and retention of employees, job fairs, flexible scheduling, increased utilization of PRN staff, implementation of On Shift, multimedia advertisements, partnership with schools, sign on bonuses, referral bonuses, pick-up shift bonuses, boomerang campaign to rehire staff that have resigned, rate adjustments, benefit adjustments, contract staff utilization, implementation of temporary nurse aide program, text message campaigns. The administrator/or designee will review the minutes from resident council to determine whether any concerns regarding care and services are identified monthly for two months and then quarterly. The results of Resident Council minutes as well as recruitment data will be reviewed by the Administrator or designee at the quarterly QAPI meeting.</p>	

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S 560	<p>Continued From page 2</p> <p>09/18/2022 CNA Staff was 6 for 92 residents. Staffing should have been 11</p> <p>09/19/2022 CNA Staff was 8 for 92 residents. Staffing should have been 11</p> <p>09/20/2022 CNA Staff was 7 for 92 residents. Staffing should have been 11</p> <p>09/21/2022 CNA Staff was 5 for 92 residents. Staffing should have been 11</p> <p>09/22/2022 CNA Staff was 7 for 91 residents. Staffing should have been 11</p> <p>09/23/2022 CNA Staff was 5 for 90 residents. Staffing should have been 11</p> <p>09/24/2022 CNA Staff was 6 for 90 residents. Staffing should have been 11</p> <p>2. The facility was deficient in CNA staffing for 2 of 14 evening shifts as follows:</p> <p>09/13/2022 CNA Staff was 4 for 89 residents. Staffing should have been 5</p> <p>09/24/2022 CNA Staff was 3 for 90 residents. Staffing should have been 5</p> <p>3. The facility was deficient in CNA staffing for 4 of 14 night shifts as follows:</p> <p>09/16/2022 Staff was 6 for 92 residents. Staffing should have been 7</p> <p>09/17/2022 Staff was 4 for 92 residents. Staffing should have been 7</p> <p>09/18/2022 Staff was 6 for 92 residents. Staffing should have been 7</p> <p>09/20/2022 Staff was 6 for 92 residents. Staffing should have been 7</p>	S 560		