

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061424	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/22/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER OAKS AT DENVILLE, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 21 POCONO ROAD DENVILLE, NJ 07834
--	---

(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	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: Based on observation, interview, and review of pertinent facility documentation, it was determined 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: Reference: NJ State requirement, CHAPTER 112. An Act concerning staffing requirements for nursing homes and supplementing Title 30 of the Revised Statutes. Be It Enacted by the Senate and General Assembly of the State of New Jersey: C.30:13-18 Minimum staffing requirements for nursing homes	S 560	S 560 Staffing What corrective action(s) will be accomplished for those residents affected by the deficient practice: 1. The facility will put measures in place to ensure the required direct care staff to resident ratios are met daily on all shifts. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:	9/3/21

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

TITLE

(X6) DATE

Electronically Signed

08/06/21

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061424	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/22/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER OAKS AT DENVILLE, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 21 POCONO ROAD DENVILLE, NJ 07834
--	---

(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>effective 2/1/21.</p> <p>1. a. Notwithstanding any other staffing requirements as may be established by law, every nursing home as defined in section 2 of P.L.1976, c.120 (C.30:13-2) or licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall maintain the following minimum direct care staff -to-resident ratios:</p> <p>(1) one certified nurse aide to every eight residents for the day shift;</p> <p>(2) 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 staff member shall be signed in to work as a certified nurse aide and shall perform certified nurse aide duties; and</p> <p>(3) 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>b. Upon any expansion of resident census by the nursing home, the nursing home shall be exempt from any increase in direct care staffing ratios for a period of nine consecutive shifts from the date of the expansion of the resident census.</p> <p>c. (1) The computation of minimum direct care staffing ratios shall be carried to the hundredth place.</p> <p>(2) If the application of the ratios listed in subsection a. of this section results in other than a whole number of direct care staff, including certified nurse aides, for a shift, the number of required direct care staff members shall be rounded to the next higher whole number when the resulting ratio, carried to the hundredth place, is fifty-one hundredths or higher.</p> <p>(3) All computations shall be based on the midnight census for the day in which the shift</p>	S 560	<p>2. All residents have the potential to be affected.</p> <p>What measures will be put into place or what systemic changes you will make to ensure the deficient practice will not recur:</p> <p>3. The administrator or designee will provide in-service education regarding the required direct care staff to resident ratios to the staffing coordinator. The facility will place job postings and advertise for all open certified nurse aide positions. The administrator or designee will pursue securing direct care staffing services from additional staffing agencies.</p> <p>How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</p> <p>4. The administrator or designee will review the certified nurse aide staffing assignments and resident census daily to ensure compliance with the required direct care staff to resident ratios. The administrator or designees findings will be shared with the quarterly quality assurance committee who will determine the need for additional monitoring after a period of four months.</p>	
-------	---	-------	---	--

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061424	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/22/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER OAKS AT DENVILLE, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 21 POCONO ROAD DENVILLE, NJ 07834
--	---

(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>begins.</p> <p>d. Nothing in this section shall be construed to affect any minimum staffing requirements for nursing homes as may be required by the Commissioner of Health for staff other than direct care staff, including certified nurse aides, or to restrict the ability of a nursing home to increase staffing levels, at any time, beyond the established minimum ...</p> <p>On 07/13/21, 07/14/21, 07/15/21, 07/16/21, 07/19/21, 07/20/21, 07/21/21, and 07/22/21, the surveyors observed six to seven Certified Nursing Aides (CNA)'s working on the [REDACTED] floor and the [REDACTED] floors throughout the facility who provided direct care to the resident's who resided in the facility.</p> <p>Review of "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report" for the week of June 27th, 2021 revealed the following:</p> <p>Sunday, 06/27/21 the facility's census (number of resident's who resided in the facility) was 42. 7:00 AM - 3:00 PM shift, 4 CNA's. 42 (census number) / (divided by number of CNA's working) 42/4 = (equals) 10.5 residents on one CNA's assignment. (not met) 3:00 PM - 11:00 PM shift, 5 CNA's 42/5 = 8.5 (met) 11:00 PM - 7:00 AM shift, 4 CNA's 42/4 = 10.5 (met)</p> <p>The facility was not in compliance with the State of New Jersey minimum staffing requirements on 06/27/21 during the 7:00 AM - 3:00 PM shift.</p> <p>Monday, 06/28/21 the facility's census was 46. 7:00 AM - 3:00 PM shift, 46/5 = 9.2 (not met)</p>	S 560		
-------	---	-------	--	--

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061424	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/22/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER OAKS AT DENVILLE, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 21 POCONO ROAD DENVILLE, NJ 07834
--	---

(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>3:00 PM - 11:00 PM shift, 46/5 = 9.2 (met) 11:00 PM - 7:00 AM shift, 46/3 = 15.3 (not met)</p> <p>The facility was not in compliance with the State of New Jersey minimum staffing requirements on 06/28/21 during the 7:00 AM - 3:00 PM shift and the 11:00 PM - 7:00 AM shift.</p> <p>Tuesday, 06/29/21 the facility's census was 46. 7:00 AM - 3:00 PM shift, 46/6 = 7.6 (met) 3:00 PM - 11:00 PM shift, 46/4 = 11.5 (not met) 11:00 PM - 7:00 AM shift, 46/3 = 15.3 (not met)</p> <p>The facility was not in compliance with the State of New Jersey minimum staffing requirements on 06/29/21 during the 3:00 PM - 11:00 PM shift and the 11:00 PM - 7:00 AM shift.</p> <p>Wednesday, 06/30/21 the facility's census was 46. 7:00 AM - 3:00 PM shift, 46/5 = 9.2 (not met) 3:00 PM - 11:00 PM shift, 46/5 = 9.2 (not met) 11:00 PM - 7:00 AM shift, 46/4 = 11.5 (met)</p> <p>The facility was not in compliance with the State of New Jersey minimum staffing requirements on 06/30/21 during the 7:00 AM - 3:00 PM shift and the 3:00 PM - 11:00 PM shift.</p> <p>Thursday, 07/01/21 the facility's census was 49. 7:00 AM - 3:00 PM shift, 49/6 = 8.16 (not met) 3:00 PM - 11:00 PM shift, 49/4 = 12.25 (not met) 11:00 PM - 7:00 AM shift, 49/5 = 9.8 (met)</p> <p>The facility was not in compliance with the State of New Jersey minimum staffing requirements on 07/01/21 during the 7:00 AM - 3:00 PM shift and the 3:00 PM - 11:00 PM shift.</p> <p>Friday, 07/02/21 the facility's census was 50.</p>	S 560		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061424	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/22/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER OAKS AT DENVILLE, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 21 POCONO ROAD DENVILLE, NJ 07834
--	---

(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 4</p> <p>7:00 AM - 3:00 PM shift, 50/6 = 8.3 (not met) 3:00 PM - 11:00 PM shift, 50/6 = 8.3 (met) 11:00 PM - 7:00 AM shift, 50/4 = 12.5 (met)</p> <p>The facility was not in compliance with the State of New Jersey minimum staffing requirements on 07/02/21 during the 7:00 AM - 3:00 PM shift.</p> <p>Saturday, 07/03/21 the facility's census was 50. 7:00 AM - 3:00 PM shift, 50/6 = 8.3 (not met) 3:00 PM - 11:00 PM shift, 50/4 = 12.5 (not met) 11:00 PM - 7:00 AM shift, 50/4 = 12.5 (met)</p> <p>The facility was not in compliance with the State of New Jersey minimum staffing requirements on 07/03/21 during the 7:00 AM - 3:00 PM shift and the 3:00 PM - 11:00 PM shift.</p> <p>Review of "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report", for the week of July 4th, 2021 revealed the following:</p> <p>Sunday, 07/04/21 the facility's census was 50. 7:00 AM - 3:00 PM shift, 50/5 = 10 (not met) 3:00 PM - 11:00 PM shift, 50/5 = 10 (met) 11:00 PM - 7:00 AM shift, 50/3 = 16.67 (not met)</p> <p>The facility was not in compliance with the State of New Jersey minimum staffing requirements on 07/04/21 during the 7:00 AM - 3:00 PM shift and the 11:00 PM - 7:00 AM shift.</p> <p>Monday, 07/05/21 the facility's census was 48. 7:00 AM - 3:00 PM shift, 48/5 = 9.6 (not met) 3:00 PM - 11:00 PM shift, 48/4 = 12 (not met) 11:00 PM - 7:00 AM shift, 48/4 = 12 (met)</p> <p>The facility was not in compliance with the State of New Jersey minimum staffing requirements on</p>	S 560		
-------	---	-------	--	--

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061424	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/22/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER OAKS AT DENVILLE, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 21 POCONO ROAD DENVILLE, NJ 07834
--	---

(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 5</p> <p>07/05/21 during the 7:00 AM - 3:00 PM shift and the 3:00 PM - 11:00 PM shift.</p> <p>Tuesday, 07/06/21 the facility's census was 49. 7:00 AM - 3:00 PM shift, 49/5 = 9.8 (not met) 3:00 PM - 11:00 PM shift, 49/6 = 8.1 (met) 11:00 PM - 7:00 AM shift, 49/4 = 12.25 (met)</p> <p>The facility was not in compliance with the State of New Jersey minimum staffing requirements on 07/06/21 during the 7:00 AM - 3:00 PM shift.</p> <p>Wednesday, 07/07/21 the facility's census was 49. 7:00 AM - 3:00 PM shift, 49/5 = 9.8 (not met) 3:00 PM - 11:00 PM shift, 49/5 = 9.8 (met) 11:00 PM - 7:00 AM shift, 49/3 = 16.3 (not met)</p> <p>The facility was not in compliance with the State of New Jersey minimum staffing requirements on 07/07/21 during the 7:00 AM - 3:00 PM shift and the 11:00 PM - 7:00 AM shift.</p> <p>Thursday, 07/08/21 the facility's census was 50. 7:00 AM - 3:00 PM shift, 50/4 = 12.5 (not met) 3:00 PM - 11:00 PM shift, 50/5 = 10 (met) 11:00 PM - 7:00 AM shift, 50/4 = 12.5 (met)</p> <p>The facility was not in compliance with the State of New Jersey minimum staffing requirements on 07/08/21 during the 7:00 AM - 3:00 PM shift.</p> <p>Friday, 07/09/21 the facility's census was 51. 7:00 AM - 3:00 PM shift, 51/5 = 10.2 (not met) 3:00 PM - 11:00 PM shift, 51/5 = 10.2 (not met) 11:00 PM - 7:00 AM shift, 51/4 = 12.75 (met)</p> <p>The facility was not in compliance with the State of New Jersey minimum staffing requirements on 07/09/21 during the 7:00 AM - 3:00 PM shift and</p>	S 560		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061424	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/22/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER OAKS AT DENVILLE, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 21 POCONO ROAD DENVILLE, NJ 07834
--	---

(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 6</p> <p>the 3:00 PM - 11:00 PM shift.</p> <p>Saturday, 07/10/21 the facility's census was 52. 7:00 AM - 3:00 PM shift, 52/5 = 10.4 (not met) 3:00 PM - 11:00 PM shift, 52/5 = 10.4 (not met) 11:00 PM - 7:00 AM shift, 52/4 = 13 (met)</p> <p>The facility was not in compliance with the State of New Jersey minimum staffing requirements on 07/10/21 during the 7:00 AM - 3:00 PM shift and the 3:00 PM - 11:00 PM shift.</p> <p>The surveyor's entered the facility to conduct a re-certification survey on 07/13/21. Review of the facility's census and staffing for the [redacted] and [redacted] floor from 07/13/21 through 07/22/21 revealed the following:</p> <p>Tuesday, 07/13/21 the facility's census was 51. 7:00 AM - 3:00 PM shift , 6 CNA's. 51/6 = 8.5 (not met) 3:00 PM - 11:00 PM shift, 5 CNA's 51/5 =10.2 (not met) 11:00 PM - 7:00 AM shift, 3 CNA's 51/3 =17 (not met)</p> <p>The facility was not in compliance with the State of New Jersey minimum staffing requirements on 07/13/21 during the 7:00 AM - 3:00 PM shift, 3:00 PM - 11:00 PM shift and the 11:00 PM - 7:00 AM shift.</p> <p>Wednesday, 07/14/21 the facility's census was 51. 7:00 AM - 3:00 PM shift, 51/6 = 8.5 (not met) 3:00 PM - 11:00 PM shift, 51/6 = 8.5 (met) 11:00 PM - 7:00 AM shift, 51/4 = 12.75 (met)</p> <p>The facility was not in compliance with the State of New Jersey minimum staffing requirements on</p>	S 560		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061424	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/22/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER OAKS AT DENVILLE, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 21 POCONO ROAD DENVILLE, NJ 07834
--	---

(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 7</p> <p>07/14/21 during the 7:00 AM - 3:00 PM shift.</p> <p>Thursday, 07/15/21 the facility's census was 51. 7:00 AM - 3:00 PM shift, 51/6 = 8.5 (not met) 3:00 PM - 11:00 PM shift, 51/6 = 8.5 (met) 11:00 PM - 7:00 AM shift, 51/4 = 12.75 (met)</p> <p>The facility was not in compliance with the State of New Jersey minimum staffing requirements on 07/15/21 during the 7:00 AM - 3:00 PM shift.</p> <p>Friday, 07/16/21 the facility's census was 50. 7:00 AM - 3:00 PM shift, 6 CNA's 50/5 = 10 (not met) 3:00 PM - 11:00 PM shift, 6 CNA's 50/5 = 8.3 (met) 11:00 PM - 7:00 AM shift, 4 CNA's 50/4 = 12.5 (met)</p> <p>The facility was not in compliance with the State of New Jersey minimum staffing requirements on 07/16/21 during the 7:00 AM - 3:00 PM shift.</p> <p>Saturday, 07/17/21 the facility's census was 50. 7:00 AM - 3:00 PM shift, 6 CNA's 50/6 = 8.3 (not met) 3:00 PM - 11:00 PM shift, 4 CNA's 50/4 = 12.5 (not met) 11:00 PM - 7:00 AM shift, 2 CNA's 50/25 = 25 (not met)</p> <p>The facility was not in compliance with the State of New Jersey minimum staffing requirements on 07/17/21 during the 7:00 AM - 3:00 PM shift, 3:00 PM - 11:00 PM shift and the 11:00 PM - 7:00 AM shift.</p> <p>Sunday, 07/18/21 the facility's census was 50. 7:00 AM - 3:00 PM shift, 4 CNA's 50/4 = 12.5 (not met)</p>	S 560		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061424	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/22/2021	
NAME OF PROVIDER OR SUPPLIER OAKS AT DENVILLE, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 21 POCONO ROAD DENVILLE, NJ 07834		
(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 8</p> <p>3:00 PM - 11:00 PM shift, 6 CNA's 50/6 = 8.3 (met) 11:00 PM - 7:00 AM shift, 4 CNA's 50/4 = 12.5 (met)</p> <p>The facility was not in compliance with the State of New Jersey minimum staffing requirements on 07/18/21 during the 7:00 AM - 3:00 PM shift.</p> <p>Monday, 07/19/21 the facility's census was 49. 7:00 AM - 3:00 PM shift, 7 CNA's 49/7 = 7 (met) 3:00 PM - 11:00 PM shift, 5 CNA's 49/5 = 9.8 (met) 11:00 PM - 7:00 AM shift, 2 CNA's 49/2 = 24.5 (not met)</p> <p>The facility was not in compliance with the State of New Jersey minimum staffing requirements on 07/19/21 during the 11:00 PM - 7:00 AM shift.</p> <p>Tuesday, 07/20/21 the facility's census was 50. 7:00 AM - 3:00 PM shift, 6 CNA's 50/6 = 8.3 (not met) 3:00 PM - 11:00 PM shift, 6 CNA's 50/6 = 8.3 (met) 11:00 PM - 7:00 AM shift, 4 CNA's 50/4 = 12.5 (met)</p> <p>The facility was not in compliance with the State of New Jersey minimum staffing requirements on 07/20/21 during the 7:00 AM - 3:00 PM shift.</p> <p>Wednesday, 07/21/21 the facility census was 50. 7:00 AM - 3:00 PM shift, 6 CNA's 50/6 = 8.3 (not met) 3:00 PM - 11:00 PM shift, 5 CNA's 50/4 = 10 (met) 11:00 PM - 7:00 AM shift, 4 CNA's 50/4 = 12.5 (met)</p>	S 560		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061424	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/22/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER OAKS AT DENVILLE, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 21 POCONO ROAD DENVILLE, NJ 07834
--	---

(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 9</p> <p>The facility was not in compliance with the State of New Jersey minimum staffing requirements on 07/21/21 during the 7:00 AM - 3:00 PM shift.</p> <p>Thursday, 07/22/21 the facility census was 48. 7:00 AM - 3:00 PM shift, 5 CNA's 48/5 = 9.6 (not met) 3:00 PM - 11:00 PM shift, 5 CNA's 48/5 = 9.6 (met) 11:00 PM - 7:00 AM shift, 4 CNA's 48/4 = 12 (met)</p> <p>The facility was not in compliance with the State of New Jersey minimum staffing requirements on 07/21/21 during the 7:00 AM - 3:00 PM shift.</p> <p>On 07/13/21 at 9:20 AM, the surveyor conducted an interview with the Registered Nurse/Unit Manager (RN/UM) on the Executive floor who stated that the census was 27 and there were three CNA's currently working on the unit who provided care to the residents. The RN/UM further stated that the ratio of residents on the CNA's assignment depended on what the census was. The RN/UM stated that the CNA's who worked the 7:00 AM - 3:00 PM shift usually had nine to ten residents on their assignment. The 3:00 PM - 11:00 PM CNA's had nine to ten residents on their assignment and the 11:00 PM - 7:00 AM CNA's who worked on the Executive floor had 13 - 15 residents on their assignment. The RN/UM further stated that the facility would accept admissions regardless of staffing ratios.</p> <p>On 07/19/21 at 10:30 AM, the surveyor conducted an interview with CNA#1 who was working on the Executive floor and floated throughout the facility. CNA#1 stated that she had worked at the facility for eight years and the 7:00 AM - 3:00 PM shift was her full-time position, but she would</p>	S 560		
-------	--	-------	--	--

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061424	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/22/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER OAKS AT DENVILLE, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 21 POCONO ROAD DENVILLE, NJ 07834
--	---

(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 10</p> <p>sometimes work the 3:00 PM - 11:00 PM shift if the facility needed help due to short staffing. CNA#1 stated that the number of residents on her assignment depended on how many aides were working. CNA#1 stated that she would usually had nine residents on her 7:00 AM - 3:00 PM shift assignment and nine to 13 residents on her 3:00 PM - 11:00 PM shift assignment. CNA#1 stated that the less residents she had on her assignment meant that she didn't have to rush while performing care and she could pay more attention to the residents on her assignment.</p> <p>On 07/20/21 at 11:14 AM, the surveyor interviewed CNA#2 who stated that she always worked the 7:00 AM - 3:00 PM shift on the █ floor. CNA#2 stated that on, "any given day" she would have 8 -10 residents on her assignment. CNA#2 further stated that the residents who resided on the █ floor were primarily at the facility to receive rehab services and had different acuity levels (the level of attention and intensity of services needed to provide care). CNA#2 stated that the residents acuity levels needed to be taken into consideration when creating assignments because some residents needed more care then others. CNA#2 gave the example that a resident that wasn't alert and couldn't ring the call bell for help needed more of her attention because they could not speak for themselves so performing rounds and checking on the residents for their safety was essential. CNA#2 further stated that the staffing was less on weekends and if the facility was short staffed, it was hard to find people to help her with her care. CNA#2 gave the example that it wasn't unusual for a resident to require two people to transfer or lift them and when the facility was short staffed, she and the resident would have to wait for help.</p>	S 560		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061424	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/22/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER OAKS AT DENVILLE, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 21 POCONO ROAD DENVILLE, NJ 07834
--	---

(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 11</p> <p>On 07/20/21 at 11:38 AM, the surveyor conducted an interview with the Licensed Practical Nurse (LPN) on the [REDACTED] floor who stated that she worked at the facility for eight years, worked the day and evening shift, and floated between units. The LPN stated that when she worked the 7:00 AM - 3:00 PM shift the CNA's would have eight to ten residents on their assignment and when she worked the 3:00 PM - 11:00 PM shift, the CNA's would have eight to 12 residents on their assignment.</p> <p>On 07/20/21 at 12:11, the surveyor interviewed CNA#3 on the [REDACTED] floor who stated that she worked the 7:00 AM - 3:00 PM shift and usually had ten residents on her assignment. CNA#3 stated that she had worked at the facility for 26 years and her job could be very hard at times, but when it was hard, she just worked harder so the residents would receive good care. CNA#3 stated, "These people are human beings and deserve good care."</p> <p>On 07/21/21 at 9:51 AM, the surveyor interviewed the Staffing Coordinator (SC) who stated that her job responsibility was to make sure that there was plenty of staff on the floors to take care of the residents. The SC stated that she would staff the building based off of the census and the Administrator and Director of Nursing (DON) would review her projected staffing to make sure there was enough staff in the building to take care of the residents. The SC further stated that during the 7:00 AM - 3:00 PM shift and 3:00 PM - 11:00 PM shift, there were usually eight resident's per CNA assignment and on the 11:00 PM - 7:00 AM shift, there was usually two CNA's working on each floor.</p> <p>On 07/21/21 at 11:08 AM, the surveyor</p>	S 560		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061424	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/22/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER OAKS AT DENVILLE, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 21 POCONO ROAD DENVILLE, NJ 07834
--	---

(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 12</p> <p>interviewed the Administrator who stated that the State of New Jersey required an 8:1 CNA staffing ratio on the 7:00 AM - 3:00 PM shift, a 10:1 CNA staffing ratio on the 3:00 PM -11:00 PM shift, and a 14:1 CNA staffing ratio on the 11:00 PM - 7:00 AM shift.</p> <p>Review of the facility's Staffing Policy and Procedure dated 04/11/18 indicated, "Our facility provides adequate staffing to meet needed care and services for our resident population." The Staffing Policy and Procedure further indicated, "Certified Nursing Assistants are available on each shift to provide the needed care and services of each resident as outlined on the residents comprehensive care plan." The facility's Staffing Policy and Procedure did not speak to the required CNA staffing ratios required by the State of New Jersey.</p> <p>NJAC 8:39-5.1(a)</p>	S 560		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315329	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 9/3/2021	Y3
NAME OF FACILITY OAKS AT DENVILLE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 21 POCONO ROAD DENVER, NJ 07834		

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 F0658	Correction	ID Prefix F0690	Correction	ID Prefix F0695	Correction
Reg. # 483.21(b)(3)(i)	Completed	Reg. # 483.25(e)(1)-(3)	Completed	Reg. # 483.25(i)	Completed
LSC	09/03/2021	LSC	09/03/2021	LSC	09/03/2021
ID Prefix F0730	Correction	ID Prefix F0758	Correction	ID Prefix F0806	Correction
Reg. # 483.35(d)(7)	Completed	Reg. # 483.45(c)(3)(e)(1)-(5)	Completed	Reg. # 483.60(d)(4)(5)	Completed
LSC	09/03/2021	LSC	09/03/2021	LSC	09/03/2021
ID Prefix F0849	Correction	ID Prefix F0868	Correction	ID Prefix	Correction
Reg. # 483.70(o)(1)-(4)	Completed	Reg. # 483.75(g)(1)(i)-(iii)(2)(i)	Completed	Reg. #	Completed
LSC	09/03/2021	LSC	09/03/2021	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 7/22/2021

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO