STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061518	A. BUILDING: _____ B. WING _____	C 09/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW SPRINGS REHABILITATION AND HEALTHCA	1049 BURNT TAVERN ROAD BRICK, NJ 08724

(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 Complaint #: NJ148031 and NJ146866 Census: 140 Sample Size: 6 TYPE OF SURVEY: Complaint Survey The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:39, Standards for Licensure of Long-Term Care Facilities.	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: Complaint Intake NJ148031 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 for 16 of 42 shifts reviewed. This deficient practice had the potential to affect all residents. Findings included: 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	S 560	1. No residents were identified. 2. All residents have the potential to be affected. 3. A. Director of Nursing, Administrator and Staffing coordinator were re-inserviced on new minimum staffing requirements on 6/18/21. B. 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. Facility has contracted with multiple agencies to fill gaps and will work to add more. Trends	9/20/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 10/14/21

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WILLOW SPRINGS REHABILITATION AND HEALTHCA	1049 BURNT TAVERN ROAD BRICK, NJ 08724

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S 560	Continued From page 1 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: One certified nurse aid 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 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 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. 1. On 09/16/2021 at 8:45 AM, the Director of Nursing (DON) provided copies of the facility's staffing information for the survey day and the months of August and September of 2021. A review of the facility's staffing information provided by the DON indicated that the facility's staffing did not conform with the memo noted above. A review of the “Nurse Staffing Report,” completed by the facility for the weeks of 08/29/2021 – 09/11/2021, revealed staff-to-resident ratios that did not meet the minimum requirements as listed below: 08/29/2021 – 8 CNAs to 137 residents on the day shift.	S 560	identified from these meeting will be presented during monthly QAPI meeting regarding and barriers such a rate or anything else. C. The facility will continue to participate in an interdisciplinary Quality Care Resource call to review open positions, recruitment tactics, and changes to improve outcomes. D. Contract staff utilization is reviewed bi-weekly to identify trends and opportunities. E. The facility will meet the staffing minimums. 4. A. The administrator/designee will review the minutes from resident council to determine whether any concerns regarding care and services are identified monthly for three months and the quarterly. B. The administrator/designee will review the minutes from daily staffing meeting to determine whether all efforts are resulting in meeting staffing requirements. C. The administrator/designee will interview five residents weekly for 4 weeks and then monthly to determine if needs are being met. D. Results of the audits will be reported to the QA committee monthly. E. The QAPI Committee will make recommendations based upon the results of the audits. F. The QAPI Committee will recommend tapering and dissolution of audits once consistent compliance has been achieved.	

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	061518	A. BUILDING: _____ B. WING _____	C 09/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW SPRINGS REHABILITATION AND HEALTHCA	1049 BURNT TAVERN ROAD BRICK, NJ 08724

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S 560	Continued From page 2 08/29/2021 – 9 CNAs to 137 residents on the night shift. 08/30/2021 – 9 CNAs to 136 residents on the day shift. 08/31/2021 – 11 CNAs to 136 residents on the day shift. 09/01/2021 – 11 CNAs to 136 residents on the day shift. 09/02/2021 – 11 CNAs to 136 residents on the day shift. 09/03/2021 – 12 CNAs to 136 residents on the day shift. 09/04/2021 – 8 CNAs to 140 residents on the day shift. 09/05/2021 – 8 CNAs to 140 residents on the day shift. 09/06/2021 - 10 CNAs to 140 residents on the day shift. 09/07/2021 - 9 CNAs to 140 residents on the day shift. 09/08/2021 - 11 CNAs to 139 residents on the day shift. 09/09/2021 - 11 CNAs to 139 residents on the day shift. 09/10/2021 - 11 CNAs to 139 residents on the day shift. 09/11/2021 - 12 CNAs to 139 residents on the day shift. 09/11/2021 - 9 CNAs to 139 residents on the night shift. On 09/16/2021 at 4:33 PM, the DON acknowledged that the facility did not staff in accordance with the directive indicated in the NJDOH memo. She said the facility budgeted and scheduled nursing staff in compliance with the memo but was not in control of nursing staff who failed to report to work, or staff who called out sick. Per the DON, the facility often got disappointed by the staffing agencies they relied	S 560		

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WILLOW SPRINGS REHABILITATION AND HEALTHCA	1049 BURNT TAVERN ROAD BRICK, NJ 08724

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S 560	Continued From page 3 on. The DON said she believed the facility was doing its best given that they were still able to adequately care for residents.	S 560		

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	315213	A. BUILDING _____ B. WING _____	C 09/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW SPRINGS REHABILITATION AND HEALTHCARE CTR	**1049 BURNT TAVERN ROAD BRICK, NJ 08724**

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F 000	INITIAL COMMENTS Complaint #: NJ148031 and NJ146866 Census: 140 Sample Size: 6 The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 10/14/2021

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.