OBJECT Description 061518 B: WING INUME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1049 BURNT TAVERN ROAD 1049 BURNT TAVERN ROAD 0x110 FREENADERSTREAMENT OF DEFORMATION Image: Construction of the co	TE SURVEY MPLETED		E CONSTRUCTION	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			
ME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2IP CODE 1049 BURNT TAVERN ROAD BRICK, NJ 08724 VCRI, N							
MILLOW SPRINGS REHABILITATION AND HEALTHCU 1499 BURNT TVEEN ROAD BRICK, NJ 18721 (M) ID MEERX TAG SUMMARY STATEMENT OF DEFICIENCE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PRETX PRETX TAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PRETX PRETX TAG PRETX (EACH DEFICIENCY) \$ 000 Initial Comments \$ 000 PRETX TAG CORSE-REFERENCE OF INFLA- DEFICIENCY) \$ 000 Initial Comments \$ 000 S 000 PRETX TAG PRETX CORPLAINT #: NJ148031 and NJ146866 Census: 140 Sample Size: 6 TYPE OF SURVEY: Complaint Survey The facility is not in substantial complance with all of the standards in the New Jersey Administrative Code 8:39, Standards for Licensure of Long-Term Care Facilities. \$ 560 \$ 560 \$ 339-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. 1. No residents were identified. This REQUIREMENT is not met as evidenced by: Complaint Intake NJ148031 1. No residents were identified. 2. All residents have the potential to be affected. 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 24 shifts reviewed. This deficient practice had the potential to affect	C)9/16/2021	09		B. WING	061518		
DILLOW SPRINGS REHABILITATION AND HEALTHC2 BRICK, NJ 08724 (X4) ID (X4) ID (EACH DEFICIENCY MUST BE PRECIDED S FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID (EACH DEFICIENCY) TAG ID (EACH DEFICIENCY) (EACH DEFICIENCY) PROVIDER'S PLAN OF CORRECTION (EACH ORERECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) \$ 000 Initial Comments \$ 000 Complaint #: NJ148031 and NJ146866 S 000 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 560 S 560 8:39-5.1(a) Mandatory Access to Care S 560 (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. 1. No residents were identified. Z. 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. 3. A. Director of Nursing, Staffing			ATE, ZIP CODE	DDRESS, CITY, STA	STREET A	ROVIDER OR SUPPLIER	AME OF PR
BRICK, NJ 06724 PROVIDER'S FLAN OF CORRECTION (EACH OPERICENCY MUST BE PRECEDED BY FULL PREFIX TAG PROVIDER'S FLAN OF CORRECTION (EACH OPERICENCY MUST BE PRECEDED BY FULL PREFIX TAG YAG PROVIDER'S FLAN OF CORRECTION (EACH OPERICENCY MUST BE PRECEDED BY FULL PREFIX TAG S 000 Initial Comments Complaint #: NJ148031 and NJ146866 S 000 Complaint #: NJ148031 and NJ146866 S 000 Complaint #: NJ148031 and NJ146866 S 000 S ample 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 560 S 560 (a) The Facility shall comply with applicable Federal, State, and local laws, rules, and regulations. 1. No residents were identified. 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 remet for 16 of 42 shifts reviewed. This deficient practice had the potential to affect all residents. Infining sincluded: Findings included: Director of Nursing, Staffing			DAD	RNT TAVERN RO		SPRINGS REHABILITATI	/II I OW S
PREFX TAG PREFX REGULATORY OR LSCIDENTIFYING INFORMATION) PREFX TAG CACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY) \$ 000 Initial Comments \$ 000 Complaint #: NJ148031 and NJ146866 \$ 000 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. \$ 560 \$ 5500 8:39-5.1(a) Mandatory Access to Care \$ 560 (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. \$ 560 This REQUIREMENT is not met as evidenced by: Complaint Intake NJ148031 1. No residents were identified. 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. 3. A. Director of Nursing, Administrator and Staffing coordinator were re-inserviced on new minimum staffing requirements on 6/18/21.				NJ 08724	BRICK,		
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 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:	(X5) COMPLE DATE	ACTION SHOULD BE TO THE APPROPRIATE	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	PREFIX	Y MUST BE PRECEDED BY FULL	(EACH DEFICIENC	PREFIX
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 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:				S 000		Initial Comments	S 000
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 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:					31 and NJ146866	Complaint #: NJ1480	
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 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:						Census: 140	
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 560 8:39-5.1(a) Mandatory Access to Care S 560 (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. S 560 This REQUIREMENT is not met as evidenced by: S 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. S A. Director of Nursing, Administrator and Staffing coordinator were re-inserviced on new minimum staffing requirements on 6/18/21. Findings included: B. Director of Nursing, Staffing						Sample Size: 6	
all of the standards in the New Jersey Administrative Code 8:39, Standards for Licensure of Long-Term Care Facilities. \$ 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:					Complaint Survey	TYPE OF SURVEY:	
 (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: 					the New Jersey 3:39, Standards for	all of the standards in Administrative Code	
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:	9/20/21			S 560	y Access to Care	8:39-5.1(a) Mandator	S 560
by: Complaint Intake NJ1480311. No residents were identified.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.2. All residents have the potential to be affected.Since 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.3. A. Director of Nursing, Administrator and Staffing coordinator were re-inserviced on new minimum staffing requirements on 6/18/21.Findings included:B. Director of Nursing, Staffing						Federal, State, and Ic	
Complaint Intake NJ1480311. No residents were identified.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.2. All residents have the potential to be affected.Findings included: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					is not met as evidenced		
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.affected.Findings included:3. A. Director of Nursing, Administrator and Staffing coordinator were re-inserviced on new minimum staffing requirements on 6/18/21.		ntified.	1. No residents were identified		48031		
met for 16 of 42 shifts reviewed. This deficient practice had the potential to affect all residents.and Staffing coordinator were re-inserviced on new minimum staffing requirements on 6/18/21.Findings included:B. Director of Nursing, Staffing		potential to be			artment of Health (NJDOH) 021, it was determined that	and New Jersey Dep memo, dated 01/28/2	
Findings included: B. Director of Nursing, Staffing		were nimum staffing	and Staffing coordinator were re-inserviced on new minimum		reviewed. This deficient	met for 16 of 42 shifts	
		taffing				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 JerseyCoordinated and valuation with metric 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		review ng for next day, g week. Facility iple agencies to	daily during the week to review recruitment efforts, staffing for and staffing for upcoming wee has contracted with multiple as		ed 01/28/2021, "Compliance ersey Statutes Annotated) um staffing requirements for	(NJDOH) memo, date with N.J.S.A. (New Je 30:13-18, new minim	

10/14/21

STATE FORM

Electronically Signed

If continuation sheet 1 of 4

PRINTED: 04/25/2023 FORM APPROVED

(X3) DATE SURVEY

COMPLETED

	061518			B. WING		С
		061518		B: 11110		09/16/2021
NAME OF P	ROVIDER OR SUPPLIER	S	TREET ADD	RESS, CITY, STA	ATE, ZIP CODE	
	SPRINGS REHABILITATI		049 BURN	T TAVERN RO	DAD	
WILLOW		B	RICK, NJ	08724		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
S 560	Continued From page	9 1		S 560		
	Governor signed into codified at N.J.S.A. 30 established minimum nursing homes. The fe effective on 02/01/202 One certified nurse ai for the day shift. One direct care staff residents for the even fewer than half of all scertified nurse aides, member shall be sign nurse aide and shall p and One direct care staff residents for the night direct care staff memil certified nurse aide at aide duties. 1. On 09/16/2021 at 8 Nursing (DON) provid staffing information for months of August and review of the facility's provided by the DON staffing did not confor above. A review of the "Nurse completed by the faci 08/29/2021 – 09/11/2 staff-to-resident ratios minimum requirement	law P.L. 2020 c 112, 0:13-18 (the Act), which staffing requirements in ollowing ratio(s) were 21: d to every eight residents member to every 10 sing shift, provided that no staff members shall be and each direct staff ed in to work as a certified perform nurse aide duties; member to every 14 t shift, provided that each ber shall sign in to work as and perform certified nurse 8:45 AM, the Director of led copies of the facility's or the survey day and the d September of 2021. A staffing information indicated that the facility's m with the memo noted e Staffing Report," lity for the weeks of 021, revealed s that did not meet the	d ; s a		 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 participation an interdisciplinary Quality Care Resorcall to review open positions, recruiting 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 count to determine whether any concerns regarding care and services are identifi monthly for three months and the quarterly. B. The administrator/designee will review the minutes from daily staffing meeting determine whether all efforts are result in meeting staffing requirements. C. The administrator/designee will interview five residents weekly for 4 wa and then monthly to determine if need are being met. D. Results of the audits will be reported the QA committee monthly. E. The QAPI Committee will make recommendations based upon the rest of the audits. F. The QAPI Committee will recommitate the rest of the audits. 	ate in urce ent i i cil fied fied jew g to ting eeks s d to ults end e
	shift.					

(X2) MULTIPLE CONSTRUCTION

A. BUILDING:

New Jersey Department of Health

(X1) PROVIDER/SUPPLIER/CLIA

IDENTIFICATION NUMBER:

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION

MWSR11

ew Jersey Department of Health ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ID PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
	061518	B. WING	09/16/2021
ME OF PROVIDER OR SUPF	LIER STF	REET ADDRESS, CITY, STATE, ZIP CODE	
ILLOW SPRINGS REHA	BILITATION AND HEALTHCA	49 BURNT TAVERN ROAD ICK, NJ 08724	
PREFIX (EACH D	MARY STATEMENT OF DEFICIENCIES EFICIENCY MUST BE PRECEDED BY FULL 'ORY OR LSC IDENTIFYING INFORMATION)	PREFIX (EACH CO	DER'S PLAN OF CORRECTION (X5) DRRECTIVE ACTION SHOULD BE COMPLE FERENCED TO THE APPROPRIATE DATE DEFICIENCY)
S 560 Continued Fro	om page 2	S 560	
08/29/2021 – night shift. 08/30/2021 – shift. 08/31/2021 – day shift. 09/01/2021 – day shift. 09/02/2021 – day shift. 09/03/2021 – day shift. 09/04/2021 – shift. 09/06/2021 – day shift. 09/06/2021 – day shift. 09/08/2021 – day shift. 09/08/2021 – day shift. 09/08/2021 – day shift. 09/09/2021 – day shift. 09/09/2021 – day shift. 09/10/2021 – day shift. 09/11/2021 – day shift. 09/11/2021 – day shift. 09/11/2021 – day shift.	9 CNAs to 137 residents on the 9 CNAs to 136 residents on the da 11 CNAs to 136 residents on the 11 CNAs to 136 residents on the 11 CNAs to 136 residents on the 11 CNAs to 136 residents on the 12 CNAs to 136 residents on the 8 CNAs to 140 residents on the da 8 CNAs to 140 residents on the da 10 CNAs to 140 residents on the da 10 CNAs to 140 residents on the 9 CNAs to 140 residents on the 11 CNAs to 139 residents on the 11 CNAs to 139 residents on the 11 CNAs to 139 residents on the 12 CNAs to 139 residents on the 13 CNAs to 139 residents on the 14 CNAs to 139 residents on the 15 CNAs to 139 residents on the 16 CNAs to 139 residents on the 17 CNAs to 139 residents on the 18 CNAs to 139 residents on the 19 CNAs to 139 residents on the 10 CNAs to 139 residents on the 10 CNAs to 139 residents on the 11 CNAs to 139 residents on the 12 CNAs to 139 residents on the 13 cNAs to 139 residents on the 14 cNAs to 139 residents on the 15 CNAs to 139 residents on the 16 CNAs to 139 residents on the 17 cNAs to 139 residents on the 18 cNAs to 139 residents on the 19 cNAs to 139 residents on the 10 cNAs to 139 residents on the 11 cNAs to 139 residents on the 12 cNAs to 139 residents on the 13 cNAs to 139 residents on the 14 cNAs to 139 residents on the 15 cNAs to 139 residents on the 16 cNAs to 139 residents on the 17 cNAs to 139 residents on the 18 cNAs to 139 residents on the 19 cNAs to 139 residents on the 19 cNAs to 139 residents on the 19 cNAs to 139 residents on the 10 cNAs to 139 resident	y y y	

MWSR11

PRINTED: 04/25/2023 FORM APPROVED

New Jersey Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO A. BUILDING:	DINSTRUCTION	(X3) DATE SURVEY COMPLETED			
	061518		B. WING		00	C 09/16/2021	
	ROVIDER OR SUPPLIER	•	DDRESS, CITY, STATE,		//10/2021		
		1049 BU	RNT TAVERN ROAL				
VILLOW	SPRINGS REHABILITATI		NJ 08724				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
S 560	Continued From page	e 3	S 560				
		e believed the facility was hat they were still able to esidents.					

MWSR11

DEPARTI	MENT OF HEALTH AN	ID HUMAN SERVICES					M APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES					O. 0938-0391
	AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			E SURVEY IPLETED
		315213	B. WING				С
	ROVIDER OR SUPPLIER	515215		STREE	T ADDRESS, CITY, STATE, ZIP CODE	09	9/16/2021
					URNT TAVERN ROAD		
WILLOW	SPRINGS REHABILITATI	ON AND HEALTHCARE CTR			K, NJ 08724		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	;	FC	000			
	Complaint #: NJ1480	031 and NJ146866					
	Census: 140						
	Sample Size: 6						
	of 42 CFR Part 483,	bliance with the requirements Subpart B, for Long Term on this complaint survey.					
							(X6) DATE
	cally Signed	SUPPLIER REPRESENTATIVE'S SIGNATUF			TITLE		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.

PRINTED: 04/25/2023