

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

PRINTED: 04/25/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315213</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/22/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>WILLOW SPRINGS REHABILITATION AND HEALTHCARE CTR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1049 BURNT TAVERN ROAD</b> <b>BRICK, NJ 08724</b>		
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F 000	INITIAL COMMENTS  COMPLAINT # NJ150993, #NJ154820, #NJ155605  CENSUS: 129  SAMPLE SIZE: 5  THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000			
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)  §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Complaint#: NJ154820  Based on interviews, medical record reviews, and review of other pertinent facility documents on 6/20/2022, 6/21/2022, and 6/22/2022, it was determined that the facility failed to administer medications according to the Physician's Order, to maintain accurate medication administration documentation, and failed to adhere to the acceptable standards of nursing practice. The facility also failed to follow its policies titled "Administering Medications" and "Charting and Documentation." This deficient practice was identified for 1 of 3 (Resident #2) and was evidenced by the following:	F 658	Preparation and/or execution of this plan of correction does not constitute an admission or agreement by the Provider of the truth or the facts alleged, or conclusion set forth in the Statement of Deficiencies. This plan of correction is prepared and/or executed because the provisions of Federal and State Laws that require it.  1. Corrective action cannot be taken for Resident #2 as they are no longer in the building.	7/18/22	

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

TITLE

(X6) DATE

Electronically Signed

07/13/2022

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.

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F 658	<p>Continued From page 1</p> <p>Reference: New Jersey Statutes, Annotated Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling, and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized Physician or dentist."</p> <p>Reference: "The practice of nursing as a Licensed Practical Nurse is defined as performing tasks, and responsibilities within the framework of case finding, reinforcing the patient and family teaching program through health teaching, health counseling, and provision of supportive and restorative care, under the direction of a Registered Nurse, or otherwise legally authorized Physician or Dentist."</p> <p>A review of Resident #2's closed Electronic Medical Record (EMR) was as follows:</p> <p>1. According to the "Admission Record (AR)," Resident #2 was initially admitted to the facility on [REDACTED], readmitted on [REDACTED] and discharged on [REDACTED] with diagnoses which included but were not limited to [REDACTED]</p> <p>According to the Minimum Data Set (MDS), dated [REDACTED], Resident #2 had a Brief Interview for</p>	F 658	<p>2. All residents have the potential to be affected. An audit was completed to identify any other resident who may have been affected and corrective action taken as needed.</p> <p>3. Licensed nursing staff have been educated regarding administration of medications according to the physician's orders, accurate medication administration documentation, and adhering to the acceptable standards of nursing practice. Licensed nursing staff have also been educated regarding the facility policies for medication administration and documentation.</p> <p>4. DON/Designee will audit 5 resident records to ensure administered medications are documented according to the physician's orders, documentation is accurate, and the standards of practice are maintained. The audit will be completed weekly x4 weeks. The results of the audits will be reported to the QA committee for review and to determine continued need for audits based on the results.</p>		

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F 658	<p>Continued From page 2</p> <p>Mental Status (BIMS) score of [REDACTED], which indicated the resident was [REDACTED]. The MDS also revealed that Resident #2 needed extensive assistance with Activities of Daily Living (ADLs).</p> <p>A review of the "Order Summary Report (OSR)" dated [REDACTED] through [REDACTED] revealed Resident #2 had the following Physician's Orders (PO's):</p> <p>Apply [REDACTED] every shift for prevented [REDACTED], dated [REDACTED].</p> <p>Check for placement of bed and chair alarm every shift for prevention monitoring, dated [REDACTED].</p> <p>Check the function of the bed and chair alarm every shift for prevention and monitoring, dated [REDACTED].</p> <p>[REDACTED] Evaluation: Vital Signs every shift for Evaluation, dated [REDACTED].</p> <p>Hold all PO (by mouth) intake and PO medications if [REDACTED] and unable to [REDACTED] every shift for precaution, dated [REDACTED].</p> <p>[REDACTED] MG (milligram), give 1 tablet by mouth three times a day for [REDACTED], [REDACTED] dated [REDACTED].</p> <p>[REDACTED] Tablet [REDACTED] MG (milligrams), give 1 tablet by mouth every 8 hours for [REDACTED], dated [REDACTED].</p> <p>Monitor [REDACTED] % (percentage) every</p>	F 658			

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F 658	<p>Continued From page 3</p> <p>shift [REDACTED]), dated [REDACTED]</p> <p>[REDACTED]) continuously to attain [REDACTED] between [REDACTED] and [REDACTED] every shift, [REDACTED], dated [REDACTED]</p> <p>[REDACTED] Tablet [REDACTED] MG, give [REDACTED] tablet by mouth every 8 hours related to [REDACTED], Unspecified, dated [REDACTED].</p> <p>A review of the Medication Administration Record (MAR) dated [REDACTED] through [REDACTED] for Resident #2 confirmed the aforementioned PO's were not administered because there was no documented evidence the staff administered the medication to the resident, as evidenced by the following:</p> <p>[REDACTED] Evaluation: Vital Signs every shift for [REDACTED] Evaluation on the day shifts on 4/27/2022 and 4/28/2022 was blank.</p> <p>Hold all PO (by mouth) intake and PO medications if [REDACTED] and unable to [REDACTED] every shift for precaution on the day shift on 4/27/2022 was blank.</p> <p>[REDACTED] Tablet [REDACTED] MG (milligram), give 1 tablet by mouth three times a day for [REDACTED] on the day shift on 4/27/2022 was blank.</p> <p>[REDACTED] Tablet [REDACTED] MG, give [REDACTED] tablet by mouth every 8 hours related to [REDACTED] on the day shift on 4/27/2022 was blank.</p> <p>[REDACTED] Tablet [REDACTED] mg, give 1 tablet by</p>	F 658		

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F 658	<p>Continued From page 4</p> <p>mouth every 8 hours for [REDACTED] initialed as administered by LPN #1 on 4/27/2022 on the evening shift. However, a review of Resident #2's Controlled Drug Receipt/ Record/ Disposition form revealed on 4/27/2022, the last available dose was given at 6:00 a.m., and there was an amount of zero left for the [REDACTED] Tablet [REDACTED] MG.</p> <p>A review of PNs for Resident #2 dated [REDACTED] at 5:40 a.m. written by the 11-7 shift nurse revealed the [REDACTED] Tablet [REDACTED] MG, give 1 tablet by mouth every 8 hours for [REDACTED], was awaiting delivery.</p> <p>A review of the "Inventory Snapshot C11-2" dated 4/27/2022, which listed the available medications in the Pyxis (an automated medication dispensing storage system) from the Pharmacy, revealed that [REDACTED] MG was listed on the form as being available.</p> <p>A review of a "Transactions by Patient" form revealed no documentation of the [REDACTED] MG being administered to Resident #2 on 4/27/2022 on the day shift.</p> <p>A review of the Treatment Administration Record (TAR) dated [REDACTED] through [REDACTED] for Resident #2 confirmed the aforementioned POs were not administered because there was no documented evidence the staff administered the treatments to the resident, as evidenced by the following:</p> <p>Apply [REDACTED] every shift to prevent [REDACTED]; on the day shift on 4/28/2022 was blank.</p>	F 658			

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F 658	<p>Continued From page 5</p> <p>Check for placement of bed and chair alarm every shift for prevention monitoring on the day shift on 4/28/2022 was blank.</p> <p>Check function of bed and chair alarm every shift for prevention and monitoring on the day shift on 4/28/2022 was blank.</p> <p>Monitor [REDACTED] (percentage) every shift; [REDACTED] on the day shift on 4/28/2022 was blank.</p> <p>[REDACTED] at [REDACTED] continuously to attain [REDACTED] between [REDACTED] and [REDACTED] every shift; [REDACTED] on the day shift on 4/28/2022 was blank.</p> <p>A review of Resident #2's electronic Progress Notes (PNs) dated [REDACTED] revealed no documentation that the medications or treatments mentioned above were completed.</p> <p>During an interview on 6/21/2022 at 11:10 a.m., the Unit Manager/Licensed Practice Nurse stated, "If (the medication) is not signed for, it is not given." She continued to say she was not the Nurse that day; if the resident was ordered a standard medication at a specific time, the MAR and the Narc (narcotic) sheet would be signed as given. The UM also stated if the medication is administered late and not in the Pyxis since Resident #2 was on hospice, the hospice nurse would make recommendations. The Nurse would notify the NP (Nurse Practitioner) and the doctor (Physician) and get a one-time dose of the medication, then follow up with a script (prescription).</p>	F 658			

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F 658	<p>Continued From page 6</p> <p>During an interview on 6/21/2022 at 2:46 p.m., the Surveyor asked the Director of Nursing (DON) about the blank spaces on Resident #2's MARs and TARs. The DON stated that she would have to investigate with the Nurse who worked that shift. However, at the time of the survey, she was unable to tell the Surveyor if the medication or treatments were administered.</p> <p>During a second interview on 6/22/2022 at 9:56 a.m., the Surveyor asked the DON about the blank space for the [REDACTED] medication on 4/27/2022; the DON stated if a medication is unavailable, the Nurse notifies the resident. She explained; that if the resident is not alert and oriented, the Nurse tells the resident's Physician and family. The Nurse also documents that the medication is unavailable. The DON further stated that the Nurse communicates to the Physician and either gets a one-time order or follows up with the Pharmacy if the medications are not in the facility; if they are in the facility, the Nurse could retrieve the medication from the Pyxis, the backup medication. She continued to say the documentation is in the nurses' notes (progress notes). The DON further stated if there were no documentation, "I would not know of the issue. I need to speak to the Nurse involved since I was not aware until today of this issue."</p> <p>During a telephone interview on 6/22/2022 at 2:50 p.m., when the Surveyor asked LPN #1 how the medication could be administered on 4/27/2022 on the evening shift, if not available, he stated, "it (the medication) never came; the documentation was an error on my part." LPN #1 explained if a medication ordered is not available, the process is to call the Pharmacy and see when the medication will be available and call the doctor</p>	F 658			

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F 658	<p>Continued From page 7</p> <p>(Physician) who may order a different medication; if the doctor (Physician) orders a narcotic, the Nurse get a script (prescription) and send it to the Pharmacy. The medication can also be taken out of the Pyxis and get a script from the Physician. He further stated [REDACTED] would be in the Pyxis.</p> <p>At the time of the survey, the day shift LPN #2 who was assigned to Resident #2 on 4/27/2022 and the Pharmacy Consultant were unavailable for an interview.</p> <p>A review of undated facility policy titled "Administering Medications" revealed the following: Under "Policy Heading": "Medications are administered in a safe and timely manner, and as prescribed." Under "Policy Interpretation and Implementation": "...4. Medications are administered in accordance with prescriber orders, including any required time frame ...21. If a drug is withheld, refused or given at a time other than the scheduled time, the individual administering the medication shall indicate this by entering the corresponding documentation code in the electronic medical record. For paper MARs, the nurse will initial and circle the MAR space provided for that drug and dose. 22. As required or indicated for a medication, the individual administering the medication records in the resident's medical record: a. the date and time the medication was administered; b. the dosage; c. the route of administration ..."</p> <p>A review of an undated facility policy titled "Charting and Documentation" revealed the following: Under "Policy Statement": "All services provided to the resident, progress toward the care plan goals, or any changed in the</p>	F 658			



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F 658	Continued From page 8 resident's medical, physical, functional or psychosocial condition, shall be documented in the resident's medical record. The medical record should facilitate communication between the interdisciplinary team regarding the resident's condition and response to care." Under "Policy Interpretation and Implementation": "1. Documentation in the medical record may be electronic, manual or a combination. 2. The following information is to be documented in the resident medical record: ...b. Medications administered; c. Treatments or services performed; ...3. Documentation in the medical record will be ...complete, and accurate ...7. Documentation of procedures and treatments will include care-specific details, including: ...f. notification of family, physician or other staff, if indicated ..."	F 658			
F 690 SS=D	N.J.A.C. 8:39-27.1 (a) Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3)  §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.  §483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an	F 690		7/18/22	

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F 690	<p>Continued From page 9</p> <p>indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;</p> <p>(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and</p> <p>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: C#: NJ155605, NJ150993, NJ154820</p> <p>CENSUS: 129</p> <p>SAMPLE SIZE: 4</p> <p>Based on observations, interviews, medical record reviews, and review of other pertinent facility documents on 6/20/2022, 6/21/2022, and 6/22/2022, it was determined that the facility failed to provide [REDACTED] care and personal care for the 7-3 shift. The facility also failed to follow the facility's policies titled "Urinary Continence and Incontinence - Assessment and Management" and the Certified Nursing Assistant" job description. This deficient practice</p>	F 690	<p>Preparation and/or execution of this plan of correction does not constitute an admission or agreement by the Provider of the truth or the facts alleged, or conclusion set forth in the Statement of Deficiencies. This plan of correction is prepared and/or executed because the provisions of Federal and State Laws that require it.</p> <p>1. Resident #1 was immediately provided with [REDACTED] care, with no adverse effects.</p> <p>2. All [REDACTED] residents and residents who require assistance with personal care</p>		

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F 690	<p>Continued From page 10</p> <p>was evidenced by the following:</p> <p>During a tour of the [REDACTED] Unit on 6/20/2022 at 12:25 p.m., the Surveyor observed Resident #1 lying in bed awake and alert. The Surveyor proceeded to interview Resident #1, who stated that the last time he/she received any care was at 6:00 a.m. during the previous shift. Resident #1 said she asked the staff to change the [REDACTED] before lunch because he/she was wet. Resident #1 stated that he/she did not receive care and ate the lunch meal in bed in the [REDACTED]. The Surveyor asked Resident #1 which staff did the resident notify that he/she needed to be changed. Resident #1 stated he/she told the nurse (Unit Manager-UM) and someone else, but the resident did not know the staff member's name.</p> <p>On 6/20/2022 at 12:45 p.m., the Surveyor saw the UM and requested the Unit's assignment sheet. The Surveyor asked the UM who was the nurse assigned to Resident #1. The UM stated she was the nurse assigned to the Resident. The Surveyor told the UM Resident #1 had not been changed since the previous shift and requested an incontinent check. She stated that she would try to find the CNA, and only one CNA was in the Unit.</p> <p>The Surveyor reviewed the assignment sheet for the [REDACTED] Unit, which reflected a total of [REDACTED] residents and [REDACTED] of which required [REDACTED] care.</p> <p>On 6/20/2022 at 2:00 p.m., the UM was accompanied by a second nurse a Licensed Practical Nurse (LPN), to do the incontinent check since the Certified Nursing Assistant (CNA) assigned to Resident #1 was on break. Resident #1 stated in the presence of the UM and the LPN,</p>	F 690	<p>have the potential to be affected. Staff rounded on all other [REDACTED] and residents who require assistance with personal care residents to ensure their incontinent/personal care needs were met.</p> <p>3. Licenses nursing staff were educated on providing timely [REDACTED] care as well as the facility policy for [REDACTED] and [REDACTED] - Assessment and Management. Certified Nursing Assistants were educated on their job description.</p> <p>4. DON/designee will audit 2 residents per unit daily to ensure compliance with incontinence/personal care x4 weeks. The results of the audits will be reported to the QA committee for review and to determine continued need for audits based on the results.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315213</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/22/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>WILLOW SPRINGS REHABILITATION AND HEALTHCARE CTR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1049 BURNT TAVERN ROAD</b> <b>BRICK, NJ 08724</b>		
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F 690	<p>Continued From page 11</p> <p>"I was changed before 7:00 a.m., early in the morning." The UM and the LPN proceeded to do an [REDACTED] check; the Surveyor observed that Resident #1 had an [REDACTED] in place, completely [REDACTED]. The [REDACTED] odor was strong and pungent, and Resident #1 requested the UM to spray perfume in the air to cover the smell.</p> <p>During an interview on 6/20/2022 at 2:20 p.m., the CNA stated that her shift started at 7:00 a.m., and she did not change Resident #1 as of 2:00 p.m. CNA #1 said she had [REDACTED] residents on her assignment, and this was the first opportunity she had to give care to Resident #1. She further stated that during an 8-hour shift, she should provide care twice to each Resident.</p> <p>A review of the Electronic Medical Record (EMR) was as follows:</p> <p>According to the "Admission Record (AR)," Resident #1 was admitted to the facility on [REDACTED] with diagnoses which included but were not limited to [REDACTED] and [REDACTED].</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated [REDACTED], Resident #1 had a Brief Interview of Mental Status (BIMS) score of [REDACTED] indicating the Resident was [REDACTED]. The MDS also showed the Resident was totally dependent on the staff for bed mobility and transfers and needed two persons to assist and extensive assistance for toilet use. The Resident is always [REDACTED] of</p>	F 690			

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F 690	<p>Continued From page 12</p> <p>██████████.</p> <p>During an interview on 6/22/2022 at 9:55 a.m. with the Director of Nursing (DON), she stated that the CNAs are expected to check the total dependent residents, ██████████ or ██████████ and ██████████ every 2 hours. She further stated that she would not expect one CNA to be able to give care to 17 residents in one shift.</p> <p>A review of the undated facility policy titled "██████████ and ██████████ - Assessment, and Management" indicates under "Policy Statement" that: "Management of incontinence will follow relevant clinical guidelines." Under "Policy interpretation and implementation," the policy indicates: "staff will define each individual's level of ██████████, referring to the criteria in the Minimum Data Set (MDS), as follows: [...] d. always ██████████ the Resident has had no ██████████ in the past 7 days." The policy further indicates: "staff will use a check and change strategy [...] involves checking the Resident's ██████████ status at regular intervals and using ██████████ devices or garments. The primary goals are to maintain dignity and comfort and to protect the skin."</p> <p>A review of the "Certified Nursing Assistant" job description undated under "Personal Nursing Care Functions" included: "Keep residents dry (i.e., change gown, clothing, linen, etc., when it becomes wet or soiled). Assist Resident with bowel and bladder functions (i.e., take to bathroom, offer bedpan/urinal, portable commode, etc.).</p> <p>Keep incontinent residents clean and dry. Assist with lifting, turning, moving, positioning, and transporting residents into and out of beds, chairs, bathtubs, wheelchairs, lifts, etc."</p>	F 690			

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

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FORM APPROVED  
OMB NO. 0938-0391

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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>061518</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C <b>06/22/2022</b>
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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: Based on interviews and review of facility documents on 6/20/2022, 6/21/2022 and 6/22/2022, it was determined that the facility failed to ensure staffing ratios were met for 20 of 21day shifts reviewed. There had been no increase in the resident census for a period of nine consecutive shifts. This deficient practice had the potential to affect all residents.  Findings include:  Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance	S 560	Preparation and/or execution of this plan of correction does not constitute an admission or agreement by the Provider of the truth or the facts alleged, or conclusion set forth in the Statement of Deficiencies. This plan of correction is prepared and/or executed because the provisions of Federal and State Laws that require it.  Ø No residents were identified  Ø Residents of the facility have the potential to be affected	7/18/22

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

TITLE

(X6) DATE

Electronically Signed

07/13/22

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>061518</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C <b>06/22/2022</b>
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S 560	<p>Continued From page 1</p> <p>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 as 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:</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. For the week of 4/24/2022 through 4/30/2022, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows:</p> <p>On 04/24/22 had 15 CNAs for 133 residents on the day shift, required 17 CNAs. On 04/25/22 had 14 CNAs for 133 residents on the day shift, required 17 CNAs. On 04/26/22 had 14 CNAs for 133 residents on the day shift, required 17 CNAs. On 04/27/22 had 14 CNAs for 132 residents on the day shift, required 16 CNAs. On 04/28/22 had 13 CNAs for 132 residents on the day shift, required 16 CNAs. On 04/29/22 had 13 CNAs for 132 residents on the day shift, required 16 CNAs. On 04/30/22 had 14 CNAs for 132 residents on the day shift, required 16 CNAs.</p>	S 560	<p>Ø 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.</p> <p>Ø The facility has developed a Culture Committee focused on recruitment.</p> <p>Ø and retention of staff along with customer service and the employee experience.</p> <p>Ø The facility has implemented the Care Champion Program to mentor new employees which has been proven to raise retention rates.</p> <p>Ø The facility participates in an interdisciplinary Quality Care Resource call to review open positions, recruitment tactics, and changes to improve outcomes.</p> <p>Ø Contract staff utilization is reviewed bi-weekly to identify trends and opportunities.</p> <p>Ø The facility has implemented a multifaceted approach for recruitment and retention of employees, Job fairs, Flexible scheduling, Increased utilization of PRN staff, Implementation of OnShift, 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</p>	
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New Jersey Department of Health

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S 560	<p>Continued From page 2</p> <p>2. For the weeks of 6/5/2022 through 6/18/2022, the facility was deficient in CNA staffing for residents on 13 of 14 day shifts as follows :</p> <p>On 06/05/22 had 13 CNAs for 140 residents on the day shift, required 17 CNAs.            On 06/06/22 had 13 CNAs for 139 residents on the day shift, required 17 CNAs.            On 06/07/22 had 15 CNAs for 139 residents on the day shift, required 17 CNAs.            On 06/08/22 had 14 CNAs for 139 residents on the day shift, required 17 CNAs.            On 06/09/22 had 14 CNAs for 139 residents on the day shift, required 17 CNAs.            On 06/10/22 had 14 CNAs for 142 residents on the day shift, required 18 CNAs.            On 06/12/22 had 13 CNAs for 135 residents on the day shift, required 17 CNAs.            On 06/13/22 had 13 CNAs for 135 residents on the day shift, required 17 CNAs.            On 06/14/22 had 13 CNAs for 128 residents on the day shift, required 16 CNAs.            On 06/15/22 had 13 CNAs for 126 residents on the day shift, required 16 CNAs.            On 06/16/22 had 12 CNAs for 126 residents on the day shift, required 16 CNAs.            On 06/17/22 had 9 CNAs for 126 residents on the day shift, required 16 CNAs.            On 06/18/22 had 12 CNAs for 126 residents on the day shift, required 16 CNAs.</p>	S 560	<p>program, Text message campaigns.</p> <p>Ø The administrator/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</p>	