

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

PRINTED: 05/02/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315333	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/03/2023
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT ARBORS			STREET ADDRESS, CITY, STATE, ZIP CODE 1750 ROUTE 37 WEST TOMS RIVER, NJ 08757		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	<p>INITIAL COMMENTS</p> <p>Complaint #: NJ158172, NJ158689, NJ160642, NJ161684, NJ161857, NJ163813</p> <p>Census: 101</p> <p>Sample Size: 22</p> <p>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.</p> <p>Survey date: 05/02/2023 - 05/03/2023</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

05/22/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061537	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/03/2023
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S 000	<p>Initial Comments</p> <p>Census: 101 Sample Size: 22</p> <p>TYPE OF SURVEY: Complaint</p> <p>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.</p> <p>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 provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p>	S 000		
S 560	<p>8:39-5.1(a) Mandatory Access to Care</p> <p>(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint Intake #NJ160642</p> <p>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. The facility was deficient in certified nursing assistant (CNA) staffing for residents on 5 of 14 day shifts and deficient in CNAs to total staff on 1 of 14 overnight shifts for the week of 09/04/2022 - 09/10/2022 and 09/11/2022 - 09/17/2022. The</p>	S 560	<p>COMPLETE CARE AT ARBORS PLAN OF CORRECTION: S560</p> <p>8:39-5.1(a) Mandatory Access to Care – STATE'S STAFFING RATIOS</p> <p>PLAN OF CORRECTION</p> <p>CORRECTIVE ACTIONS ACCOMPLISHED FOR RESIDENTS FOUND TO HAVE BEEN AFFECTED BY</p>	5/22/23

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S 560	<p>Continued From page 1</p> <p>facility was deficient in CNA staffing for residents on 9 of 14 day shifts and deficient in CNAs to total staff on 1 of 14 shifts for the week of 01/01/2023 - 01/07/2023 and 01/08/2023 - 01/14/2023. The facility was deficient in CNA staffing for residents on 1 of 14 day shifts for the week of 04/23/2023 - 04/29/2023. This deficient practice had the potential to affect all residents.</p> <p>Findings included:</p> <p>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 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:</p> <p>One certified nurse aide to every eight residents for the day shift.</p> <p>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.</p> <p>1. A review of the "Nurse Staffing Report," completed by the facility for the week of 09/04/2022 - 09/10/2022 and 09/11/2022 -</p>	S 560	<p>THE DEFICIENT PRACTICE:</p> <p>¿ The facility actively seeks to hire CNAs, that all shifts are scheduled to comply with ratios, that any callouts or no-shows result in calls being made by the shift supervisor to fill the shift. Facility has documented evidence to reflect facility's Recruitment and Retention Efforts in its relentless attempts to comply with the staffing ratios. No residents have been adversely affected.</p> <p>IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE</p> <p>¿ All residents have the potential to be affected by this situation.</p> <p>SYSTEMIC CHANGES TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR</p> <p>¿ Facility's Recruitment and Retention Strategies and Efforts to comply with the State's Staffing Ratios have been in progress, which include but are not limited to the following:</p> <ul style="list-style-type: none"> o Offer Sign on bonuses to attract staff o Recruitment bonus to encourage referrals from current staff o Offering daily and weekend bonuses to attract overtime or PRN staff shifts o Aggressively running ads in various social media o Flexible shifts and schedules o Increased wages to be well above state minimum o Increased expedience getting staff on board by offering Orientation every week with a schedule utilizing other sister facilities 	
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S 560	<p>Continued From page 2</p> <p>09/17/2022, revealed staff-to-resident ratios that did not meet the minimum requirements. The facility was deficient in CNA staffing for residents on 5 of 14 day shifts and deficient in total staff for residents on 1 of 14 overnight shifts as follows:</p> <p>-09/04/2022 had 6 total staff for 99 residents on the overnight shift, required 7 total staff. -09/06/2022 had 11 CNAs for 99 residents on the day shift, required 12 CNAs. -09/10/2022 had 11 CNAs for 94 residents on the day shift, required 12 CNAs. -09/13/2022 had 11 CNAs for 93 residents on the day shift, required 12 CNAs. -09/15/2022 had 10 CNAs for 88 residents on the day shift, required 11 CNAs. -09/17/2022 had 10 CNAs for 86 residents on the day shift, required 11 CNAs.</p> <p>2. The week of 01/01/2023 - 01/07/2023 and 01/08/2023 - 01/14/2023, revealed staff-to resident ratios that did not meet the minimum requirements. The facility was deficient in CNA staffing for residents on 9 of 14 day shifts and deficient in CNAs to total staff on 1 of 14 evening shifts as follows:</p> <p>-01/01/2023 had 11 CNAs for 95 residents on the day shift, required 12 CNAs. -01/02/2023 had 10 CNAs for 95 residents on the day shift, required 12 CNAs. -01/03/2023 had 11 CNAs for 93 residents on the day shift, required 12 CNAs. -01/03/2023 had 6 CNAs to 14 total staff on the evening shift, required 7 CNAs. -01/04/2023 had 11 CNAs for 93 residents on the day shift, required 12 CNAs. -01/07/2023 had 11 CNAs for 96 residents on the day shift, required 12 CNAs. -01/08/2023 had 11 CNAs for 96 residents on the</p>	S 560	<p>o Working with C.N.A. schools to recruit new grads o Currently have contracts with 6 staffing agencies</p> <p>MONITORING OF CORRECTIVE ACTIONS</p> <p>∩ Staffing Coordinator or designee will provide weekly reports to the Director of Nursing and Administrator regarding all efforts made to try to comply with the State's Staffing Ratios. Reports will be submitted to the QAPI Committee monthly X 3 months then quarterly thereafter. ∩ Director of HR will submit monthly reports to document status of all recruitment efforts. Director of HR will report monthly to the QAPI Committee X 3 months then quarterly thereafter.</p> <p>COMPLETION DATE: _____ 5/22/23</p>	
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S 560	<p>Continued From page 3</p> <p>day shift, required 12 CNAs. -01/11/2023 had 11 CNAs for 94 residents on the day shift, required 12 CNAs. -01/13/2023 had 11 CNAs for 93 residents on the day shift, required 12 CNAs. -01/14/2023 had 11 CNAs for 93 residents on the day shift, required 12 CNAs.</p> <p>3. The week of 04/23/2023 - 04/29/2023, revealed staff-to resident ratios that did not meet the minimum requirements. The facility was deficient in CNA staffing for residents on 1 of 14 day shifts as follows:</p> <p>-04/29/2023 had 10 CNAs for 103 residents on the day shift, required 13 CNAs.</p> <p>During an interview on 05/02/2023 at 12:30 PM, Resident #22 stated they had no complaints related to staffing and their needs were met.</p> <p>During an interview on 05/02/2023 at 12:35 PM, Resident #19 stated they had no complaints about staffing.</p> <p>During an interview on 05/02/2023 at 12:40 PM, Resident #20 stated they had no concerns with staffing, and they received the assistance needed with daily care.</p> <p>During an interview on 05/03/2023 at 10:45 AM, the Director of Nursing (DON) stated the facility's staffing issues were due to staff call-ins. Per the DON, the staff would call and try to get someone else to cover a call-in, but there were a lot of times, she and other management staff assisted in resident care.</p>	S 560		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061537	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/23/2023
NAME OF FACILITY COMPLETE CARE AT ARBORS		STREET ADDRESS, CITY, STATE, ZIP CODE 1750 ROUTE 37 WEST TOMS RIVER, NJ 08757

This report is completed by a State surveyor to show those deficiencies previously reported 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 State Survey Report (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 S0560	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	05/22/2023	LSC		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	
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 5/3/2023		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		