

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>061605</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/18/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COMPLETE CARE AT CHESTNUT HILL LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>360 CHESTNUT STREET PASSAIC, NJ 07055</b>
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(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 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	S560 Identified resident (s) No Residents were affected by this deficient practice.  Other Resident (s) Identified at Risk All Residents have the potential to be affected by this deficient practice.  Systemic Changes Assistant director of nursing/ Designee to	9/30/22

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

TITLE

(X6) DATE

09/22/22

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S 560	<p>Continued From page 1 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</p>	S 560	<p>in-service Staffing Coordinator on appropriate staffing levels.</p> <p>Monitoring Director of Nursing /Designee to conduct a weekly audit once a week for four weeks, and then once a month for two months thereafter to determine effectiveness of staffing levels. Facility has an active contract with a recruiter and staffing agencies to recruit staff. Facility is contracted with a Certified Nursing Assistant program. All findings will be reported in the QA/PI meeting monthly.</p>	
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S 560	<p>Continued From page 2</p> <p>midnight census for the day in which the shift 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>A review of "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report" for the weeks of 7/31/22 and 8/08/22, revealed the following;</p> <p>The facility was deficient in CNA staffing for residents on 12 of 14 day shifts, deficient in total staff for residents on 5 of 14 evening shifts, and deficient in total staff for residents on 1 of 14 overnight shifts as follows:</p> <ul style="list-style-type: none"> <li>-07/31/22 had 8 CNAs for 107 residents on the day shift, required 13 CNAs.</li> <li>-07/31/22 had 10 total staff for 107 residents on the evening shift, required 11 total staff.</li> <li>-08/01/22 had 12 CNAs for 107 residents on the day shift, required 13 CNAs.</li> <li>-08/01/22 had 10 total staff for 107 residents on the evening shift, required 11 total staff.</li> <li>-08/02/22 had 10 total staff for 107 residents on the evening shift, required 11 total staff.</li> <li>-08/03/22 had 12 CNAs for 107 residents on the day shift, required 13 CNAs.</li> <li>-08/03/22 had 7 total staff for 107 residents on the overnight shift, required 8 total staff.</li> <li>-08/04/22 had 12 CNAs for 107 residents on the day shift, required 13 CNAs.</li> <li>-08/05/22 had 10 CNAs for 107 residents on the day shift, required 13 CNAs.</li> </ul>	S 560		
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S 560	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>-08/05/22 had 10 total staff for 107 residents on the evening shift, required 11 total staff.</li> <li>-08/06/22 had 11 CNAs for 109 residents on the day shift, required 14 CNAs.</li> <li>-08/07/22 had 9 CNAs for 109 residents on the day shift, required 14 CNAs.</li> <li>-08/07/22 had 10 total staff for 109 residents on the evening shift, required 11 total staff.</li> <li>-08/08/22 had 9 CNAs for 109 residents on the day shift, required 14 CNAs.</li> <li>-08/10/22 had 12 CNAs for 104 residents on the day shift, required 13 CNAs.</li> <li>-08/11/22 had 12 CNAs for 104 residents on the day shift, required 13 CNAs.</li> <li>-08/12/22 had 9 CNAs for 104 residents on the day shift, required 13 CNAs.</li> <li>-08/13/22 had 11 CNAs for 104 residents on the day shift, required 13 CNAs.</li> </ul>	S 560		

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061605	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/26/2022
NAME OF FACILITY COMPLETE CARE AT CHESTNUT HILL LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 360 CHESTNUT STREET PASSAIC, NJ 07055	

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 _____	09/30/2022	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 8/18/2022		<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		