

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

PRINTED: 06/07/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315472	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/02/2024
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NAME OF PROVIDER OR SUPPLIER CAREONE AT EAST BRUNSWICK	STREET ADDRESS, CITY, STATE, ZIP CODE 599 CRANBURY ROAD EAST BRUNSWICK, NJ 08816
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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) COMPLETION DATE
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F 000	<p>INITIAL COMMENTS</p> <p>COMPLAINT # NJ00173383</p> <p>CENSUS: 94</p> <p>SAMPLE SIZE: 5</p> <p>THE FACILITY IS IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 05/15/2024
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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: NJNDFH9U	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/02/2024
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S 000	Initial Comments COMPLAINT # NJ00173383 CENSUS: 94 SAMPLE SIZE: 5 The facility is 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 that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratios as mandated by the state of New Jersey for 13 of 14 day shifts. The deficient practice was evidenced by the following: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated)	S 560	1. The facility leadership team has met on an ongoing basis to continue to identify staffing challenges and areas of improvement for licensed and certified staffing needs. 2. All patients have the potential to be affected by the same deficient practice.	5/24/24

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

Electronically Signed

TITLE

(X6) DATE

05/15/24

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S 560	<p>Continued From page 1</p> <p>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>The surveyor requested staffing for the weeks of 04/14/2024 to 04/27/2024. The facility was deficient in CNA staffing for resident on 13 of 14 day shift as follows:</p> <p>-04/14/24 had 7 CNAs for 92 residents on the day shift, required 11 CNAs. -04/15/24 had 8 CNAs for 92 residents on the day shift, required 11 CNAs. -04/16/24 had 10 CNAs for 92 residents on the day shift, required 11 CNAs. -04/17/24 had 9 CNAs for 92 residents on the day shift, required 11 CNAs. -04/18/24 had 11 CNAs for 93 residents on the day shift, required 12 CNAs. -04/19/24 had 6 CNAs for 93 residents on the day shift, required 12 CNAs. -04/21/24 had 9 CNAs for 91 residents on the day shift, required 11 CNAs.</p>	S 560	<p>3. A market analysis was conducted and the center will implement a rate adjustment for license and certified nursing staff.</p> <p>The facility has implemented an incentive program including sign on bonuses and referral bonuses for employees referring staff where appropriate.</p> <p>The facility continues to conduct job fairs, internally and externally with immediate interviews and contingency offers. The next job fair will be on June 27, 2024.</p> <p>The facility implemented an expediated and robust onboarding process for new hires. The facility will use agency staff as needed to meet staffing needs.</p> <p>The facility will continue to offer free attendance at their Certified Nursing Assistant training program offered non-stop throughout the year.</p> <p>The facility will utilize social media, employment sites, and recruitment efforts to hire new staff members.</p>	
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S 560	<p>Continued From page 2</p> <p>-04/22/24 had 4 CNAs for 90 residents on the day shift, required 11 CNAs.</p> <p>-04/23/24 had 9 CNAs for 89 residents on the day shift, required 11 CNAs.</p> <p>-04/24/24 had 9 CNAs for 89 residents on the day shift, required 11 CNAs.</p> <p>-04/25/24 had 10 CNAs for 89 residents on the day shift, required 11 CNAs.</p> <p>-04/26/24 had 10 CNAs for 89 residents on the day shift, required 11 CNAs.</p> <p>-04/27/24 had 7 CNAs for 95 residents on the day shift, required 12 CNAs.</p>	S 560	<p>Facility will continue to admit new patients due to the high demand needs of the hospital and community during this spike in respiratory illness occurring.</p> <p>Facility will continue to use all hands approach with both clinical and non-clinical team to assist with patient.</p> <p>Facility will also use physical and occupational therapy to assist with morning activity of daily living.</p> <p>4. The Director of Nursing and/or designee meets with the staffing coordinator daily to review facility census, call outs if any, and staffing needs.</p> <p>The Director of Nursing and/or designee will monitor call outs and staffing ratios weekly until requirement is met.</p> <p>The results of the audits will be forwarded to the facility Administrator weekly and will review at our quarterly Quality Assurance Performance Improvement Committee for further review and recommendations as</p>	

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S 560	Continued From page 3	S 560	need.	

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER NJNDFH9U Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/21/2024 Y3
NAME OF FACILITY CAREONE AT EAST BRUNSWICK	STREET ADDRESS, CITY, STATE, ZIP CODE 599 CRANBURY ROAD EAST BRUNSWICK, NJ 08816	

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 _____	05/24/2024	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 5/2/2024
 CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
 YES NO