

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

PRINTED: 03/03/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315377</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/21/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>ACTORS FUND HOME, THE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>175 WEST HUDSON AVE ENGLEWOOD, NJ 07631</b>		
(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>Survey Date: 12/21/22</p> <p>Census: 91</p> <p>Sample: 13</p> <p>A COVID-19 FOCUSED INFECTION CONTROL SURVEY WAS CONDUCTED BY THE NEW JERSEY DEPARTMENT OF HEALTH. THE FACILITY WAS FOUND TO BE IN COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483.80 INFECTION CONTROL REGULATIONS AND HAS IMPLEMENTED THE CMS AND CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) RECOMMENDED PRACTICES FOR COVID-19.</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

01/02/2023

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:  <b>030201</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/21/2022</b>
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S 000	Initial Comments  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 for this COVID Focused Infection Control Survey. 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 the interview and 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 effective 2/1/21.	S 560	As a results of the staffing on the dates from 12/9/22 though 12/15/22 the Actors Fund Home was not in compliance with NJ:C.30:13-13 and the minimum staffing requirements as we were 1 CNA short on those shifts.  On January 17th 2023, we officially designated a Quality Coordinator who's primary job it is to manage and adjust CNA staffing as needed. This employee reports directly to the DON and Administrator and adjusts staffing as per shift needs. The Quality Coordinator is also a CNA so can step in and assist if needed based on staffing levels.	1/20/23

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S 560	<p>Continued From page 1</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>The Actors Fund Home continues to hire additional CNA's and as of January 1, 2023 we have brought on 5 new full time CNA's full time &amp; 3 part time CNA's.</p> <p>The Actors Fund Home has arrangements with 2 separate staffing agencies to fill in as needed. The Actors Fund Home also incentivizes staff to pick up additional shifts and offers unlimited Overtime.</p> <p>The Quality Coordinator will report the daily staffing needs to the DON on a daily basis.</p> <p>The daily staffing will be reported to the Quality Assurance Committee on a quarterly basis and will be closely monitored by the DON daily.</p> <p>Please see attachments</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 the "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report" for the two weeks beginning 12/4/22 and ending 12/17/22 revealed the facility was not in compliance with the State of New Jersey minimum staffing requirements of CNA staffing for 7 of 14 day shifts as follows:</p> <ul style="list-style-type: none"> <li>-12/09/22 had 10 CNAs for 89 residents on the day shift, required 11 CNAs.</li> <li>-12/10/22 had 8 CNAs for 89 residents on the day shift, required 11 CNAs.</li> <li>-12/11/22 had 8 CNAs for 89 residents on the day shift, required 11 CNAs.</li> <li>-12/12/22 had 10 CNAs for 89 residents on the day shift, required 11 CNAs.</li> <li>-12/13/22 had 10 CNAs for 89 residents on the day shift, required 11 CNAs.</li> <li>-12/14/22 had 10 CNAs for 89 residents on the day shift, required 11 CNAs.</li> <li>-12/15/22 had 9 CNAs for 91 residents on the day shift, required 11 CNAs.</li> </ul> <p>On 12/21/22 at 11:22 AM, the surveyor interviewed the Director of Nursing (DON) who also conducted the nurse staffing task. She</p>	S 560		

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S 560	<p>Continued From page 3</p> <p>stated that she was aware of the staffing requirements of a 1 to 8 ratio for certified nurse aides (CNA) to residents. The DON stated that the facility used two agencies for CNA's, have nursing staff that were willing to work extra hours and the facility had increased CNA salaries yet still have shortages at times.</p> <p>Review of the facility's policy "Staffing" with a revised date of 1/21/22, reflected that "It is the Actors Home Fund Policy to ensure that staffing is sufficient to provide care and programming and compliance with the staffing ratio regulations". It further reflected that the facility would have 14 CNAs on the 7-3 shift when the census was full with 107 residents. In addition, the policy reflected that "In the event of call outs or time off requests, DON/ Nursing Supervisor will call regular staff for overtime coverage. If unavailable, the facility will call contracted Agency for staffing needs."</p>	S 560		

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{S 000}	Initial Comments	{S 000}		

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TITLE

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**STATE FORM: REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 030201	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 2/9/2023
NAME OF FACILITY ACTORS FUND HOME, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 175 WEST HUDSON AVE ENGLEWOOD, NJ 07631	

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	01/20/2023	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 12/21/2022		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <span style="float:right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		