

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 030201	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/28/2021
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NAME OF PROVIDER OR SUPPLIER ACTORS FUND HOME, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 175 WEST HUDSON AVE ENGLEWOOD, NJ 07631
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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 observation, 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 was evidenced for 4 of 42 shifts reviewed. Findings include: Reference: NJ State requirement, CHAPTER 112. An Act concerning staffing requirements for nursing homes and supplementing Title 30 of the	S 560	Since January 1, 2021 The Actors Fund Home has tried many interventions to try to obtain more CNA's, some of those things are the following: 1. Contacted staffing agencies to try and contract with them. 2. Reached out to previous employees, some that left at the beginning of pandemic or retired to try to persuade them from coming back, this was somewhat successful.	11/1/21

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

TITLE

(X6) DATE

Electronically Signed

11/18/21

New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>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.</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. 26:2 H-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</p>	S 560	<p>3. The Actors Fund Home as increased the rate of pay 2 times in 2021, As of January 1 and again as of September 1, 2021.</p> <p>4. The Actors Fund Home as added sign on bonuses for CNA's.</p> <p>5. The Actors Fund Home as increased our bonuses for our referral program, which encourages existing staff to bring co-workers or friends from other facilities.</p> <p>6. The Actors Fund Home has gotten our existing staff to work incredible amounts of overtime to make sure the residents needs are being met.</p> <p>7. The Actors Fund Home has spoken to schools and training programs to try and recruit new employees.</p> <p>8. The Actors Fund Home has worked with union to try and find additional staff.</p> <p>9. The Actors Fund Home has offered incentive pay</p> <p>10. The Actors Fund Home has offered a child care stipend for staff that needed assistance with child care needs.</p> <p>The DON and the nursing supervisors monitor the staff needs of the facility on a per shift basis and try to get fill as many open positions as possible.</p> <p>The administrator is made aware of the staffing challenges on a daily basis and as a team we continue to try and find ways to recruit new staff and maintain those that we have.</p> <p>These staffing needs will continue to be</p>	
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NAME OF PROVIDER OR SUPPLIER ACTORS FUND HOME, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 175 WEST HUDSON AVE ENGLEWOOD, NJ 07631		
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S 560	<p>Continued From page 2</p> <p>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 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" completed by the Licensed Nursing Home Administrator (LHNA) for the weeks of 10/3/21 through 10/9/21 and 10/10/21 through 10/16/21, revealed the staffing to resident ratios that did not meet the minimum requirement of 1 Certified Nursing Assistant (CNA) to 8 residents for the day shift as documented below:</p> <p>10/03/21: 10 CNAs for 84 residents 10/08/21: 10 CNAs for 84 residents 10/10/21: 10 CNAs for 83 residents 10/15/21: 10 CNAs for 84 residents</p> <p>On 10/18/21 at 9:45 AM, the Staffing Coordinator (SC) in the presence of the survey team acknowledged that she was aware of the new mandatory staffing ratio law. The SC stated that the facility was in compliance with minimum staffing requirements and stated, "I was not aware the days that we were short in staff."</p>	S 560	reported to the QAPI committee on a monthly basis and reviewed quarterly at the QAPI meeting.	

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S 560	<p>Continued From page 3</p> <p>On 10/19/21 at 10:00 AM, the surveyor in the presence of the survey team met with the Licensed Nursing Home Administrator (LNHA) and DON and discussed the staffing ratio concerns. The LNHA and Director of Nursing (DON) stated they were aware of the new state minimum staffing ratios.</p> <p>On 10/19/21 at 10:55 AM, the surveyors met with the LNHA and the DON. There was no additional information provided by the facility.</p>	S 560		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315377	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 1/11/2022	Y3
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 qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, 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 CMS-2567 (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 F0637	Correction	ID Prefix F0686	Correction	ID Prefix F0808	Correction
Reg. # 483.20(b)(2)(ii)	Completed	Reg. # 483.25(b)(1)(i)(ii)	Completed	Reg. # 483.60(e)(1)(2)	Completed
LSC	11/01/2021	LSC	11/01/2021	LSC	11/01/2021
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 10/28/2021

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO