

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>061103</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/05/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HAMILTON GROVE HEALTHCARE AND REHAE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2300 HAMILTON AVE HAMILTON, NJ 08619</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 observation, interviews and review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey for 14 of 14 day shifts reviewed.  This 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) 30:13-18, new minimum staffing requirements for	S 560	No residents were identified to have had negative impact from the current staffing ratios.  This deficient practice has the potential to affect all residents residing at the facility.  The Staffing Policy and Procedure dated February 11, 2021 was reviewed. Updates were added to include work schedules, absence and lateness, record of absence, tardiness, and excessive absenteeism or lateness.	12/16/21

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

TITLE

(X6) DATE

Electronically Signed

11/25/21

New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>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 (CNA) 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 CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and</p> <p>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>Review of the [redacted] Unit 7-3 shift assignment sheet dated 10/28/21 revealed that the unit census was 27 and two CNA's were assigned.</p> <p>Review of the [redacted] Unit 7-3 shift assignment sheet dated 10/28/21 revealed that the unit census was 59 and five CNA's were assigned.</p> <p>The surveyor requested staffing reports for the weeks of 10/10/2021 and 10/17/2021.</p> <p>A review of the "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report" revealed the following dates and shifts that the facility did not meet the minimum staffing requirements:</p> <p>-10/10/21 had 14 CNAs for 175 residents on the</p>	S 560	<p>Facility administration has been actively working on increasing staff ratios. The facility currently has the following in place to help increase staffing:</p> <p>"New lawn signs were purchased and strategically placed for licensed and certified staff recruitment.</p> <p>"Referral bonus and sign-on bonus structures have been implemented.</p> <p>"Marketing cards to recruit RN staff were sent to 800 + RNs that reside in Hamilton.</p> <p>"Rates for all licensed and certified staff have been increased across the board.</p> <p>"A contract with a digital recruitment agency, was signed in hopes to recruit frontline staff using cutting-edge digital methods to provide a steady stream of pre-screened qualified candidates.</p> <p>"The facility social media page has been updated to target recruitment. Incentives are offered to staff for posting on their personal social media pages about recruitment.</p> <p>"The weekend call-out policy is being reinforced for staff who call out on their weekend to work as feasible.</p> <p>"Open positions for applicable departments continue to be posted on 2 websites with sponsorships.</p> <p>"An employee appreciation committee has been formed and is actively working with the Administrator to continue to increase employee morale and satisfaction. This includes staff and resident parties, pot-lucks, holiday celebrations and department celebrations.</p> <p>"Staff were included in new uniform selections for applicable departments.</p>	
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S 560	<p>Continued From page 2</p> <p>day shift, required 22 CNAs. -10/11/21 had 14 CNAs for 174 residents on the day shift, required 22 CNAs. -10/12/21 had 17 CNAs for 173 residents on the day shift, required 22 CNAs. -10/13/21 had 15 CNAs for 172 residents on the day shift, required 22 CNAs. -10/14/21 had 16 CNAs for 172 residents on the day shift, required 22 CNAs. -10/15/21 had 16 CNAs for 172 residents on the day shift, required 22 CNAs. -10/16/21 had 11 CNAs for 171 residents on the day shift, required 22 CNAs. -10/17/21 had 11 CNAs for 171 residents on the day shift, required 22 CNAs. -10/18/21 had 16 CNAs for 171 residents on the day shift, required 22 CNAs. -10/19/21 had 17 CNAs for 171 residents on the day shift, required 22 CNAs. -10/20/21 had 19 CNAs for 171 residents on the day shift, required 22 CNAs. -10/21/21 had 18 CNAs for 173 residents on the day shift, required 22 CNAs. -10/22/21 had 16 CNAs for 173 residents on the day shift, required 22 CNAs. -10/23/21 had 13 CNAs for 173 residents on the day shift, required 22 CNAs.</p> <p>During an interview with the surveyor on 11/4/2021 at 11:10 AM, the staffing coordinator stated she was responsible for ensuring there was enough staff in the facility. She stated she looked at the census daily, and was aware of the staffing ratios for the 7-3 shift.</p> <p>On 11/4/2021 at 1:49 PM, the Administrator was made aware of the staffing ratio concern.</p> <p>A review of a facility policy titled, Staffing Policy and Procedure effective February 2021 included</p>	S 560	<p>"An employee recognition program was implemented to catch staff going above and beyond their daily tasks to assist our residents. "A marketing video and recruitment video were filmed which included staff sharing their experience about our community and work environment.</p> <p>Education on the updated Staffing Policy and Procedure has been provided to staff by the Director of Human Resources/Designee.</p> <p>The Director of Human Resources/Designee will conduct weekly audits of Certified Nurse Aide (CNA) staffing reports to ensure the facility maintained the required minimum direct care staff-to-resident ratios for the day shift. Audits will continue until substantial compliance is met. The Director of Human Resources/Designee will conduct weekly meetings with the Administrator and Director of Nursing as feasible to review daily CNA ratios. This will be continued until substantial compliance is met to analyze and trend the information.</p> <p>The Director of Human Resources will present the findings of the weekly staffing audits at the next quarterly QAA meeting for follow-up and to determine if additional oversight of this area is required.</p>	

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S 560	Continued From page 3  but was not limited to; "Certified Nursing Assistants will be available on each shift to provide the needed care and services of each resident as outlined in the resident's comprehensive care plan and with the following ratios: One certified nurse aide to every eight residents for the day shift."	S 560		

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061103	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 1/28/2022	Y3
NAME OF FACILITY HAMILTON GROVE HEALTHCARE AND REHABILITATION, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2300 HAMILTON AVE HAMILTON, NJ 08619		

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 _____	12/16/2021	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 11/5/2021		<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		