

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

PRINTED: 02/02/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315209	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/14/2023
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NAME OF PROVIDER OR SUPPLIER HAMMONTON CENTER FOR REHABILITATION AND HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 43 N WHITE HORSE PIKE HAMMONTON, NJ 08037
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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 #: NJ158236, NJ158655, NJ165509</p> <p>Census: 146</p> <p>Sample Size: 8</p> <p>The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 11/30/2023
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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: 060113	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/14/2023
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S 000	Initial Comments Complaint #: NJ158236, NJ158655, NJ165509 Census: 146 Sample Size: 8 The facility was not in compliance with the standards in the New Jersey Administrative code, 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: Complaint #: NJ158236, NJ158655, NJ165509 Based on interviews and review of facility documents on 11/13/2023 and 11/14/2023, it was determined that the facility failed to ensure staffing ratios were met for 14 of 14-day shifts, deficient in total staff for residents on 5 of 14 evening shifts, deficient in CNAs to total staff on 1 of 14 evening shifts, and deficient in total staff for residents on 12 of 14 overnight shifts for the shifts reviewed. This deficient practice had the	S 560	Emelemnt #1 No residents were noted to have been affected by this deficient practice. Element #2 All residents have the potential to be affected by this deficient practice. Element #3 The facility policy on staffing was reviewed	12/4/23

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

TITLE

(X6) DATE

Electronically Signed

11/30/23

New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>potential to affect all residents.</p> <p>Findings include:</p> <p>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 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>For the 2 weeks of Complaint staffing from 09/18/2022 to 10/01/2022, the facility was deficient in CNA staffing for residents on 14 of 14-day shifts, deficient in total staff for residents on 5 of 14 evening shifts, deficient in CNAs to total staff on 1 of 14 evening shifts, and deficient in total staff for residents on 12 of 14 overnight shifts as follows:</p> <p>On 09/18/22 had 12 CNAs for 200 residents on the day shift, required at least 25 CNAs. On 09/18/22 had 8 total staff for 200 residents on the overnight shift, required at least 14 total staff.</p>	S 560	<p>by the Administrator on 11/28/2023 and determined to follow federal guidelines. The facilities schedules to the New Jersey minimum staffing requirements and strives to reach these goals daily. The following new systematic changes have been implemented: Starting 11/28/2023, a task force was developed to attract and retain staff. In addition, the task force has weekly sessions to review current staffing levels and discuss needs on future projections. Additional staff has been hired, staffing agencies and recruiters were contracted to aid in the efforts to provide additional staff. The facility has initiated sign on bonuses to secure additional staff and bonuses for staff referrals. Additional ads were created on recruiting websites and recruiting flyers and signs placed in the community and facility to attract nursing staff, new contracts with traveling agencies were initiated. The staffing coordinator was educated on ensuring that adequate staffing levels are reached to provide activities of daily living to dependent residents. The staff educator in- serviced nursing staff on ensuring that residents needs are met including activities of daily living rendered to dependent residents and incontinent care to dependent residents. Nursing supervisors were educated to notify administration and the Director of Nursing if there was not enough staff to render activities of daily living.</p> <p>Element #4</p> <p>The administrator/designee will audit schedules to actual payroll punches to</p>	

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S 560	<p>Continued From page 2</p> <p>On 09/19/22 had 8 CNAs for 200 residents on the day shift, required at least 25 CNAs. On 09/19/22 had 16 total staff for 200 residents on the evening shift, required at least 20 total staff. On 09/19/22 had 7 CNAs to 16 total staff on the evening shift, required at least 8 CNAs. On 09/19/22 had 13 total staff for 200 residents on the overnight shift, required at least 14 total staff. On 09/20/22 had 14 CNAs for 200 residents on the day shift, required at least 25 CNAs. On 09/20/22 had 13 total staff for 200 residents on the overnight shift, required at least 14 total staff. On 09/21/22 had 14 CNAs for 200 residents on the day shift, required at least 25 CNAs. On 09/21/22 had 19 total staff for 200 residents on the evening shift, required at least 20 total staff. On 09/21/22 had 12 total staff for 200 residents on the overnight shift, required at least 14 total staff. On 09/22/22 had 14 CNAs for 200 residents on the day shift, required at least 25 CNAs. On 09/22/22 had 12 total staff for 200 residents on the overnight shift, required at least 14 total staff. On 09/23/22 had 15 CNAs for 200 residents on the day shift, required at least 25 CNAs. On 09/23/22 had 18 total staff for 200 residents on the evening shift, required at least 20 total staff. On 09/23/22 had 11 total staff for 200 residents on the overnight shift, required at least 14 total staff. On 09/24/22 had 13 CNAs for 197 residents on the day shift, required at least 25 CNAs. On 09/24/22 had 18 total staff for 197 residents on the evening shift, required at least 20 total</p>	S 560	<p>ensure nursing staff is provided to meet the resident needs for activities of daily living. Audits will be completed daily x 4 weeks then monthly until compliance weeks and monthly for a minimum of 6 months or until compliance is met.</p> <p>Element #5</p> <p>The Administrator is responsible for the execution and monitoring of this plan of correction.</p>	

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S 560	<p>Continued From page 3</p> <p>staff.</p> <p>On 09/25/22 had 11 CNAs for 197 residents on the day shift, required at least 25 CNAs. On 09/25/22 had 17 total staff for 197 residents on the evening shift, required at least 20 total staff. On 09/25/22 had 11 total staff for 197 residents on the overnight shift, required at least 14 total staff. On 09/26/22 had 14 CNAs for 197 residents on the day shift, required at least 25 CNAs. On 09/26/22 had 11 total staff for 197 residents on the overnight shift, required at least 14 total staff. On 09/27/22 had 17 CNAs for 197 residents on the day shift, required at least 25 CNAs. On 09/27/22 had 13 total staff for 197 residents on the overnight shift, required at least 14 total staff. On 09/28/22 had 13 CNAs for 197 residents on the day shift, required at least 25 CNAs. On 09/29/22 had 16 CNAs for 195 residents on the day shift, required at least 24 CNAs. On 09/29/22 had 12 total staff for 195 residents on the overnight shift, required at least 14 total staff. On 09/30/22 had 14 CNAs for 193 residents on the day shift, required at least 24 CNAs. On 09/30/22 had 13 total staff for 193 residents on the overnight shift, required at least 14 total staff. On 10/01/22 had 16 CNAs for 193 residents on the day shift, required at least 24 CNAs. On 10/01/22 had 13 total staff for 193 residents on the overnight shift, required at least 14 total staff.</p> <p>For the 2 weeks of staffing prior to survey from 10/29/2023 to 11/11/2023, the facility was</p>	S 560		

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S 560	Continued From page 4 deficient in CNA staffing for residents on 5 of 14 day shifts as follows: On 11/02/23 had 17 CNAs for 142 residents on the day shift, required at least 18 CNAs. On 11/03/23 had 17 CNAs for 142 residents on the day shift, required at least 18 CNAs. On 11/06/23 had 14 CNAs for 142 residents on the day shift, required at least 18 CNAs. On 11/10/23 had 17 CNAs for 145 residents on the day shift, required at least 18 CNAs. On 11/11/23 had 15 CNAs for 145 residents on the day shift, required at least 18 CNAs.	S 560		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 060113	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 1/3/2024	Y3
NAME OF FACILITY HAMMONTON CENTER FOR REHABILITATION AND HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 43 N WHITE HORSE PIKE HAMMONTON, NJ 08037		

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	12/04/2023	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 11/14/2023		<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		