

New Jersey Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>060204</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>10/18/2021</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>CHRISTIAN HEALTH CARE CENTER</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>301 SICOMAC AVE</b><br><b>WYCKOFF, NJ 07481</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              | <p>Initial Comments</p> <p>Census: 249</p> <p>Sample Size: 39</p> <p>TYPE OF SURVEY: Standard and Complaint Survey</p> <p>The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:39, Standards for Licensure of Long-Term Care Facilities.</p> <p>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 provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p> | S 000         |   |                    |
| S 560              | <p>8:39-5.1(a) Mandatory Access to Care</p> <p>(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on interviews, facility document review, and New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, it was determined the facility failed to maintain direct care staff-to-resident ratios as mandated by New Jersey State Law. This was evident for 4 out of 42 shifts reviewed. This had the potential to affect all residents.</p> <p>Findings included:</p>   | S 560         | <p>S560 Mandatory Access to Care</p> <p>It is the policy of Christian Health Care Center to maintain C.N.A staffing ratios as per New Jersey Department of Health Regulations instituted on February 1, 2021. Staffing professionals will continue to contact our pool of nurse aides on a daily basis to fill open positions. When unexpected call-outs occur, they will ask</p> | 12/11/21           |

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

TITLE

(X6) DATE

Electronically Signed

11/18/21

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| S 560 | <p>Continued From page 1</p> <p>Reference: 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 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>1. A review of the "Nurse Staffing Report," completed by the facility for the weeks of 09/19/2021 - 10/02/2021, revealed staff-to-resident ratios that did not meet the minimum requirements as listed below:</p> <p>09/19/2021- 30 CNAs to 244 residents on the day shift.<br/>09/20/2021- 29 CNAs to 247 residents on the day shift.<br/>09/26/2021- 27.5 CNAs to 248 residents on the day shift.<br/>10/02/2021- 29 CNAs to 249 residents on the day shift.</p> <p>During an interview with the Scheduling Manager on 10/08/2021 at 2:14 PM, she stated the staffing numbers that were sent to the NJDOH were accurate. She stated it had been difficult to cover the day shifts with the fluctuating census numbers. She stated the facility would have CNAs stay over or come in early, only to realize the next day the staffing ratios still were not met. She stated the facility was offering courses and had 19 in the course in hopes of hiring additional CNAs.</p> | S 560 | <p>employees from the shift to stay over, attempt to quickly fill the hole, and offer incentives to staff to pick-up. Strong efforts will continue to be made to recruit for open positions which includes deploying multiple strategies such as: referral (On April 27, 2021 Human Resources instituted a \$1,000 Employee Referral Bonus which pays the employee in 4 intervals over 12 months of the new hire's employment), and incentives for picking up shifts. Additionally, our Human Resource staff will continue to assess the competitiveness of our wages to aid in filling positions. This process resulted in Christian Health increasing wages for clinical staff on August 15 2021. Staffing task force meetings that include clinical, administrative, and human resource staff will continue to be held on a regular basis to develop a recruitment, retention, and staffing plan. Staffing levels will be reported quarterly to the QAPI committee. The Committee will determine through systematic analysis the need for further audits and or action plans on a quarterly basis. Furthermore, we have submitted application for a new instructor for our current C.N.A. certification training program. The DON will continue to monitor staffing levels on a daily basis and take every step possible to meet the staffing requirements.</p> <p>Post survey staffing retention efforts have brought in the following new hires:<br/>" 2 C.N.A's and 2 N.A.'s in training were hired 10/13/21<br/>" 2 C.N.A's and 1 N.A in training were hired 10/25/21</p> |  |
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| S 560              | Continued From page 2  | S 560         | <p>" 1 C.N.A and 1 N.A. training were hired on 11/17/21<br/>" 1 C.N.A. will be starting on 12/6/21<br/>" 1 N.A. in training will be starting on 1/10/22</p> <p>Additionally, 14 Nursing Assistants and four Certified Nursing Assistants were hired between June 1 and September 30th.</p> <p>As outlined in our plan of correction, it is the policy of Christian Health to maintain C.N.A staffing ratios as per the New Jersey Department of Health regulations instituted on February 1, 2021. In doing this, we work to ensure that each staff schedule has the staff needed to meet that regulation. Despite these efforts, there are occasions in which staff call-outs, leaves of absence, and unexpected absences impact our ratios. In those cases, we execute our staffing plan and take steps to ensure that we have necessary staffing to provide quality care to our residents and patients. Among the steps that we take are:</p> <ol style="list-style-type: none"> <li>1. Staff are asked to stay over into the next shift often for a few hours. Note that these hours are not reflected in the attached report.</li> <li>2. In addition to overtime pay, incentives, pick-up pay, and additional measures are offered to staff to encourage them to pick up shifts.</li> <li>3. Additional support is provided by licensed staff and other ancillary services. Especially on night shift, our licensed staff complete nurse aide duties so that our nurse aides are caring for no more than</li> </ol> |                    |

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| S 560              | Continued From page 3  | S 560         | <p>14 residents. Note that this additional staffing is not included in our report. Ensuring that these resources are available was and remains a key component of our contingency staffing plan. Additionally, recruitment remains a priority. Wages were increased in the fall and employee referral bonuses and onsite CNA certification programs are among other steps that we've employed to recruit additional staff.</p> |                    |

## STATE FORM: REVISIT REPORT

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| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER<br>060204 | MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing | DATE OF REVISIT<br>1/18/2022  |
| NAME OF FACILITY<br>CHRISTIAN HEALTH CARE CENTER             |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>301 SICOMAC AVE<br>WYCKOFF, NJ 07481 |

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<br>Y4         | DATE<br>Y5 | ITEM<br>Y4 | DATE<br>Y5 | ITEM<br>Y4 | DATE<br>Y5 |
|--------------------|------------|------------|------------|------------|------------|
| ID Prefix S0560    | Correction | ID Prefix  | Correction | ID Prefix  | Correction |
| Reg. # 8:39-5.1(a) | Completed  | Reg. #     | Completed  | Reg. #     | Completed  |
| LSC                | 12/11/2021 | 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        |            |

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| 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<br>10/18/2021     |                        | <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 |                       |      |