New Jersey Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		С	
		060217	B. WING		02/2	3/2022
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
TEANEC	K NURSING CENTER	?	NECK ROAD K, NJ 07666			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
S 000 Initial Comments		S 000				
	COMPLAINT#: NJ	152584				
	CENSUS: 80					
	SAMPLE SIZE: 3					
S 560	8:39-5.1(a) Mandatory Access to Care		S 560			2/28/22
		ll comply with applicable d local laws, rules, and				
	by: C#: NJ152584 Based on facility do it was determined to staffing ratios were minimum staff-to-rethe State of New Journal of 14 overnig deficient practice in residents. Findings include: Reference: New Journal (N.J.D.O.H.) memor "Compliance with Nannotated) 30:13-requirements for non New Jersey Gover 112, codified as N.	ocument review on 2/23/2022, that the facility failed to ensure met to maintain the required esident ratios as mandated by ersey for 14 of 14-day shifts ght shifts reviewed. This ad the potential to affect all ersey Department of Health o, dated 01/28/2021, N.J.S.A. (New Jersey Statutes 18, new minimum staffing ursing homes," indicated the nor signed into law P.L. 2020 c J.S.A. 30:13-18 (the Act), minimum staffing requirements		How the corrective action will be accomplished for those residents be affected by the deficient practice \$5560 8:39-5.1(a) Mandatory Access to \$5560 (a) The facility shall comply applicable Federal, State, and loc rules, and regulations. This REQUIREMENT is not met as eviby: Based on interview and review pertinent facility documentation, it determined that the facility failed to maintain the required minimum distaff to resident ratios as mandate State of New Jersey for the weeks 11/14/21 to 11/20/21 and 11/21/21 11/27/21. The facility was deficient Certified Nursing Assistant (CNA) for residents on 14 of 14 day shifts	Care with al laws, denced v of was to rect care ed by the s of I to tt in staffing	

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

TITLE

(X6) DATE 03/28/22

STATE FORM

PRINTED: 06/30/2023 FORM APPROVED

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					С	
		060217	B. WING		02/23	/2022
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
TEANEC	TEANECK NURSING CENTER 1104 TEANECK ROAD TEANECK, NJ 07666					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFICIENCY)	D BE	(X5) COMPLETE DATE
S 560	Continued From page 1		S 560			
	in nursing homes. The following ratio (s) were effective on 02/01/2021: One Certified Nurse Aide (C.N.A.) 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 C.N.A.s 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 C.N.A. and perform C.N.A. duties.			deficient in total staffing for reside of 14 evening shifts, and deficient staffing for residents on 12 of 14 c shifts as follows How will the facility identify other rhaving the potential to be affected	nd deficient in total on 12 of 14 overnight entify other residents	
				All residents in the Facility have the potential to be affected by the definition practice. Therefore, this applies to residents (current and future).	by the deficient s applies to all future).	
	facility was deficient residents on 14 of a total staff for residents as follows: On 2/06/22, had 5 of the day shift, required to 2/06/22, had 5 of 2/06/22	6/2022 through 2/19/2022, the t in C.N.A. staffing for 14-day shifts and deficient in nts on 7 of 14 overnight shifts C.N.A.s for 80 residents on ed 10 C.N.A.s. rotal staff for 80 residents on required 6 total staff.		What measures will be put in plac systemic changes made to ensure the deficient practice will not recur. The Administrator and Director of shall continue to review the daily (Nursing Assistant (CNA) staffing schedules to ensure compliance vistate's minimum CNA staffing requirement.	e that ?? Nursing Certified	
	On 2/07/22, had 8 0 the day shift, requir On 2/08/22, had 9 0 the day shift, requir On 2/09/22, had 9 0 the day shift, requir On 2/10/22, had 8 0 the day shift, required On 2/11/22, had 8 0 day shift, required On 2/12/22, had 7 0 the day shift, requir On 2/12/22, had 5 10 0 10 10 10 10 10 10 10 10 10 10 10 1	C.N.A.s for 80 residents on ed 10 C.N.A.s. C.N.A.s for 80 residents on the 10 C.N.A.s. C.N.A.s for 80 residents on the 10 C.N.A.s.		Furthermore, the facility will review current rates, the facility shall confectuation recruitment program and hiring efficiency advertisements on Indeed contacting recruitment agencies, a offering referral bonuses to current for securing additional staff. The center shall offer overtime, impay, and bonuses to current staff staffing shortage is identified or of throughout the day and/or week. It staffing coordinator will work with	tinue its forts to ed by , and it staff centive when a ccurs facility	

PRINTED: 06/30/2023 FORM APPROVED

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
711101 12711	TOT CONTRECTION	BENTI TOXTTEN NEWBER.	A. BUILDING:					
		060217	B. WING		02/2	3/2022		
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
TEANEC	TEANECK NURSING CENTER 1104 TEANECK ROAD TEANECK, NJ 07666							
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE		
S 560	On 2/13/22, had 5 the day shift, requir On 2/13/22, had 5 the overnight shift, On 2/14/22, had 5 the day shift, requir On 2/15/22, had 5 the overnight shift, On 2/15/22, had 5 the overnight shift, On 2/15/22, had 5 the overnight shift, On 2/16/22, had 7 the day shift, requir On 2/17/22, had 8 the day shift, requir On 2/18/22, had 8 the day shift, requir On 2/18/22, had 5 the overnight shift, On 2/18/22, had 5 the overnight shift, On 2/19/22, had 6 the day shift, requir On 2/19/22, had 6 the day shift, requir On 2/19/22, had 6	C.N.A.s for 82 residents on red 11 C.N.A.s. total staff for 82 residents on required 6 total staff. C.N.A.s for 82 residents on red 11 C.N.A.s. total staff for 82 residents on required 6 total staff. C.N.A.s for 82 residents on red 11 C.N.A.s. total staff for 82 residents on red 11 C.N.A.s. total staff for 82 residents on required 6 total staff. C.N.A.s for 82 residents on red 11 C.N.A.s. C.N.A.s for 82 residents on red 11 C.N.A.s. C.N.A.s for 82 residents on red 11 C.N.A.s. total staff for 82 residents on red 11 C.N.A.s. total staff for 82 residents on required 6 total staff. C.N.A.s for 82 residents on required 6 total staff.	S 560	facilities staffing coordinator for CNAs/License Nurses for daily ba when call outs occurs. CNAs will refree meals and incentives on top or regular pay. Facility will offer overtime, bonuse incentives to Licensed Nurses to Nursing Assistant when warranted facility also maintain an agreement nursing staffing agencies in the exany staffing shortage. Flyers posted in the breakroom retreferral bonuses, overtime pay for call outs and staffing needs. How the facility will monitor its contaction to ensure that the deficient is being corrected and not recur? The Administrator and Director of or designee shall review/audit the Certified Nursing Assistant (CNA) schedule daily for 4 weeks, then the compliance with the staminimum CNA staffing requirement Administrator shall continue to montactice to identify potential area improvement. The results of these will be submitted to the Quality Astand Performance Improvement (Committee monthly for review and determination of further action.	s or work as d. The at with vent of garding staffing rective practice Nursing staffing staffing at a staffing nonthly ate's at. The anitor the staffing staffing nonthly ate's at. The anitor the staffing additional to the staffing nonthly ate's at. The anitor the staffing nonthly ate's at. The anitor the staffing nonthly ate's at.			