

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

PRINTED: 06/07/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315306	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/16/2024
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NAME OF PROVIDER OR SUPPLIER CAREONE AT NEW MILFORD	STREET ADDRESS, CITY, STATE, ZIP CODE 800 RIVER ROAD NEW MILFORD, NJ 07646
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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#: NJ 00172629</p> <p>CENSUS: 168</p> <p>SAMPLE SIZE: 3</p> <p>THE FACILITY IS IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 05/16/2024
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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: 060222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/16/2024
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S 000	Initial Comments Complaint #: NJ00172629 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: Complaint #: NJ00172629 Based on review of pertinent facility documentation, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratios as mandated by the state of New Jersey for 14 of 14 day shifts and deficient in total staff for residents for 3 of 14 overnight shifts. The 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	S560: 1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice. For periods of cited staffing reports - no residents were negatively affected based on CNA staffing deficiency. 2. How the facility will identify other residents having the potential to be affected by the same deficient practice.	5/13/24

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

Electronically Signed

TITLE

(X6) DATE

05/16/24

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 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 ten 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 fourteen 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>The surveyor requested staffing for the weeks of 03/31/2024 to 04/06/2024 and 04/07/2024 to 04/13/2024. The facility was deficient in CNA staffing for residents as follows:</p> <p>.03/31/24 had 13 CNAs for 163 residents on the day shift, required at least 20 CNAs. -03/31/24 had 9 total staff for 163 residents on the overnight shift, required at least 12 total staff. -04/01/24 had 17 CNAs for 163 residents on the day shift, required at least 20 CNAs. -04/02/24 had 16 CNAs for 161 residents on the day shift, required at least 20 CNAs. -04/03/24 had 17 CNAs for 160 residents on the day shift, required at least 20 CNAs. -04/04/24 had 18 CNAs for 160 residents on the day shift, required at least 20 CNAs. -04/05/24 had 17 CNAs for 160 residents on the day shift, required at least 20 CNAs. -04/06/24 had 13 CNAs for 160 residents on the day shift, required at least 20 CNAs.</p>	S 560	<p>For those residents identified during the CNA staffing deficiency report dates none were negatively affected by this deficient practice.</p> <p>3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.</p> <p>Street facing signage advertising vacancies for RN's LPN's & CNA's will be posted prominently on facility's premises. Increased Salary rates for RN's LPN's & CNA's Sign-on Bonuses will be offered for RN's LPN's & CNA's Recruitment incentive program for all current employees who refer RN's LPN's & CNA's Facility will sponsor CNA school for suitable CNA candidates and hire as hospitality aides during CNA course Administrator or designee will screen appropriate applicants and schedule for interview with the Director of Nursing or designee. Licensed Practical Nurses will work as C.N.A. to meet the C.N.A staffing ratios when staffing permits. The Administrator or designee will review daily census with the Director of Nursing or designee to ensure patient needs can be met based on staffing. The Director of Nursing or designee will review and monitor the staffing daily with staffing coordinator to ensure the facility is meeting mandatory staffing standards 3 weeks and weekly for 3 months thereafter. Results of audits will be forwarded to administrator for review by facility Quality</p>	

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S 560	<p>Continued From page 2</p> <p>-04/06/24 had 9 total staff for 160 residents on the overnight shift, required at least 11 total staff.</p> <p>-04/07/24 had 15 CNAs for 162 residents on the day shift, required at least 20 CNAs.</p> <p>-04/08/24 had 17 CNAs for 162 residents on the day shift, required at least 20 CNAs.</p> <p>-04/09/24 had 16 CNAs for 162 residents on the day shift, required at least 20 CNAs.</p> <p>-04/10/24 had 17 CNAs for 162 residents on the day shift, required at least 20 CNAs.</p> <p>-04/11/24 had 16 CNAs for 164 residents on the day shift, required at least 20 CNAs.</p> <p>-04/12/24 had 16 CNAs for 164 residents on the day shift, required at least 20 CNAs.</p> <p>-04/12/24 had 11 total staff for 164 residents on the overnight shift, required at least 12 total staff.</p> <p>-04/13/24 had 17 CNAs for 164 residents on the day shift, required at least 20 CNAs.</p>	S 560	<p>Assurance Committee.</p> <p>4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.</p> <p>The facility quality assurance committee will review the above mentioned audits and monitor for any trends and update interventions as needed quarterly for 3 quarters.</p>	

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 060222	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/16/2024
NAME OF FACILITY CAREONE AT NEW MILFORD	STREET ADDRESS, CITY, STATE, ZIP CODE 800 RIVER ROAD NEW MILFORD, NJ 07646	

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	06/13/2024	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 4/16/2024

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