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

PRINTED: 06/10/2024 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		315149	B. WING		C <b>05/20/2024</b>	
NAME OF PROVIDER OR SUPPLIER  STERLING MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE  794 N FORKLANDING ROAD  MAPLE SHADE, NJ 08052		
(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 APPROPR DEFICIENCY)	BE COMPLETION	
F 000	INITIAL COMMENTS		F 00	00		
	Complaint #: NJ1640 NJ168822, NJ173444	91, NJ167858, NJ168043, I, NJ173719				
	Census: 94					
	Sample Size: 13					
	42 CFR PART 483, S	THE REQUIREMENTS OF UBPART B, FOR LONG FIES BASED ON THIS				
ABORATORY	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURI	 =	TITLE	(X6) DATE	

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

Electronically Signed

06/03/2024

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.

PRINTED: 06/10/2024 FORM APPROVED

(X6) DATE

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
060312			B. WING	C <b>05/20/2024</b>		
NAME OF PI	ROVIDER OR SUPPLIER	794 N FO	DDRESS, CITY, STA	OAD		
			SHADE, NJ 080			
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	Ξ
S 000	Initial Comments		S 000			
	8:39, standards for lic Facilities. The facility Correction, including deficiency and ensure implemented. Failure result in enforcement the provisions of the I Code, Title 8, chapter licensure regulations.	Jersey Administrative code, sensure of Long-Term Care must submit a Plan of a completion date for each that the plan is to correct deficiencies may action in accordance with New Jersey Administrative 43E, enforcement of				
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.		S 560		6/3/24	
	by: Complaint #: NJ1640 NJ168822, NJ173444 Based on interviews a documents on 5/16/2 determined that the fastaffing ratios were m deficient in total staff evening shifts, and deresidents on 1 of 14 of This deficient practice all residents.  Findings include:  Reference: New Jers	and review of facility 024 and 5/20/2024, it was acility failed to ensure et for 13 of 14-day shifts, for residents on 1 of 14 eficient in total staff for overnight shifts as follows: e had the potential to affect		S560 Mandatory Access to Care  Immediate Action 1. Our staffing coordinator has becomore capable at her job. However, shalso carries much of the HR responsibilities within the community. have assigned an assistant to assist filling empty slots in our weekly staffing sheets. This assistant to the staffing coordinator has been with the building over coordinator has been with the building over the staff well and is a good negotiator when trying to fill remaining openings in the staffing schedule. We have sought out two new staffing age	We ner in gg for at die ge encies	
	evening shifts, and do residents on 1 of 14 of This deficient practice all residents.  Findings include:  Reference: New Jers	eficient in total staff for overnight shifts as follows: had the potential to affect		filling empty slots in our weekly staffing sheets. This assistant to the staffing coordinator has been with the building over the staff well and is a good negotiator when trying to fill remaining openings in the staffing schedule. We	g for at d g e ncies	

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

Electronically Signed 06/03/24

TITLE

STATE FORM 5899 5TF811 If continuation sheet 1 of 3

PRINTED: 06/10/2024 FORM APPROVED

New Jersey Department of Health

NAME OF PROVIDER OR SUPPLIER  STRELING MANOR  THE A PORKLANDING ROAD MAPLE SHADE, NJ 80802  STERLING MANOR  SUMMARY STATEMENT OF DESIGNANCES TAG  PREPRIX TAG  SUMMARY STATEMENT OF DESIGNANCES TAG  PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD BE PREPRIX TAG  PREPRIX TAG  CONTROLL OF PROVIDER OF A PROPORTIANT TAG  SEGULATORY OR LSC IDENTIFYING INFORMATION)  S 560  Continued From page 1  with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes, included 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 020/12/02/1:  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 signed into work as a certified nurse aide and shall perform nurse aide dutties: and fone direct care staff member to every 11 residents for the night shift, provided that acab direct care staff member shall sign in to work as a CNA and perform CNA duties  The facility was deficient in CNA staffing for residents on 10 of 14 evening shifts, and deficient in total staff for residents on 1 of 14 evening shifts, and deficient in total staff for residents on 1 of 14 evening shifts, and deficient in total staff for residents on 1 of 14 evening shifts, and deficient in total staff for residents on the day shift, required at least 1 CNAs. On 04/28/24 had 1 CNAs for 94 residents on the day shift, required at least 1 CNAs. On 05/03/24 had 9 CNAs for 96 residents on the day shift, required at least 1 CNAs. On 05/03/24 had 9 CNAs for 96 residents on the day shift, required at least 1 CNAs. On 05/03/24 had 9 CNAs for 96 residents on the day shift, required at least 1 CNAs. On 05/03/24 had 9 CNAs for 96	STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY				
NAME OF PROVIDER OR SUPPLIER  STREIT ADDRESS. CITY. STATE; ZIP CODE  TRAIN FORKLANDING ROAD  MAPLE SHADE, NJ 68052  SERVING  SUMMANY STATEMENT OF DEFICIENCES (PACH DEFICIENCY MUST BE PRECEDED BY PULL PROGRAM PLE SHADE, NJ 68052  STREIN COMMENT TAGE  SUMMANY STATEMENT OF DEFICIENCES (PACH DEFICIENCY MUST BE PRECEDED BY PULL PROGRAM PLE SHADE, NJ 68052  STREIN COMMENT TAGE  SOME Confinued From page 1  with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes. I included 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 rato (s) were effective on 02/01/2021:  One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the day shift, provided that no fewer of all staff members shall be signed into work as a certified nurse aide and shall perform nurse aide dutties; and Dne direct care staff member to every 11 residents for the injist shift, provided that no fewer of all staff members shall be information of the day shift. Provided that acan direct care staff member shall sign in to work as a CNA and perform ORA duties.  The facility was deficient in CNA staffing for residents on 1 of 14 evening shifts, and deficient in total staff for residents on 1 of 14 evening shifts, and deficient in total staff for residents on 1 of 14 evening shifts, and deficient in total staff for residents on 1 of 14 evening shifts, and deficient in total staff for residents on the day shift, required at least 1 CNAs.  On 04/28/24 had 1 CNAs for 96 residents on the day shift, required at least 12 CNAs.  On 05/03/24 had 9 CNAs for 96 residents on the day shift, required at least 12 CNAs.  On 05/03/24 had 9 CNAs for 96 residents on the day shift, required at least 12 CNAs.  On 05/03/24 had 9 CNAs for 96 residents on the day shift, required at least 12 CNAs.  On 05/03/24 had 9 CNAs for 96 residents	AND PLAN OF CORRECTION IDE		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED				
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PRINTED: 06/10/2024 FORM APPROVED

New Jersey Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
					С			
		060312	B. WING		05/20/2024			
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STA	ATE, ZIP CODE				
STERLING	STERLING MANOR 794 N FORKLANDING ROAD MAPLE SHADE, NJ 08052							
(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 APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE		
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				STATE	FORM: RE	VISIT REPORT				
	R / SUPPLIER / CI	LIA /	MULTIPLE CONS	STRUCTION					DATE O	F REVISIT
IDENTIFICATION NUMBER 060312 A. Building B. Wing								<sub>Y2</sub> 6/4/2024 <sub>Y3</sub>		
NAME OF FACILITY STERLING MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 794 N FORKLANDING ROAD MAPLE SHADE, NJ 08052						
corrective	e action was acc tion prefix code p	omplished	d. Each deficien	cy should be fully	y identified usi	reported that have bee ng either the regulation es shown to the left of e	or LSC provision nu	mber and	the	
ITEM		DATE	ITEM		DATE	ITEM			DATE	
Y4			Y5	Y4		Y5	Y4			Y5
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FOLLOWUP TO SURVEY COMPLETED ON 5/20/2024					RRECTED DEFICIENCIES ENCIES (CMS-2567) SEN		)F	☐ YE	s 🗆 no	

Page 1 of 1 EVENT ID: 5TF812