

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

PRINTED: 11/06/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315257	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/17/2023
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NAME OF PROVIDER OR SUPPLIER CEDAR GROVE RESPIRATORY AND NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1420 SOUTH BLACK HORSE PIKE WILLIAMSTOWN, NJ 08094
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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 #: NJ166463</p> <p>CENSUS: 169</p> <p>SAMPLE SIZE: 4</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 09/01/2023
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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: 060808	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/17/2023
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NAME OF PROVIDER OR SUPPLIER CEDAR GROVE RESPIRATORY AND NURSING CENTE	STREET ADDRESS, CITY, STATE, ZIP CODE 1420 SOUTH BLACK HORSE PIKE WILLIAMSTOWN, NJ 08094
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S 000	Initial Comments 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#: NJ166463 Based on interviews and review of facility documents on 8/17/23, it was determined that the facility failed to ensure staffing ratios were met for 14 of 14-day shifts reviewed. This deficient practice had the potential to affect all residents. Findings include: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated)	S 560	The facility administrator, director of nurses, human resources, staffing coordinator, and facility educator reviewed 30 days of staffing reports, recruitment efforts, and staff retention. Facility rates, agency contracts, and hiring program were reviewed. A program to expedite hires was put into place. Contacts at nursing schools for recruitment purposes were made. The facility now offers generous sign-on bonuses, pay for schooling, and has created an employee referral program. The facility has been	9/6/23

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

TITLE

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09/01/23

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S 560	<p>Continued From page 1</p> <p>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>A review of Nursing Staffing Reports from 7/30/23 through 8/5/23; and 8/6/23 through 8/12/23 revealed the following shifts:</p> <p>The facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows:</p> <p>On 07/30/23 had 16 CNAs for 167 residents on the day shift, required at least 21 CNAs. On 07/31/23 had 17 CNAs for 167 residents on the day shift, required at least 21 CNAs. On 08/01/23 had 17 CNAs for 165 residents on the day shift, required at least 21 CNAs. On 08/02/23 had 18 CNAs for 165 residents on the day shift, required at least 21 CNAs. On 08/03/23 had 18 CNAs for 165 residents on the day shift, required at least 21 CNAs. On 08/04/23 had 17 CNAs for 165 residents on the day shift, required at least 21 CNAs. On 08/05/23 had 17 CNAs for 165 residents on</p>	S 560	<p>added to our employee recognition program and we have begun distributing gift cards for perfect attendance. The facility has been actively recruiting through online platforms, an open house on September 7, 2023, and talks with CNA schools. Through these means, In the last thirty calendar days, the facility successfully hired ten Certified Nursing Assistants. The last new hire was September 7, 2023.</p> <p>All residents have the potential to be affected by this practice.</p> <p>The staffing coordinator was re-in serviced on required ratios. The Licensed nurses and CNAs were in serviced regarding facility call out policy and disciplinary actions. Facility staff in serviced on our employee referral program. The facility Administrator will oversee the staffing coordinator and staffing schedule to ensure staffing ratios are within compliance. The facility will utilize or increase the amount of shifts with our contracted staffing agencies if needed.</p>	
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S 560	Continued From page 2 the day shift, required at least 21 CNAs. On 08/06/23 had 15 CNAs for 167 residents on the day shift, required at least 21 CNAs. On 08/07/23 had 17 CNAs for 167 residents on the day shift, required at least 21 CNAs. On 08/08/23 had 19 CNAs for 167 residents on the day shift, required at least 21 CNAs. On 08/09/23 had 18 CNAs for 167 residents on the day shift, required at least 21 CNAs. On 08/10/23 had 18 CNAs for 167 residents on the day shift, required at least 21 CNAs. On 08/11/23 had 17 CNAs for 166 residents on the day shift, required at least 21 CNAs. On 08/12/23 had 17 CNAs for 166 residents on the day shift, required at least 21 CNAs.	S 560	The administrator/ designee will have weekly meetings with the staffing coordinator to review staffing schedules, needs, and the efficiency of programs that are in place. The findings of the audits will be presented at monthly QAPI meetings for three months.	