

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

PRINTED: 09/24/2020
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 08/10/2020
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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)	D 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 #: NJ00132602, NJ00136498, NJ00132964, NJ00137488, NJ00136959, NJ00134254, NJ00133933, NJ00132698.</p> <p>CENSUS: 156</p> <p>SAMPLE SIZE: 8</p> <p>THE FACILITY IS IN 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 08/14/2020
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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) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060808	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/10/2020
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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 CORRET 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		
S1680	8:39-25.2(b)(1)&(2) Mandatory Nurse Staffing (b) The facility shall provide nursing services by registered professional nurses, licensed practical nurses, and nurse aides (the hours of the director of nursing are not included in this computation, except for the direct care hours of the director of nursing in facilities where the director of nursing provides more than the minimum hours required at N.J.A.C. 8:39-25.1(a) above) on the basis of: 1. Total number of residents multiplied by 2.5 hours/day; plus 2. Total number of residents receiving each service listed below, multiplied by the corresponding number of hours per day: Wound care 0.75 hour/day Nasogastric tube feedings and/or gastrostomy 1.00 hour/day Oxygen therapy	S1680		8/21/20

LABORATORY D RECTOR'S OR PROV DER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Electronically Signed

TITLE

(X6) DATE
08/14/20

New Jersey Department of Health

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S1680	<p>Continued From page 1</p> <p>0.75 hour/day Tracheostomy 1.25 hours/day Intravenous therapy 1.50 hours/day Use of respirator 1.25 hours/day Head trauma stimulation/advanced neuromuscular/orthopedic care 1.50 hours/day</p> <p>This REQUIREMENT is not met as evidenced by: Complaint NJ00133933, NJ00132698</p> <p>Based on staff interview and review of the facility's Nurse Staffing Reports for the weeks of 2/16/2020, 2/23/2020, and 7/26/2020, it was determined that the facility failed to provide at least minimum staffing levels for 21 of 21 days. This deficient practice was evidenced by following:</p>	S1680	<ol style="list-style-type: none"> 1. Residents may be affected if minimum staffing levels aren't met. The facility hired a new staffing coordinator and educated her on all staffing guidelines. 2. All residents have the potential to be affected by a staffing shortage. 3. The facility educated all employees who assist with staffing including the new 	

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S1680	<p>Continued From page 2</p> <p>During a tour of the ^{NUS} unit on 8/5/2020 at 11 AM the Unit Manager told the surveyor there were 5 Certified Nursing Assistants (CNA) for a unit census of 52 residents. During a tour of the ^{NUS} unit on 8/5/2020 at 11 AM the Unit Manager told the surveyor there were 5 CNAs for a unit census of 54 residents.</p> <p>When interviewed on 8/5/2020 at 11:51 AM, Resident #1 told the surveyor "staffing is terrible, we had 2 aides last night, weekends are deplorable." The resident also stated "they use a lot of agency" (temporary staff).</p> <p>When interviewed at 12:05 PM, a ^{NUS} unit CNA told the surveyor "sometimes we are short of staff, mostly on weekends, people call out." The CNA further stated "I have 11 residents on my case, today we have 5 CNAs, on the weekends we may have 3 or 4." The CNA said sometimes the caseload is 12 residents.</p> <p>The surveyor requested 3 weeks of staffing which identified shortages in total staffing hours when reviewed as follows:</p> <p>For the week of 2/16/2020</p> <table border="0"> <tr><td>Sunday 2/16/20</td><td>-82.75 hours</td></tr> <tr><td>Monday 2/17/20</td><td>-74.75 hours</td></tr> <tr><td>Tuesday 2/18/20</td><td>-18.75 hours</td></tr> <tr><td>Wednesday 2/19/20</td><td>-26.75 hours</td></tr> <tr><td>Thursday 2/20/20</td><td>-90.75 hours</td></tr> <tr><td>Friday 2/21/20</td><td>-74.75 hours</td></tr> <tr><td>Saturday 2/22/20</td><td>-34.75 hours</td></tr> </table> <p>For the week of 2/23/20</p> <table border="0"> <tr><td>Sunday 2/23/20</td><td>-61.50 hours</td></tr> <tr><td>Monday 2/24/20</td><td>-77.50 hours</td></tr> <tr><td>Tuesday 2/25/20</td><td>-13.50 hours</td></tr> </table>	Sunday 2/16/20	-82.75 hours	Monday 2/17/20	-74.75 hours	Tuesday 2/18/20	-18.75 hours	Wednesday 2/19/20	-26.75 hours	Thursday 2/20/20	-90.75 hours	Friday 2/21/20	-74.75 hours	Saturday 2/22/20	-34.75 hours	Sunday 2/23/20	-61.50 hours	Monday 2/24/20	-77.50 hours	Tuesday 2/25/20	-13.50 hours	S1680	<p>staffing coordinator, HR and supervisors. The staffing coordinator was introduced to a new spreadsheet which will assist her in identifying staffing compliance.</p> <p>4. Administrator/Director of Nursing will monitor the staffing on a weekly basis for proper staffing. The outcome will be submitted to QAPI meeting x 3 months or until committee determines that compliance is met.</p>	
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S1680	<p>Continued From page 3</p> <p>Wednesday 2/26/20 -69.50 hours Thursday 2/27/20 -29.50 hours Friday 2/28/20 -53.50 hours Saturday 2/29/20 -25.50 hours</p> <p>For the week of 7/26/20 Sunday 7/26/20 -98.00 hours Monday 7/27/20 -62.00 hours Tuesday 7/28/20 -62.00 hours Wednesday 7/29/20 -86.00 hours Thursday 7/30/20 -22.00 hours Friday 7/31/20 -38.00 hours Saturday 8/1/20 -46.00 hours</p>	S1680		