New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	060808	A. BUILDING: ______ B. WING ______	C 09/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR GROVE RESPIRATORY AND NURSING	**1420 SOUTH BLACK HORSE PIKE WILLIAMSTOWN, NJ 08094**

(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) COMPLETE DATE
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 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	S1680		11/22/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE
(X6) DATE: 10/16/20

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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CEDAR GROVE RESPIRATORY AND NURSING	**1420 SOUTH BLACK HORSE PIKE WILLIAMSTOWN, NJ 08094**

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S1680	Continued From page 1 This REQUIREMENT is not met as evidenced by: COMPLAINT # NJ 138598, NJ 139209 REPEAT DEFICIENCY Based on interview and review of the Nurse Staffing Reports for the weeks of 6/28/2020 and 8/9/2020, it was determined that the facility failed to provide at least minimum staffing levels for 12 out of 14 days. The required staffing hours and actual staffing hours are as follows: For the week of 6/28/2020 Required staffing hours: 4,161.50 Actual staffing Hours: 3,696.00 Actual Date Difference 6/28/2020 -106.00 hrs 6/29/2020 -66.50 hrs 6/30/2020 -66.50 hrs 7/1/2020 -50.50 hrs 7/2/2020 -18.50 hrs 7/3/2020 -66.50 hrs 7/4/2020 -90.50 hrs	S1680	What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. Residents may be affected if minimum staffing levels are not met. The facility hired new staffing coordinator and has educated on staffing guidelines. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. All residents have the potential to be affected by a staffing shortage. What measures will be put in place or what systemic changes will you make to ensure that the deficient practice does not recur. The staff educator/Director of Nursing will educate all employees that participate in	

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CEDAR GROVE RESPIRATORY AND NURSING	**1420 SOUTH BLACK HORSE PIKE WILLIAMSTOWN, NJ 08094**

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For the week of 8/9/2020
Required Staffing Hours: 4,186
Actual Staffing hours: 4,016

Actual Date	Difference
8/9/2020	-46.00
8/11/2020	-46.00
8/13/2020	-22.00
8/14/2020	-38.00
8/15/2020	-30.00

During an interview on 9/23/2020 at 11:19 a.m., the Director of Nursing (DON) stated that "staffing is difficult to maintain, we use Agency, 4 different agencies, some are reliable, some don't show up." When there is a shortage we call everybody, the weekend on call, Supervisor comes off the Supervisor position and works on the floor, nurses help out, sometimes nurses will come in and work as a Certified Nursing Assistant (CNA). Some Unit Managers will come in on the weekend.

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the staffing process including new staffing coordinator, Human Resources Director, Unit Managers and Supervisors.

The staff educator/Director of Nursing will educate the new staffing coordinator and Unit Managers on utilization of spreadsheet that will assist with monitoring and identifying staffing compliance.

How the corrective action(s) will be monitored to ensure the deficient practice will not recur, ie., what quality assurance program will be put into practice.

Administrator/Designee will audit staffing on weekly basis for proper staffing levels times 12 weeks.

Results of audits will be presented in QAPI meeting x 3 months or until committee determines compliance
has been met.

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
060808 Y1	A. Building B. Wing Y2	11/23/2020 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR GROVE RESPIRATORY AND NURSING CENTER	1420 SOUTH BLACK HORSE PIKE WILLIAMSTOWN, NJ 08094

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 S1680 Reg. # 8:39-25.2(b)(1)&(2) LSC	Correction Completed 11/22/2020	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON	
9/23/2020	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO