

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061520	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2021
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NAME OF PROVIDER OR SUPPLIER MANAHAWKIN CONV CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 1211 RT 72 WEST MANAHAWKIN, NJ 08050
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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) COMPLETE DATE
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: Based on interviews and review of other facility documentation, the facility failed to ensure staffing ratios were met for 49 of 57 shifts reviewed. There was no increase in the resident census for a period of nine consecutive shifts. 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) 30:13-18, new minimum staffing requirements for	S 560	S-tag 560 1. The Administrator and Director of Nurses will continue to utilize all possible means to increase the facility staff. This will include continued timely interviews, and utilization of all possible avenues to increase staffing in the facility. 2. All residents have the potential to be affected by this deficient practice when staffing regulations are not met.	8/6/21

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

TITLE

(X6) DATE

Electronically Signed

08/03/21

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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 at 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.</p> <p>One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and</p> <p>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 the facility provided Nursing Home Resident Care Staffing Reports from 7/4/21 through 7/22/21 included the following deficient staff to resident ratio for each shift:</p> <p>7/4/2021 (Census 90) Day Shift=1 Certified Nursing Assistant (CNA):10 Residents. 7/5/2021 (Census 89) Day Shift=1 CNA: 9.9 Residents 7/6/2021 (Census 88) Day Shift=1 CNA: 9.8 Residents 7/7/2021 (Census 89) Day Shift=1 CNA: 9.9 Residents 7/8/2021 (Census 88) Day Shift=1 CNA: 9.8 Residents 7/9/2021 (Census 88) Day Shift=1 CNA: 8.8</p>	S 560	<p>3. The Administrator, Director of Nurses and Director of Staffing were in-serviced by the Corporate Consultant on 7/24/2021 in regards to the new minimum staffing requirements.</p> <p>4. The Administrator and Director of Nurses will review daily the staffing levels with the Director of Staffing ongoing. All resumes will be reviewed within 24 hours of receipt. All on-line recruiting avenues will be accessed daily by the staffing Director ongoing. All findings will be reviewed at the Quality Assurance Meeting ongoing X 3 quarters.</p>	
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S 560	<p>Continued From page 2</p> <p>Residents 7/10/2021 (Census 88) Day Shift= 1 CNA: 9.8 Residents 7/11/2021 (Census 89) Day Shift= 1 CNA: 9.9 Residents 7/13/2021 (Census 89) Day Shift= 1 CNA: 8.9 Residents 7/14/2021 (Census 88) Day Shift= 1 CNA: 8.8 Residents 7/16/2021 (Census 88) Day Shift= 1 CNA: 8.8 Residents 7/17/2021 (Census 88) Day Shift= 1 CNA: 9.8 Residents 7/18/2021 (Census 88) Day Shift= 1 CNA: 8.8 Residents 7/19/2021 (Census 87) Day Shift= 1 CNA: 8.7 Residents 7/20/2021 (Census 86) Day Shift= 1 CNA: 8.6 Residents 7/21/2021 (Census 87) Day Shift= 1 CNA: 9.7 Residents</p> <p>16 of 19-day shifts did not meet the minimum required ratio of 1 CNA to 8 residents.</p> <p>7/4/2021 (Census 90) Evening Shift= 1 CNA: 11.3 Residents 7/5/2021 (Census 89) Evening Shift= 1 CNA: 11.1 Residents 7/6/2021 (Census 88) Evening Shift= 1 CNA: 12.6 Residents 7/7/2021 (Census 89) Evening Shift= 1 CNA: 11.1 Residents 7/8/2021 (Census 88) Evening Shift= 1 CNA: 11 Residents 7/9/2021 (Census 88) Evening Shift= 1 CNA: 12.6 Residents 7/10/2021 (Census 88) Evening Shift= 1 CNA: 11 Residents</p>	S 560		

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S 560	<p>Continued From page 3</p> <p>7/11/2021 (Census 89) Evening Shift= 1 CNA: 11.1 Residents 7/12/2021 (Census 88) Evening Shift= 1 CNA: 11 Residents 7/15/2021 (Census 88) Evening Shift= 1 CNA: 11 Residents 7/16/2021 (Census 88) Evening Shift= 1 CNA: 11 Residents 7/17/2021 (Census 88) Evening Shift= 1 CNA: 12.6 Residents 7/18/2021 (Census 88) Evening Shift= 1 CNA: 11 Residents 7/19/2021 (Census 87) Evening Shift= 1 CNA: 10.9 Residents</p> <p>14 of 19-evening shifts did not meet the minimum required ratio of 1 CNA to 10 residents.</p> <p>7/4/2021(Census 90) Night Shift= 1 CNA:22.5 Residents 7/5/2021 (Census 89) Night Shift= 1 CNA: 22.3 Residents 7/6/2021 (Census 88) Night Shift= 1 CNA: 22 Residents 7/7/2021 (Census 89) Night Shift= 1 CNA: 22.3 Residents 7/8/2021 (Census 88) Night Shift= 1 CNA: 22 Residents 7/9/2021 (Census 88) Night Shift= 1 CNA: 22 Residents 7/10/2021 (Census 88) Night Shift= 1 CNA: 22 Residents 7/11/2021 (Census 89) Night Shift= 1 CNA: 22.3 Residents 7/12/2021 (Census 88) Night Shift= 1 CNA: 22 Residents 7/13/2021 (Census 89) Night Shift= 1 CNA: 22.3 Residents 7/14/2021 (Census 88) Night Shift= 1 CNA: 22</p>	S 560		
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S 560	<p>Continued From page 4</p> <p>Residents 7/15/2021 (Census 88) Night Shift= 1 CNA: 22 Residents 7/16/2021 (Census 88) Night Shift= 1 CNA: 22 Residents 7/17/2021 (Census 88) Night Shift= 1 CNA: 22 Residents 7/18/2021 (Census 88) Night Shift= 1 CNA: 22 Residents 7/19/2021 (Census 87) Night Shift= 1 CNA: 21.8 Residents 7/20/2021 (Census 86) Night Shift= 1 CNA: 21.5 Residents 7/21/2021 (Census 87) Night Shift= 1 CNA: 17.4 Residents 7/22/2021 (Census 87) Night Shift= 1 CNA: 17.4 Residents</p> <p>19 of 19-night shifts did not meet the minimum required ratio of 1 CNA to 14 residents.</p> <p>During an interview on 7/21/21 at 09:40 AM, the day shift Temporary Nursing Assistant (TNA #2) stated he had 8 residents today. TNA #2 went on to say he typically has between 10-15 residents on the day shift.</p> <p>During an interview on 7/21/21 at 10:35 AM, the Director of Nursing (DON) stated that she is aware of the current staffing regulations. The DON acknowledged that they do not always meet required ratios.</p> <p>During an interview on 7/21/21 at 11:11 AM, the Facility Director stated that she is aware of the current staffing regulations. The Facility Director acknowledged that the facility does not always meet required ratios.</p>	S 560		
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S 560	<p>Continued From page 5</p> <p>During an interview on 7/21/21 at 11:34 AM, the Licensed Nursing Home Administrator (LNHA) stated that he is aware of the current staffing requirements. He added that he reviews the staffing every day and acknowledged that the facility is not meeting those requirements every day.</p> <p>A review of a facility policy titled Emergency Staffing Strategies and dated 3/2020 did not include documentation of the required CNA staffing ratios.</p> <p>NJAC: 8:39-5.1(a)</p>	S 560		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061520	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 9/8/2021	Y3
NAME OF FACILITY MANAHAWKIN CONV CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 1211 RT 72 WEST MANAHAWKIN, NJ 08050		

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 _____	08/06/2021	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 7/23/2021		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		