

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

PRINTED: 03/26/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315309	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/29/2019
NAME OF PROVIDER OR SUPPLIER ARISTACARE AT WHITING			STREET ADDRESS, CITY, STATE, ZIP CODE 23 SCHOOLHOUSE ROAD WHITING, NJ 08759		
(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	
F 000	<p>INITIAL COMMENTS</p> <p>COMPLAINT # NJ 115474</p> <p>CENSUS: 157</p> <p>SAMPLE SIZE :5</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			

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

TITLE

(X6) DATE

Electronically Signed

08/30/2019

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: 061523	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/29/2019
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S1680	<p>8:39-25.2(b)(1)&(2) Mandatory Nurse Staffing</p> <p>(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:</p> <p>1. Total number of residents multiplied by 2.5 hours/day; plus</p> <p>2. Total number of residents receiving each service listed below, multiplied by the corresponding number of hours per day:</p> <p>Wound care 0.75 hour/day</p> <p>Nasogastric tube feedings and/or gastrostomy 1.00 hour/day</p> <p>Oxygen therapy 0.75 hour/day</p> <p>Tracheostomy 1.25 hours/day</p> <p>Intravenous therapy 1.50 hours/day</p> <p>Use of respirator 1.25 hours/day</p> <p>Head trauma stimulation/advanced neuromuscular/orthopedic care 1.50 hours/day</p>	S1680		10/6/19

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S1680	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint # NJ 115474</p> <p>Based on interview and review of the Nurse Staffing Reports for the week of 9/9/2018, it was determined that the facility failed to provide at least the minimum staffing levels for 1 of 7 days.</p> <p>The required staffing hours, and actual staffing hours are as follows:</p> <p>For the week of 9/9/2018 Required staffing hours : 433.50</p> <table border="1"> <tr> <td>Date</td> <td>Actual Staffing Hours</td> <td>Difference</td> </tr> <tr> <td>9/9/2018</td> <td>408</td> <td>-25.50</td> </tr> </table> <p>During a post survey telephone interview with the Clinical Care Coordinator on 8/14/2019 at 09:20 a.m., the Clinical Care Coordinator stated when there is insufficient staff we call the on call nurse, nursing steps in to help with care, we offer over time, and offer bonuses.</p> <p>Duirng a post survey telephone call with the Director of Nursing (DON), on 8/14/2019 at 10:17 a.m., the DON added that "the Nurse on call will</p>	Date	Actual Staffing Hours	Difference	9/9/2018	408	-25.50	S1680	<p>The facility will review the PPD (Per Patient Day) hours each morning in morning meeting for two months, to ensure that scheduled staff meet resident acuity needs.</p> <p>The facility will have a weekly staffing meeting for two months to review holes in the schedule, and make necessary adjustments to ensure that the facility has sufficient staff to meet the resident acuties.</p> <p>The facility has started the in-service of nursing staff on mandatory overtime pursuant to N.J.A.C. 8:43E-8.1-12 as of 9/4/19 and will begin enforcing following the in-service. The facility will implement according to the requirements of the law.</p> <p>The supervisor will be educated on the staffing hours / PPD and make necessary calls to administration if there are any changes to the schedule during off shifts.</p> <p>The staffing coordinator will provide a weekly report to the administrator on the</p>	
Date	Actual Staffing Hours	Difference								
9/9/2018	408	-25.50								

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S1680	Continued From page 2 call in the Assistant Director of Nursing (ADON), the DON, and the Administrator will come in for all hands on deck. The DON further stated we try to pull from our sister facility or use Agency Nurses."	S1680	PPD. The PPD report will be randomly audited by administration for two months. The results of the audit will be reported at QAPI monthly for two months. Following the two months the committee will determine the frequency of the audit.	