

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061806	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/29/2022
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NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT GREEN KNOLL	STREET ADDRESS, CITY, STATE, ZIP CODE 875 ROUTE 202-206 NORTH BRIDGEWATER, NJ 08807
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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	<p>Initial Comments</p> <p>Census: 154 Sample Size: 31</p> <p>TYPE OF SURVEY: Recertification</p> <p>The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:39, Standards for Licensure of Long-Term Care Facilities.</p> <p>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 provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p>	S 000		
S 560	<p>8:39-5.1(a) Mandatory Access to Care</p> <p>(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interviews, facility document review, and New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, it was determined that the facility failed to ensure staffing ratios were met. The facility was deficient in certified nursing assistant (CNA) staffing for residents on 14 of 42 shifts reviewed. This deficient practice had the potential to affect all residents.</p> <p>Findings included:</p>	S 560	<p>8:39-5.1(a) Mandatory Access to Care S560</p> <p>The facility is to comply with applicable Federal, State, and local laws, rules, and regulations.</p> <p>The facility failed to uphold these standards by evidence of the reviews of the "Nurse Staffing Reports" completed by the facility for the weeks of 09/11/2022 through 09/24/2022, revealing</p>	11/10/22

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

TITLE

(X6) DATE

Electronically Signed

11/11/22

New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>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 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 aid 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 certified nurse aides, and each direct staff member shall be signed in to work as a certified nurse aide 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 certified nurse aide (CNA) and perform certified nurse aide duties.</p> <p>Review of the "Nurse Staffing Reports" completed by the facility for the weeks of 09/11/2022 through 09/24/2022, revealed staff-to-resident ratios that did not meet the minimum state requirements as follows:</p> <ul style="list-style-type: none"> - 09/11/2022 had 16 CNAs for 152 residents on the day shift, required 19. - 09/12/2022 had 11 CNAs for 150 residents on the day shift, required 19. 	S 560	<p>staff-to-resident ratios that did not meet the minimum state requirements.</p> <ol style="list-style-type: none"> 1- The Administrator DON and Staffing coordinator are closely monitoring the staffing sheet to ensure the requirements are met. 2- The above-mentioned team has been in contact with all nursing staff in an effort to maximize attendance to meet the requirements. 3- The facility has boosted its recruiting efforts to assure adequate staffing for the building, including job fares referral programs and retention incentives 4- the Facility has set up routine quarterly JOB fares as well as an audit sheet which will be used to assess our staffing ratios and monitor them, so they meet the state requirements. Facility Human Recourse will oversee the audit sheet and monitor for compliance, This Log will be reviewed at our Quarterly QAPI Meeting for the next 6 months to assure compliance 	

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S 560	<p>Continued From page 2</p> <ul style="list-style-type: none"> - 09/13/2022 had 15 CNAs for 154 residents on the day shift, required 19. - 09/14/2022 had 13 CNAs for 154 residents on the day shift, required 19. - 09/15/2022 had 16 CNAs for 153 residents on the day shift, required 19. - 09/16/2022 had 14 CNAs for 153 residents on the day shift, required 19. - 09/17/2022 had 14 CNAs for 155 residents on the day shift, required 19. - 09/18/2022 had 16 CNAs for 155 residents on the day shift, required 19. - 09/19/2022 had 15 CNAs for 154 residents on the day shift, required 19. - 09/20/2022 had 15 CNAs for 156 residents on the day shift, required 19. - 09/21/2022 had 17 CNAs for 156 residents on the day shift, required 19. - 09/22/2022 had 18 CNAs for 160 residents on the day shift, required 20. - 09/23/2022 had 14 CNAs for 159 residents on the day shift, required 20. - 09/24/2022 had 17 CNAs for 156 residents on the day shift, required 19. <p>During an interview on 09/29/2022 at 10:00 AM, the Director of Nursing (DON) indicated the number of staff scheduled to work was based on the daily census. The DON indicated she usually called different employees to see if they would stay late or work extra when staff called out. The DON indicated enough staff was scheduled for each shift and the staff continued to work hard to make sure all the shifts were covered sufficiently.</p> <p>During an interview on 09/29/2022 at 10:00 AM, the Administrator acknowledged the facility had a shortage of staff for 09/11/2022 to 09/24/2022. The Administrator indicated the facility had been</p>	S 560		

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S 560	Continued From page 3 doing everything that could be done to get staff to work at the facility. The Administrator reported the staff had been offered extra money to pick up extra open shifts.	S 560		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061806	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 11/30/2022
NAME OF FACILITY COMPLETE CARE AT GREEN KNOLL		STREET ADDRESS, CITY, STATE, ZIP CODE 875 ROUTE 202-206 NORTH BRIDGEWATER, NJ 08807

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 _____	11/10/2022	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 9/29/2022		<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		