New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION ((X3) DATE SURVEY COMPLETED	
		061904	B. WING		07/29/2021	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE ZIP CODE		
1 SUMMIT AVENUE						
VALLEY	VIEW REHABILITATION	NEWTON	, NJ 07860			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
S 000	Initial Comments		S 000			
	WITH THE STAND, ADMINISTRATIVE STANDARDS FOR TERM CARE FACII SUBMIT A PLAN O INCLUDING A CONDEFICIENCY AND IS IMPLEMENTED DEFICIENCIES MAENFORCEMENT A WITH THE PROVIS	MPLETION DATE, FOR EACH ENSURE THAT THE PLAN FAILURE TO CORRECT Y RESULT IN CTION IN ACCORDANCE SIONS OF THE NEW FRATIVE CODE, TITLE 8, IFORCEMENT OF				
S 560	8:39-5.1(a) Mandat	ory Access to Care	S 560		8/18/21	
		comply with applicable local laws, rules, and				
	by: Based on observati pertinent facility dod determined the faci required minimum of ratios as mandated This deficient practi following: Reference: NJ State 112. An Act concern nursing homes and Revised Statutes. Be It Enacted by	on, interview, and review of cumentation, it was lity failed to maintain the direct care staff-to-resident by the state of New Jersey. ce was evidenced by the requirement, CHAPTER ning staffing requirements for supplementing Title 30 of the of the Senate and General ate of New Jersey: C.30:13-18		Specific Corrective Action The facility will continue to advertisched CNA and licensed staff to cover state requirements. Facility also institute on bonus and employee referral programs. Salary survey is being of within the area to attract and retain candidates. Identification All residents have the potential to be affected by this deficient practice.	ffing ed sign done	

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

TITLE

(X6) DATE

Electronically Signed

08/18/21

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		061904	B. WING		07/2	9/2021
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
VALLEY VIEW REHABILITATION AND HEALTH(1 SUMMIT AVENUE NEWTON, NJ 07860						
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S 560	homes effective 2/1 1. a. Notwithstare quirements as many every nursing home P.L.1976, c.120 (C to P.L.1971, c.136 maintain the following to-resident ratios: (1) one certifier residents for the day (2) one direct or residents for the every fewer than half of a certified nurse aided shall be signed in the aide and shall perform and (3) one direct care staff meany a certified nurse aided duties b. Upon any expany the nursing home, the exempt from any in ratios for a period of the date of the expansion of the date of the expansion of the expansi	equirements for nursing 1/21. Inding any other staffing ay be established by law, e as defined in section 2 of .30:13-2) or licensed pursuant (C.26:2H-1 et seq.) shall ing minimum direct care staff d nurse aide to every eight ay shift; care staff member to every 10 vening shift, provided that no all staff members shall be so, and each staff member to work as a certified nurse orm certified nurse aide duties; care staff member to every 14 ght shift, provided that each ember shall sign in to work as de and perform certified nurse or staffing of nine consecutive shifts from ansion of the resident census. It is to the hundredth cation of the ratios listed in section results in other than direct care staff, including as, for a shift, the number of e staff members shall be thigher whole number when carried to the hundredth place,	S 560	Systemic Changes The facility will adhere to the new requirements by creating a new portion of a staffing coordinator to ensure adherence to the staffing requirement. The DON will review the nursing/or monthly schedule to ensure approximately coverage is in place. Monitoring The DON will conduct a monthly or call outs and submit the report to administrator and discuss in the queetings.	osition enents. cna opriate QAPI on the	

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midnight census for begins. d. Nothing in this saffect any minimum nursing homes as r Commissioner of H care staff, including restrict the ability of staffing levels, at an established minimum. On 7/27/21,7/28/20 observed two Certification of the facility. A review of "New Journal Long Term Care As Program Nurse Staffollowing: The facility was not of New Jersey minical CNAs during the 7: daily census of 17, 7/14/21, 7/15/21, 7/19/21, 7/24/21. On 7/29/21 at 12:45 the staffing ratios of and Director of Nuraware of the staffing coordinator was not consideration.	ations shall be based on the residence that the day in which the shift section shall be construed to a staffing requirements for may be required by the lealth for staff other than direct governing the certified nurse aides, or to fa nursing home to increase my time, beyond the lim 1 and 7/29/21, the surveyors fied Nursing Assistants (CNA) rking during the day shift who lead to the resident's who resided sersey Department of Health disessment and Survey suffing Report" for the weeks of July 24, 2021 revealed the liming the compliance with the State mum staffing requirements of 00 AM - 3:00 PM shift, with a on 7/11/21, 7/12/21, 7/13/21, 7/16/21, 7/17/21, 7/18/21, 7/12/21, 7/23/21, and on the surveyor discussed oncerns with the Administrator sing, who stated they were gratio criteria, the staffing longer working at the facility attempting to hire new CNAs	S 560			

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NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
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