

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 062020	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/21/2022
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NAME OF PROVIDER OR SUPPLIER ARISTACARE AT NORWOOD TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 40 NORWOOD AVENUE PLAINFIELD, NJ 07060
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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 is 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 review of pertinent facility documentation during a Federal Infection Control Survey, it was determined that the facility failed to maintain the required minimum direct care staff-to- resident ratios as mandated by the state of New Jersey. The facility was deficient in CNA (Certified Nursing Aide) staffing for 6 of 14 day shifts and deficient in total staff for residents on 1 of 14 overnight shifts as follows: 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	S 560	All residents are potentially affected by this practice. Rates increased Sign on with new agencies Offer agency staff bonuses Offer our staff bonuses New retention and recruitment plan Job Fair Posting new ads around town and via social media Staff Testimonial videos for recruitment Referral bonuses for our staff Referral bonuses for community Sign on bonus Utilizing temporary nursing assistants The DON and recruitment team to have	2/23/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 02/09/22
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S 560	<p>Continued From page 1</p> <p>established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021: One Certified Nurse Aide (CNA) to every eight residents for the day shift. 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 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>On 1/2/22, there were 10 CNAs for 82 residents on the day shift, required 11 CNAs. On 1/3/22, there were 8 CNAs for 82 residents on the day shift, required 11 CNAs. On 1/6/22, there were 10 CNAs for 81 residents on the day shift, required 11 CNAs. On 1/10/22, there were 10 CNAs for 83 residents on the day shift, required 11 CNAs. On 1/10/22, there were 5 total staff for 83 residents on the overnight shift, required 6 total staff. On 1/14/22, there were 11 CNAs for 90 residents on the day shift, required 12 CNAs. On 1/15/22, there were 10 CNAs for 90 residents on the day shift, required 12 CNAs.</p>	S 560	<p>weekly meetings with staffing coordinator to determine upcoming schedules to anticipate needs. The DON/designee will report findings to the administrator. The DON/designee will aggregate findings from these rounds monthly and review the findings with the administrator quarterly on an ongoing basis the DON/designee will provide a report of his/her findings to the QA committee for action as appropriate.</p>	
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