

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 62200	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/20/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER NORTH CAPE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 700 TOWNBANK ROAD CAPE MAY, NJ 08204
--	--

(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>Complaint #: NJ150129; NJ149266; and NJ147745</p> <p>Census: 73</p> <p>Sample Size: 14</p> <p>TYPE OF SURVEY: Complaint Survey and Focused Infection Control</p> <p>The facility is not in substantial compliance with all 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: Complaint Intake #NJ147745 and #NJ149266</p> <p>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</p>	S 560	<p>Preparation and/or execution of this Plan of Correction does not constitute an admission or agreement by the Provider of the truth of the facts alleged or conclusion set forth in this statement of deficiencies. The Plan of Correction is</p>	2/18/22

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

TITLE

(X6) DATE

02/11/22

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 62200	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/20/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER NORTH CAPE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 700 TOWNBANK ROAD CAPE MAY, NJ 08204
--	--

(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 560	<p>Continued From page 1</p> <p>met.</p> <p>1. From 08/01/2021 to 09/04/2021, the facility was deficient in Certified Nursing Assistant (CNA) staffing for residents on 30 of 35 day shifts, deficient for CNA staffing to total staff on 8 of 35 evening shifts, and deficient in total staff for residents on 10 of 35 overnight shifts</p> <p>2. From 09/26/2021 to 11/13/2021, the facility was deficient in CNA staffing for residents on 49 of 49 shifts, deficient in CNA to total staff on 3 of 49 evening shifts, and deficient in total staff for residents on 10 of 49 overnight shifts.</p> <p>This deficient practice had the potential to affect all residents.</p> <p>Findings included:</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</p>	S 560	<p>prepared and/or executed solely because it is required by the provision of federal and state law.</p> <p>This Plan of Correction constitutes the facility's credible allegation of compliance.</p> <p>1. All residents present at the facility had the potential to be affected by the staffing levels on the dates and shifts noted. The Center will schedule staff to maintain the NJ minimum direct care staff-to-resident ratios.</p> <p>2. All residents have the potential to be effected by staffing levels. The facility has a full-time, dedicated scheduler who works with facility staff and external agency providers to staff to the regulation and facility needs daily. Staffing attendance and availability has been greatly effected by the Covid-19 pandemic. The facility cannot retroactively address staffing issues although every effort was made to meet staffing requirements.</p> <p>The facility has enacted the following to attract additional staff to meet the State staffing requirements and care needs of its:</p> <ol style="list-style-type: none"> Increased wages, shift differentials Recruitment and retention bonuses Utilization of agency staffing, offering premium rates and start bonuses Soliciting new agencies to provide staffing support 12-hour shifts and Baylor Programs at 150% of the base rate Bonuses for staff to pick up additional 	

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 62200	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/20/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER NORTH CAPE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 700 TOWNBANK ROAD CAPE MAY, NJ 08204
--	--

(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 560	<p>Continued From page 2</p> <p>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 and perform certified nurse aide duties.</p> <p>1. A review of the "Nurse Staffing Report," completed by the facility, revealed staff-to-resident ratios that did not meet the minimum requirements. For the five weeks from 08/01/2021 to 09/04/2021, the facility was deficient in Certified Nursing Assistant (CNA) staffing for residents on 30 of 35 day shifts, deficient for CNA staffing to total staff on 8 of 35 evening shifts, and deficient in total staff for residents on 10 of 35 overnight shifts as follows:</p> <p>-08/01/2021 had 6 CNAs for 102 residents on the day shift, required 13 CNAs. -08/01/2021 had 7 CNAs to 15 total staff on the evening shift, required 8 CNAs. -08/01/2021 had 7 total staff for 102 residents on the overnight shift, required 8 total staff. -08/02/2021 had 7 CNAs for 98 residents on the day shift, required 13 CNAs. -08/03/2021 had 7 CNAs for 98 residents on the day shift, required 13 CNAs. -08/04/2021 had 7 CNAs for 98 residents on the day shift, required 13 CNAs. -08/05/2021 had 7 CNAs for 98 residents on the day shift, required 13 CNAs. -08/06/2021 had 6 CNAs for 98 residents on the day shift, required 13 CNAs. -08/07/2021 had 6 CNAs for 96 residents on the day shift, required 12 CNAs. -08/07/2021 had 6 total staff for 96 residents on</p>	S 560	<p>shifts</p> <p>g. Liberalized use of overtime</p> <p>h. Open houses, on-spot interviews, recruitment at training centers and nurse aide training classes, offering paid training classes for those interested in a healthcare career.</p> <p>i. Advertisement in electronic media, local paper, at unemployment centers</p> <p>j. Direct mailing and calling licensed candidates in the community</p> <p>k. Invitations to previous employees who left in good standing</p> <p>l. Increased employee communications and appreciation activities</p> <p>Nursing management staff provided direct care and extra shifts to ensure resident needs were met.</p> <p>The facility continues to work on new ideas and resources for recruitment and retention of staff.</p> <p>3. The NJ minimum direct care staff to resident ratios were unable to be met on the dates cited due to the lack of licensed staff available for hire in the area and staff Covid related illnesses. The Staffing Coordinator, Director of Nursing and Administrator were re-educated on the NJ minimum staffing mandate. The Center will continue its efforts to recruit and retain new direct care employees including:</p> <p>a. Increased wages, shift differentials</p> <p>b. Recruitment and retention bonuses</p> <p>c. Utilization of agency staffing, offering premium rates and start bonuses</p>	

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 62200	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/20/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER NORTH CAPE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 700 TOWNBANK ROAD CAPE MAY, NJ 08204
--	--

(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 560	<p>Continued From page 3</p> <p>the overnight shift, required 7 total staff. -08/08/2021 had 7 CNAs for 96 residents on the day shift, required 12 CNAs. -08/08/2021 had 4 CNAs to 10 total staff on the evening shift, required 5 CNAs. -08/09/2021 had 9 CNAs for 96 residents on the day shift, required 12 CNAs. -08/09/2021 had 5 total staff for 96 residents on the overnight shift, required 7 total staff. -08/10/2021 had 9 CNAs for 96 residents on the day shift, required 12 CNAs. -08/11/2021 had 8 CNAs for 98 residents on the day shift, required 13 CNAs. -08/11/2021 had 5 CNAs to 14 total staff on the evening shift, required 7 CNAs. -08/11/2021 had 6 total staff for 98 residents on the overnight shift, required 7 total staff. -08/12/2021 had 4 CNAs for 98 residents on the day shift, required 13 CNAs. -08/12/2021 had 4 CNAs to 10 total staff on the evening shift, required 5 CNAs. -08/12/2021 had 6 total staff for 98 residents on the overnight shift, required 7 total staff. -08/13/2021 had 7 CNAs for 95 residents on the day shift, required 12 CNAs. -08/13/2021 had 7 CNAs to 15 total staff on the evening shift, required 8 CNAs. -08/14/2021 had 5 CNAs for 95 residents on the day shift, required 12 CNAs. -08/14/2021 had 6 total staff for 95 residents on the overnight shift, required 7 total staff. -08/15/2021 had 5 CNAs for 94 residents on the day shift, required 12 CNAs. -08/16/2021 had 6 CNAs for 92 residents on the day shift, required 12 CNAs. -08/17/2021 had 8 CNAs for 89 residents on the day shift, required 12 CNAs. -08/17/2021 had 6 total staff for 89 residents on the overnight shift, required 7 total staff.</p>	S 560	<p>d. Soliciting new agencies to provide staffing support e. 12-hour shifts and Baylor Programs at 150% of the base rate f. Bonuses for staff to pick up additional shifts g. Liberalized use of overtime h. Open houses, on-spot interviews, recruitment at training centers and nurse aide training classes, offering paid training classes for those interested in a healthcare career. i. Advertisement in electronic media, local paper, at unemployment centers j. Direct mailing and calling licensed candidates in the community k. Invitations to previous employees who left in good standing l. Increased employee communications and appreciation activities</p> <p>Systemically, the Human Resources Manager and Staffing Coordinator will monitor and maintain a list of current recruiting efforts and document the results of these efforts weekly.</p> <p>The Staffing Coordinator will audit the daily staffing sheets to determine if the Center is meeting the minimum staff to resident ratios. She will report on scheduled and final staff to resident ratios at morning meeting daily.</p> <p>4. The Staffing Coordinator will provide a monthly report of these findings to the People Excellence Quality Assurance and Performance Improvement Committee</p>	
-------	---	-------	--	--

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 62200	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/20/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER NORTH CAPE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 700 TOWNBANK ROAD CAPE MAY, NJ 08204
--	--

(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 560	<p>Continued From page 4</p> <p>-08/18/2021 had 6 CNAs for 88 residents on the day shift, required 11 CNAs.</p> <p>-08/19/2021 had 8 CNAs for 87 residents on the day shift, required 11 CNAs.</p> <p>-08/19/2021 had 5 total staff for 87 residents on the overnight shift, required 7 total staff.</p> <p>-08/20/2021 had 7 CNAs for 86 residents on the day shift, required 11 CNAs.</p> <p>-08/21/2021 had 6 CNAs for 85 residents on the day shift, required 11 CNAs.</p> <p>-08/21/2021 had 5 total staff for 85 residents on the overnight shift, required 7 total staff.</p> <p>-08/22/2021 had 5 CNAs for 85 residents on the day shift, required 11 CNAs.</p> <p>-08/23/2021 had 9 CNAs for 94 residents on the day shift, required 11 CNAs.</p> <p>-08/23/2021 had 6 CNAs to 13 total staff on the evening shift, required 7 total staff.</p> <p>-08/25/2021 had 8 CNAs for 83 residents on the day shift, required 11 CNAs.</p> <p>-08/25/2021 had 5 CNAs to 12 total staff on the evening shift, required 6 CNAs.</p> <p>-08/26/2021 had 6 CNAs to 14 total staff on the evening shift, required 7 CNAs.</p> <p>-08/27/2021 had 7 CNAs for 82 residents on the day shift, required 11 CNAs.</p> <p>-08/27/2021 had 5 total staff for 82 residents on the overnight shift, required 6 total staff.</p> <p>-08/28/2021 had 9 CNAs for 80 residents on the day shift, required 10 CNAs.</p> <p>-08/29/2021 had 8 CNAs for 80 residents on the day shift, required 10 CNAs.</p> <p>-08/31/2021 had 9 CNAs for 80 residents on the day shift, required 10 CNAs.</p> <p>-09/02/2021 had 8 CNAs for 80 residents on the day shift, required 10 CNAs.</p> <p>-09/04/2021 had 9 CNAs for 81 residents on the day shift, required 11 CNAs.</p>	S 560	<p>(QAPI) for three months. The Human Resources Manager will provide a monthly report of new hires and retention results to the same committee for three months.</p> <p>The QAPI Committee will evaluate the effectiveness of this plan to ensure substantial compliance is achieved and determine if further monitoring and evaluation is required.</p>	
-------	---	-------	--	--

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 62200	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/20/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER NORTH CAPE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 700 TOWNBANK ROAD CAPE MAY, NJ 08204
--	--

(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 560	<p>Continued From page 5</p> <p>2. A review of the "Nurse Staffing Report," completed by the facility, revealed staff-to-resident ratios that did not meet the minimum requirements. For the seven weeks from 09/26/2021 to 11/13/2021, the facility was deficient in CNA staffing for residents on 49 of 49 shifts, deficient in CNA to total staff on 3 of 49 evening shifts, and deficient in total staff for residents on 10 of 49 overnight shifts as follows:</p> <p>-09/26/2021 had 9 CNAs for 84 residents on the day shift, required 11 CNAs. -09/26/2021 had 5 CNAs to 11 total staff on the evening shift, required 6 CNAs. -09/27/2021 had 7 CNAs for 83 residents on the day shift, required 11 CNAs. -09/28/2021 had 9 CNAs for 83 residents on the day shift, required 11 CNAs. -09/29/2021 had 9 CNAs for 83 residents on the day shift, required 11 CNAs. -09/30/2021 had 9 CNAs for 83 residents on the day shift, required 11 CNAs. -10/01/2021 had 5 CNAs for 84 residents on the day shift, required 11 CNAs. -10/02/2021 had 9 CNAs for 84 residents on the day shift, required 11 CNAs. -10/03/2021 had 10 CNAs for 84 residents on the day shift, required 11 CNAs. -10/04/2021 had 10 CNAs for 83 residents on the day shift, required 11 CNAs. -10/04/2021 had 4 total staff for 83 residents on the overnight shift, required 6 total staff. -10/05/2021 had 8 CNAs for 83 residents on the day shift, required 11 CNAs. -10/06/2021 had 5 CNAs for 83 residents on the day shift, required 11 CNAs. -10/06/2021 had 4 total staff for 83 residents on the overnight shift, required 6 total staff. -10/07/2021 had 6 CNAs for 81 residents on the</p>	S 560		
-------	---	-------	--	--

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 62200	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/20/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER NORTH CAPE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 700 TOWNBANK ROAD CAPE MAY, NJ 08204
--	--

(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 560	<p>Continued From page 6</p> <p>day shift, required 11 CNAs.</p> <p>-10/08/2021 had 5 CNAs for 81 residents on the day shift, required 11 CNAs.</p> <p>-10/08/2021 had 5 total staff for 81 residents on the overnight shift, required 6 total staff.</p> <p>-10/09/2021 had 6 CNAs for 81 residents on the day shift, required 11 CNAs.</p> <p>-10/09/2021 had 5 total staff for 81 residents on the overnight shift, required 6 total staff.</p> <p>-10/10/2021 had 4 CNAs for 81 residents on the day shift, required 11 CNAs.</p> <p>-10/11/2021 had 6 CNAs for 81 residents on the day shift, required 11 CNAs.</p> <p>-10/12/2021 had 6 CNAs for 81 residents on the day shift, required 11 CNAs.</p> <p>-10/13/2021 had 6.5 CNAs for 80 residents on the day shift, required 10 CNAs.</p> <p>-10/14/2021 had 5 CNAs for 80 residents on the day shift, required 10 CNAs.</p> <p>-10/15/2021 had 6 CNAs for 79 residents on the day shift, required 10 CNAs.</p> <p>-10/15/2021 had 5 total staff for 79 residents on the overnight shift, required 6 total staff.</p> <p>-10/16/2021 had 6 CNAs for 79 residents on the day shift, required 10 CNAs.</p> <p>-10/16/2021 had 5 total staff for 79 residents on the overnight shift, required 6 total staff.</p> <p>-10/17/2021 had 5 CNAs for 79 residents on the day shift, required 10 CNAs.</p> <p>-10/18/2021 had 9 CNAs for 79 residents on the day shift, required 10 CNAs.</p> <p>-10/18/2021 had 5 total staff for 79 residents on the overnight shift, required 6 total staff.</p> <p>-10/19/2021 had 6 CNAs for 79 residents on the day shift, required 10 CNAs.</p> <p>-10/20/2021 had 6 CNAs for 79 residents on the day shift, required 10 CNAs.</p> <p>-10/21/2021 had 4 CNAs for 79 residents on the day shift, required 10 CNAs.</p>	S 560		
-------	--	-------	--	--

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 62200	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/20/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER NORTH CAPE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 700 TOWNBANK ROAD CAPE MAY, NJ 08204
--	--

(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 560	<p>Continued From page 7</p> <p>-10/22/2021 had 6 CNAs for 79 residents on the day shift, required 10 CNAs.</p> <p>-10/23/2021 had 6 CNAs for 79 residents on the day shift, required 10 CNAs.</p> <p>-10/23/2021 had 5 total staff for 79 residents on the overnight shift, required 6 total staff.</p> <p>-10/24/2021 had 5 CNAs for 78 residents on the day shift, required 10 CNAs.</p> <p>-10/24/2021 had 5 total staff for 78 residents on the overnight shift, required 6 total staff.</p> <p>-10/25/2021 had 6 CNAs for 78 residents on the day shift, required 10 CNAs.</p> <p>-10/25/2021 had 6 CNAs to 13 total staff on the evening shift, required 7 CNAs.</p> <p>-10/26/2021 had 5 CNAs for 78 residents on the day shift, required 10 CNAs.</p> <p>-10/27/2021 had 6 CNAs for 78 residents on the day shift, required 10 CNAs.</p> <p>-10/28/2021 had 6 CNAs for 76 residents on the day shift, required 10 CNAs.</p> <p>-10/29/2021 had 5 CNAs for 76 residents on the day shift, required 10 CNAs.</p> <p>-10/30/2021 had 6 CNAs for 75 residents on the day shift, required 10 CNAs.</p> <p>-10/31/2021 had 6 CNAs for 75 residents on the day shift, required 10 CNAs.</p> <p>-10/31/2021 had 5 CNAs to 11 total staff on the evening shift, required 6 CNAs.</p> <p>-11/01/2021 had 5 CNAs for 75 residents on the day shift, required 10 CNAs.</p> <p>-11/02/2021 had 8 CNAs for 73 residents on the day shift, required 10 CNAs.</p> <p>-11/03/2021 had 7 CNAs for 72 residents on the day shift, required 9 CNAs.</p> <p>-11/04/2021 had 7 CNAs for 72 residents on the day shift, required 9 CNAs.</p> <p>-11/05/2021 had 7 CNAs for 72 residents on the day shift, required 9 CNAs.</p> <p>-11/06/2021 had 7 CNAs for 72 residents on the</p>	S 560		
-------	--	-------	--	--

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 62200	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/20/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER NORTH CAPE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 700 TOWNBANK ROAD CAPE MAY, NJ 08204
--	--

(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 560	<p>Continued From page 8</p> <p>day shift, required 9 CNAs. -11/07/2021 had 8 CNAs for 72 residents on the day shift, required 9 CNAs. -11/08/2021 had 6 CNAs for 72 residents on the day shift, required 9 CNAs. -11/09/2021 had 8 CNAs for 72 residents on the day shift, required 9 CNAs. -11/10/2021 had 7 CNAs for 72 residents on the day shift, required 9 CNAs. -11/10/2021 had 5 total staff for 72 residents on the overnight shift, required 6 total staff. -11/11/2021 had 7 CNAs for 72 residents on the day shift, required 9 CNAs. -11/12/2021 had 7 CNAs for 72 residents on the day shift, required 9 CNAs. -11/13/2021 had 6 CNAs for 72 residents on the day shift, required 9 CNAs.</p> <p>On 11/20/2021 at 10:45 AM, the Nursing Home Administrator (NHA) provided copies of the facility's staffing information for the survey day and the months of August through November of 2021. A review of the facility's staffing information provided by the NHA indicated that the facility's staffing did not conform with the memo noted above.</p> <p>On 11/20/2021 at 11:41 AM, the NHA acknowledged that the facility did not staff in accordance with the directive indicated in the NJDOH memo. She said the facility budgeted and scheduled nursing staff in compliance with the memo but was not in control of nursing staff who failed to report to work, or staff who called out sick. Per the NHA, the facility often got disappointed by the staffing agencies they relied on. The NHA said she believed the facility was doing its best given that they were still able to adequately care for residents.</p>	S 560		
-------	---	-------	--	--

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 62200	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/20/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER NORTH CAPE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 700 TOWNBANK ROAD CAPE MAY, NJ 08204
--	--

(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

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 62200	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 2/18/2022	Y3
NAME OF FACILITY NORTH CAPE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 700 TOWNBANK ROAD CAPE MAY, NJ 08204		

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 _____	02/18/2022	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 11/20/2021		<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		