STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315364	A. BUILDING _____ B. WING _____	C 11/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JERSEY SHORE CENTER	**3 INDUSTRIAL WAY EAST EATONTOWN, NJ 07724**

(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	INITIAL COMMENTS A Complaint Survey was conducted on behalf of the New Jersey Department of Health. Complaint #: NJ00150308, NJ00153169, NJ00158568, NJ00159373, and NJ00164997. Survey Dates: 11/13/23 to 11/15/23 Survey Census: 147 Sample Size: 5 THE FACILITY IS IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 11/29/2023

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	62214	A. BUILDING: _____ B. WING _____	C 11/15/2023

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JERSEY SHORE CENTER	3 INDUSTRIAL WAY EAST EATONTOWN, NJ 07724

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S 000	Initial Comments Complaint #: NJ00150308, NJ00153169, NJ00158568, NJ00159373, and NJ00164997. Survey Dates: 11/13/23 to 11/15/23 Survey Census: 147 Sample Size: 5 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: Complaint #: NJ00150308, NJ00153169 and NJ00159373 Based on review of pertinent facility documentation, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratios as mandated by the state of New Jersey for	S 560	1. How will corrective action be accomplished for those residents found to have been affected by the deficient practice? The Center will maintain the state CN A. minimum direct care staff to resident ratios.	12/1/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 11/29/23

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	62214	A. BUILDING: _____ B. WING _____	C 11/15/2023

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S 560	Continued From page 1 27 of 28 day shifts and 6 of 28 overnight shifts as follows: This deficient practice had the potential to affect all residents. Findings include: 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 as 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: 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 of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide 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. As per the "Nurse Staffing Report" completed by the facility for the 4 weeks of staffing from 06/11/2023 to 06/24/2023 and 10/29/2023 to 11/11/2023, the staffing to resident ratios did not meet the minimum requirement of one CNA to eight residents for the day shift, one direct care staff member to every 10 residents for the evening shift and/or one direct care staff member to every 14 residents for the night shift as documented below:	S 560	2. How will we identify other resident who have potential to be affected by the same deficient Practice? All residents have the potential to be affected by this deficient practice. 3. What measure will be put in place or systemic changes made to ensure that the deficient practice will not recur? Center will continue to provide onsite C.N.A class, next class scheduled for February 2024 and will also utilize off site CN A School which center has an agreement with, Center will utilize off site C.N.A School on a monthly basis. Center Human Resources Staffing Manager or Designee will recruit for both non- certified and certified through social media and internet job postings. Center Leadership team including Administrator, Director of Nursing, Human Resource Staffing Manager, Staff Educator will meet on a weekly basis to discuss candidate flow and new hires. Human Resources Staffing Manager or Designee will provide daily staffing ratios to center leadership weekly via email. 4. How will we monitor our Corrective action to ensure that the deficient practice is being corrected and will not recur? Human Resources Staffing Manager or Designee will audit C.N.A. staffing ratios weekly for four weeks, then monthly for two months. The results will be provided	

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JERSEY SHORE CENTER	3 INDUSTRIAL WAY EAST EATONTOWN, NJ 07724

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S 560	Continued From page 2 1. For the 2 weeks of staffing from 06/11/2023 to 06/24/2023, the facility was deficient in CNA staffing for residents on 13 of 14 day shifts and deficient in total staff for residents on 4 of 14 overnight shifts as follows: -06/11/23 had 11 CNAs for 137 residents on the day shift, required at least 17 CNAs. -06/11/23 had 9 total staff for 137 residents on the overnight shift, required at least 10 total staff. -06/12/23 had 13 CNAs for 134 residents on the day shift, required at least 17 CNAs. -06/13/23 had 14 CNAs for 134 residents on the day shift, required at least 17 CNAs. -06/14/23 had 15 CNAs for 134 residents on the day shift, required at least 17 CNAs. -06/15/23 had 11 CNAs for 134 residents on the day shift, required at least 17 CNAs. -06/16/23 had 12 CNAs for 136 residents on the day shift, required at least 17 CNAs. -06/18/23 had 14 CNAs for 136 residents on the day shift, required at least 17 CNAs. -06/18/23 had 8 total staff for 136 residents on the overnight shift, required at least 10 total staff. -06/19/23 had 12 CNAs for 136 residents on the day shift, required at least 17 CNAs. -06/20/23 had 13 CNAs for 139 residents on the day shift, required at least 17 CNAs. -06/21/23 had 14 CNAs for 139 residents on the day shift, required at least 17 CNAs. -06/22/23 had 12 CNAs for 139 residents on the day shift, required at least 17 CNAs. -06/22/23 had 9 total staff for 139 residents on the overnight shift, required at least 10 total staff. -06/23/23 had 14 CNAs for 139 residents on the day shift, required at least 17 CNAs. -06/23/23 had 8 total staff for 139 residents on the overnight shift, required at least 10 total staff. -06/24/23 had 11 CNAs for 144 residents on the	S 560	to the QAPI Committee. The QAPI Committee will determine the effectiveness of the plan to ensure substantial Compliance is achieved and determine if further monitoring and evaluation is needed.	

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S 560	Continued From page 3	S 560		

day shift, required at least 18 CNAs.

2. For the 2 weeks of staffing prior to survey from 10/29/2023 to 11/11/2023, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts and deficient in total staff for residents on 2 of 14 overnight shifts as follows:

-10/29/23 had 14 CNAs for 144 residents on the day shift, required at least 18 CNAs.
-10/30/23 had 15 CNAs for 144 residents on the day shift, required at least 18 CNAs.
-10/31/23 had 17 CNAs for 144 residents on the day shift, required at least 18 CNAs.
-11/01/23 had 16 CNAs for 144 residents on the day shift, required at least 18 CNAs.
-11/02/23 had 16 CNAs for 146 residents on the day shift, required at least 18 CNAs.
-11/03/23 had 15 CNAs for 146 residents on the day shift, required at least 18 CNAs.
-11/04/23 had 14 CNAs for 146 residents on the day shift, required at least 18 CNAs.

-11/05/23 had 12 CNAs for 152 residents on the day shift, required at least 19 CNAs.
-11/06/23 had 15 CNAs for 150 residents on the day shift, required at least 19 CNAs.
-11/07/23 had 14 CNAs for 150 residents on the day shift, required at least 19 CNAs.
-11/08/23 had 15 CNAs for 150 residents on the day shift, required at least 19 CNAs.
-11/09/23 had 16 CNAs for 150 residents on the day shift, required at least 19 CNAs.
-11/10/23 had 15 CNAs for 152 residents on the day shift, required at least 19 CNAs.
-11/10/23 had 10 total staff for 152 residents on the overnight shift, required at least 11 total staff.
-11/11/23 had 14 CNAs for 152 residents on the day shift, required at least 19 CNAs.
-11/11/23 had 9 total staff for 152 residents on the

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S 560	Continued From page 4 overnight shift, required at least 11 total staff.	S 560		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
62214		12/1/2023

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
JERSEY SHORE CENTER	3 INDUSTRIAL WAY EAST EATONTOWN, NJ 07724

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 Reg. # 8:39-5.1(a) LSC	Correction Completed 12/01/2023	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	**REVIEWED BY (INITIALS)**	**DATE**	**SIGNATURE OF SURVEYOR**	**DATE**
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON
11/15/2023

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ **YES** ☐ **NO**

 EVENT ID: P5VX12