STATEMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA         AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:         060301				(X3) DATE SURVEY COMPLETED	
		B. WING		01/25/2022	
	PROVIDER OR SUPPLIER	IGTON WOODS I	DRESS, CITY, S SET ROAD STON, NJ 08	STATE, ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLE DATE
S 000	was conducted by Health. The facility compliance with the Code, Chapter 8:39 Long Term Care Fa regulations and has Disease Control and	ed Infection Control Survey the New Jersey Department of was found not to be in e New Jersey Administrative 9, Standards for Licensure of acilities, infection control s implemented Centers for id Prevention (CDC) ctices to prepare for	S 000		
S 560	Federal, State, and regulations. This REQUIREME	tory Access to Care I comply with applicable I local laws, rules, and NT is not met as evidenced	S 560		2/4/22
	facility documentat facility failed to mai direct care staff to it the state of New Jee of 14 day shifts rev Findings include: Reference: New Jee (NJDOH) memo, di with N.J.S.A. (New 30:13-18, new mini nursing homes," in Governor signed in codified at N.J.S.A. established minimu	ersey Department of Health ated 01/28/2021, "Compliance Jersey Statutes Annotated) mum staffing requirements for dicated the New Jersey to law P.L. 2020 c 112, . 30:13-18 (the Act), which um staffing requirements in e following ratio(s) were		CORRECTIVE ACTIONS ACCOMPLISHED FOR RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE: ¿ The facility actively seeks to hire Certified Nursing Assistants, that all shifts are scheduled to comply with ratios, that any callouts or no-shows result in calls being made by the shift supervisor to fill the shift. Facility has documented evidence to reflect facility's Recruitment and Retention Efforts in its relentless attempts to comply with the staffing ratios No residents have been adversely affected. IDENTIFICATION OF RESIDENTS WHC HAVE THE POTENTIAL TO BE	5.

**Electronically Signed** 

STATE FORM

If continuation sheet 1 of 4

New Jersey Department of H STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED 01/25/2022	
		060301	B. WING			
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY,	STATE, ZIP CODE		
COMPLE	TE CARE AT BURLIN	IGTON WOODS, I 115 SUNS BURLING	ET ROAD TON, NJ 08	3016		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLET DATE	
S 560	Continued From a	~~ 1	S 560	DEFICIENCY)		
S 560	Continued From pa	lge	5 500			
	effective on 02/01/2021:			AFFECTED BY THE SAME DEFICIEN	Т	
				PRACTICE	_	
	One Certified Nurse Aide (CNA) to every eight			¿ All residents have the potential to b affected by this situation.	e	
	residents for the day shift.			SYSTEMIC CHANGES TO ENSURE		
	One direct care staff member to every 10			THAT THE DEFICIENT PRACTICE DC	ES	
	residents for the evening shift, provided that no			NOT RECUR		
	fewer than half of all staff members shall be			¿ Facility's Recruitment and Retentio	n	
	·	rect staff member shall be		Strategies and Efforts to comply with th	e	
	signed in to work as a CNA and shall perform			State s Staffing Ratios		
	nurse aide duties: and			have been in progress, which include b	ut	
	One direct care ata	ff member to even 11		are not limited to the following:	.#	
		ff member to every 14 ght shift, provided that each		<ul> <li>Offer Sign on bonuses to attract state</li> <li>Recruitment bonus to encourage</li> </ul>	111	
		mber shall sign in to work as		referrals from current staff		
	a CNA and perform			o Offering daily and weekend bonuse	es	
	-	-		to attract overtime or PRN staff shifts		
	As per the "Nursing	Staffing Reports" completed		o Aggressively running ads in various	6	
		e weeks 1/9/2022 and		social media and other online job postir	ng	
		ing to residents' ratios that did		websites.		
		um requirement of 1 CNA to 8		o Flexible shifts and schedules		
	residents for the da	y shift as documented below:		o Increased wages to be well above		
	The facility was def	icient in CNA staffing for		state minimum o Increased expedience of getting sta	off	
		14 day shifts as follows:		on board by offering Orientation every		
				week.		
	- 01/09/22 had 1	4 CNAs for 149 residents on		o Working with C.N.A. schools to rec	ruit	
	the day shift, requir			new grads and to send temporary Nurs	ing	
		1 CNAs for 149 residents on		Assistants for certification		
	the day shift, requir			o Initiating Temporary Nursing Aides		
		2 CNAs for 148 residents on		o Currently have contracts with 9		
	the day shift, requir	ed 19 CNAs. 6 CNAs for 147 residents on		staffing agencies.		
	the day shift, requir			Will have a job fair for Temporary Nursing Assistants and Certified Nursin	a	
		6 CNAs for 146 residents on		Assistants.	Э	
	the day shift, requir			MONITORING OF CORRECTIVE		
		5 CNAs for 146 residents on		ACTIONS		
	the day shift, requir			¿ Staffing Coordinator or designee w	ill	
		3 CNAs for 146 residents on		provide weekly reports to the Director of		

07J811

If continuation sheet 2 of 4

STATEMEN	New Jersey Department of Health           STATEMENT OF DEFICIENCIES         (X1) PROVIDER/SUPPLIER/CLIA           AND PLAN OF CORRECTION         IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		DENTIFICATION NOWDER.	A. BUILDING:		COMPLETED	
		060301	B. WING		01/25/2022	
	PROVIDER OR SUPPLIER		DRESS, CITY, S Set Road Ston, NJ 08	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE CON	(X5) MPLETE DATE
S 560	the day shift, requi - 01/16/22 had 9 the day shift, requi - 01/17/22 had 1 the day shift, requi - 01/18/22 had 1 the day shift, requi - 01/20/22 had 1 the day shift, requi - 01/21/22 had 1 the day shift, requi - 01/21/22 had 1 the day shift, requi - 01/22/22 had 1 the day shift, requi - 01/25/2022 at 10:12 said A-Wing had a had 4 nurses (inclu for the day shift. During an interview 1/25/2022 at 1:21 I responsible for sta the minimum staffii homes, implement staffing person were residents, 3 to 11 is night is 1 to 14. So surveyor then quest the facility was cur established CNA s staffing person ress meeting the required staff. I think we are agencies at this timestaft.	red 19 CNAs. P CNAs for 145 residents on red 19 CNAs. P CNAs for 142 residents on red 18 CNAs. P CNAs for 142 residents on red 18 CNAs. P CNAs for 141 residents on red 18 CNAs. P CNAs for 138 residents on red 18 CNAs. P CNAs for 138 residents on red 18 CNAs. P CNAs for 137 residents on red 18 CNAs. P CNAs for 137 residents on red 18 CNAs. P CNAS for 137 residents on red 18 CNAs. P With the surveyor on P AM, the Unit Manager (UM) census of 39 residents and uding the UM) and 4 CNA staff P M, the facility employee ffing said she was familiar with ng requirements for nursing ed on 2/1/2021 for CNA's. The nt on to say "Daytime is 1 to 8 s, I feel like, is 1 to 10, and mething like that." The stioned the staffing person if rently meeting the minimum taffing requirements. The ponded, "No, we are not ements. We don't have enough e using seven different staffing		Nursing and Administrator regardir efforts made to try to comply with t State s Staffing Ratios. Reports will be submitted to the Q/ Committee monthly for 3 months th quarterly thereafter. ¿ Director of Human Resources submit monthly reports to document status of all recruitment efforts. Di of Human Resources will report me to the QAPI Committee for 3 month quarterly thereafter.	he API nen will nt rector onthly	

07J811

New Jersey Department of Health           STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION         (X1) PROVIDER/SUPPLIER/CLI/ IDENTIFICATION NUMBER:           060301		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COM	(X3) DATE SURVEY COMPLETED	
		060301	B. WING		01/	01/25/2022	
IAME OF	PROVIDER OR SUPPLIER	<b></b>	DDRESS, CITY, ST	ATE, ZIP CODE	, • ···		
OMPLI	ETE CARE AT BURLIN		SET ROAD GTON, NJ 080 <sup>.</sup>	16			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	ION SHOULD BE	(X5) COMPLET DATE	
S 560	Emergency Staffing Updated: 05/2021,	did not include information mandated minimum direct	S 560				

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