

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>060312</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/07/2022</b>
--------------------------------------------------	-------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER  <b>STERLING MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>794 N FORKLANDING ROAD MAPLE SHADE, NJ 08052</b>
-----------------------------------------------------------	--------------------------------------------------------------------------------------------------

(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 interview, and record review, it was determined that the facility failed to ensure staffing ratios were met for 1 of 14 day shifts (7:00 AM to 3:00 PM) reviewed and this deficient practice had the potential to affect all residents.  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:	S 560	0560  Specific Issue  After being advised post Complaint Visit that the facility was out of compliance on 10/23 7-3 shift regarding minimum state requirements for CNAs, the Administrator reviewed the Staffing information provided by the Staffing Coordinator during the Compliant Visit and discovered an error. The Nursing Daily Sheet reflected 12 CNAs worked on 7-3 10/23, not 11. This information was passed along to DOH.  Identification of Similar Issues	11/28/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  11/28/22
----------------------------------------------------------------------------------------------------	-------	---------------------------

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>060312</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/07/2022</b>
--------------------------------------------------	-------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER  <b>STERLING MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>794 N FORKLANDING ROAD MAPLE SHADE, NJ 08052</b>
-----------------------------------------------------------	--------------------------------------------------------------------------------------------------

(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>One Certified Nurse Aide (CNA) 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 CNAs, and each direct staff member shall be signed in to work as a CNA 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 CNA and perform CNA duties.</p> <p>As per the "Nurse Staffing Report" completed by the facility for the weeks of 10/23/2022 to 10/29/2022 and 10/30/2022 to 11/05/20220 for the 11/07/2022 complaint survey, the staffing-to-resident ratios that did not meet the minimum requirement of 1 CNA to 8 residents for the day shift.</p> <p>On 10/23/22 the facility had 11 CNAs for 98 residents on the day shift and was required to have 12 CNAs.</p> <p>On 11/14//22 at 11:40 AM, the surveyor interviewed the facility Licensed Nursing Home Administrator that indicated that on 10/23/22 day shift a CNA must have called out and that they were not able to find coverage.</p> <p>NJAC 8:39-5.1(a)</p>	S 560	<p>The Staffing Coordinator brings the Daily Nursing Staffing Sheet for the prior day as well as current day to the facility's daily Operational Meeting.</p> <p>Systemic</p> <p>In August shortly after hire, the Administrator implemented a Staffing Committee that meets frequently to review and implement recruitment and retention strategies affecting both CNAs and Licensed Nurses. This has resulted in the facility much more consistently achieving/exceeding state mandated minimum staffing levels.</p> <p>Monitoring</p> <p>Since August, the Administrator has been submitting a monthly report to the facility's QAPI Committee with regard to comparing the frequency of the facility meeting the state minimum staffing requirements. As noted, in addition, staffing is reviewed daily by the Administrator, Staffing Coordinator and Nursing Management at the daily Operational Meeting as well as during the facility Staffing Committee Meetings.</p>	