STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04007	A. BUILDING: _____ B. WING _____	C 07/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROMEDICA SKILLED NURSING & REHAB (VC	113 SOUTH ROUTE 73 VOORHEES, NJ 08043

(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: COMPLAINT # NJ 00153312 COMPLAINT # NJ 00153399 Based on interviews, and review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff-to-resident ratios for the day and evening shifts. This was evident for 18 of 21 day shifts and 4 of 21 evening shifts reviewed. 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	S 560	No patients were effected by this deficient finding of CNA staffing ratios above minimum requirements. All patients have the potential to be affected by this deficient finding of CNA ratios above minimum requirements. CNA staff schedules are projected to meet the regulated ratios. All efforts are made to immediately back fill vacant shifts due to last minute call outs. Administrator or designee will conduct labor workforce meetings with scheduling coordinator, human resources director ,	8/31/22

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

Electronically Signed | 08/15/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04007	A. BUILDING: _____ B. WING _____	C 07/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROMEDICA SKILLED NURSING & REHAB (VC	113 SOUTH ROUTE 73 VOORHEES, NJ 08043

(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	Continued From page 1 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. "Direct care staff member" means any registered professional nurse, licensed practical nurse, or certified nurse aide who is acting in accordance with that individual's authorized scope of practice and pursuant to documented employee time schedules. The following ratio(s) were effective on 02/01/2021: One 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. As per the "Nurse Staffing Report" completed by the facility for the weeks of 01/23/22-01/29/22, 03/13/22-03/19/22 and 07/17/22-07/23/22, the staffing-to-resident ratios that did not meet the minimum requirement of one CNA to eight residents for the day shift are documented below: -01/23/22 had 9 CNAs for 93 residents on the day shift, required 12 CNAs. -01/24/22 had 8 CNAs for 93 residents on the day shift, required 12 CNAs. -01/25/22 had 8 CNAs for 90 residents on the	S 560	ADON/staff development and nurse leadership to review turn over , open positions, recruitment job postings, candidate interviews, and new hire start dates 3 days per week for 4 weeks. Recruitment and retention initiatives include but are not limited to sign-on bonuses, referral bonuses, premium pay bonus to work vacant shifts, clinical training site for local nurse aide training program and LPN students , employer sponsored training reimbursement. Open positions posted on staffing portals with multiple staffing agencies. Human Resource Director or designee will report recruitment and retention data trends to QAPI committee monthly X 3 months.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04007	A. BUILDING: _____ B. WING _____	C 07/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROMEDICA SKILLED NURSING & REHAB (VC	113 SOUTH ROUTE 73 VOORHEES, NJ 08043

(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	Continued From page 2 day shift, required 11 CNAs. -01/26/22 had 8 CNAs for 90 residents on the day shift, required 11 CNAs. -01/27/22 had 8 CNAs for 88 residents on the day shift, required 11 CNAs. -01/28/22 had 8 CNAs for 88 residents on the day shift, required 11 CNAs. -01/29/22 had 6 CNAs for 88 residents on the day shift, required 11 CNAs. -03/13/22 had 7 CNAs for 68 residents on the day shift, required 8 CNAs. -03/14/22 had 7 CNAs for 68 residents on the day shift, required 8 CNAs. -03/15/22 had 6 CNAs for 68 residents on the day shift, required 8 CNAs. -03/17/22 had 5 CNAs for 68 residents on the day shift, required 8 CNAs. -03/18/22 had 7 CNAs for 64 residents on the day shift, required 8 CNAs. -03/19/22 had 6 CNAs for 64 residents on the day shift, required 8 CNAs. -07/17/22 had 6 CNAs for 64 residents on the day shift, required 7 CNAs. -07/18/22 had 5 CNAs for 54 residents on the day shift, required 7 CNAs. -07/19/22 had 5 CNAs for 54 residents on the day shift, required 7 CNAs. -07/20/22 had 3 CNAs for 54 residents on the day shift, required 7 CNAs. -07/22/22 had 6 CNAs for 59 residents on the day shift, required 7 CNAs. As per the "Nurse Staffing Report" completed by the facility for the weeks of 01/23/22-01/29/22 and 07/17/22-07/23/22, the staffing-to-resident ratios that did not meet the minimum requirement of one CNA to 10 residents for the evening shifts are documented below:	S 560		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04007	A. BUILDING: _____ B. WING _____	C 07/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROMEDICA SKILLED NURSING & REHAB (VC	113 SOUTH ROUTE 73 VOORHEES, NJ 08043

(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	Continued From page 3 -01/23/22 had 8 CNAs to 18 total staff on the evening shift, required 9 CNAs. -01/29/22 had 5 CNAs to 15 total staff on the evening shift, required 7 CNAs. -07/18/22 had 5 CNAs to 12 total staff on the evening shift, required 6 CNAs. -07/22/22 had 6 CNAs to 14 total staff on the evening shift, required 7 CNAs. During an interview with the surveyor on 07/28/22 at 2:48 PM, the Staffing Manager stated that the staff-to-resident ratios were 1:8 on day shift, 1:10 on evenings and 1:14 on night shift. NJAC 8:39-5.1(a)	S 560		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
04007 Y1	A. Building B. Wing Y2	10/5/2022 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
PROMEDICA SKILLED NURSING & REHAB (VOORHEES EAST)	113 SOUTH ROUTE 73 VOORHEES, NJ 08043

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 08/31/2022	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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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

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 7/28/2022	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ **YES** ☐ **NO**			

 EVENT ID: 3MEK12