## PRINTED: 09/15/2021 FORM APPROVED

AND PLAN OF CORRECTION IDE		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION ( A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED 02/24/2021	
		30707			02/		
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE, ZIP CODE			<u> </u>	
GREEN H	HLL		ASANT VALLE RANGE, NJ 07				
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
S 000	WITH THE STAND ADMINISTRATIVE STANDARDS FOR TERM CARE FACI SUBMIT A PLAN O INCLUDING A COM DEFICIENCY AND	MPLETION DATE, FOR EACH ENSURE THAT THE PLAN IS FAILURE TO CORRECT	-				
S1405	WITH THE PROVIS JERSEY ADMINIS CHAPTER 43E, EN LICENSURE REGU		S1405			3/31/21	
	complete a health h examination perform advanced practice physician assistant first day of employr the new employee assessment by a re- upon employment, practice nurse's exa- up to 30 days from The facility shall es- the completeness of employees.	require all new employees to history and to receive an med by a physician or nurse, or New Jersey licensed , within two weeks prior to the nent or upon employment. If receives a nursing egistered professional nurse the physician's or advanced amination may be deferred for the first day of employment. tablish criteria for determining of physical examinations for					
		NT IS NOT THET AS EVIDENCED					

6899

If continuation sheet 1 of 3

## PRINTED: 09/15/2021 FORM APPROVED

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 02/24/2021	
		30707				
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
GREEN I	LIII 1	103 PLEA	SANT VALL	EY WAY		
GREEN		WEST OF	RANGE, NJ	07052		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	ACTION SHOULD BE CO TO THE APPROPRIATE	
S1405	Continued From pa	ge 1	S1405			
	by: Based on interview and review of facility documentation, it was determined that the facility failed to ensure that all newly hired employees had required physical examination (exam) by the physician within two weeks prior to the first date or upon employment. This deficient practice was identified for 4 of 5 new hired employees whose personnel record were reviewed, as was evidenced by the following:			Element 1: The facility will ensure that all new employees receive a physical within 2 weeks of their first day of employments. A complete audit of the hiring and onboarding process was conducted to assure that all required documentation for new hires is properly completed to NJ standards. All hires with deficient documentation was sent for timely		
	the new hired empl provided by the Lice Administrator (LNH information: The Certified Nursin	he Certified Nursing Aide (CNA) was hired on /14/21 and had a physical exam by the physician		<ul> <li>physicals.</li> <li>Element 2:</li> <li>The Chief Human Resource Off (CHRO) completed an audit to a new hire paperwork was being a timely.</li> <li>Element 3:</li> </ul>	ource Officer, audit to ensure the	
	The Licensed Pract	tical Nurse (LPN) was hired on physical exam by the ⁄20.		The policy for onboarding new e was reviewed to include the new revisions according to the NJ st	cessary andards.	
		Physical Therapist (PT) was hired on 1/25/21 had a physical exam by the physician on 6/20.		All HR staff were educated regarequirements for new employee The Administrator will audit new	s. hire files	
	The Housekeeper (HK) was hired on 1/16/21 and had a physical exam by the physician on 12/19/20.			prior to an employee starting to new hires have completed their within 2 weeks of their start date	physical	
	and HK's physician	ve facility-provided ealed that the CNA, LPN, PT, physical exam was done ks before their hire dates.		Element 4: The Chief Human Resource Off (CHRO)or his designee will aud employee files weekly to ensure hire physicals are completed to standard x 4, and then monthly.	lit new e all new the	
	On the same day, a	at 11:05 AM, the LNHA		the HR audits will be tracked an		

STATE FORM

3MSE11

If continuation sheet 2 of 3

## PRINTED: 09/15/2021 FORM APPROVED

New Jersey Department of Heat           STATEMENT OF DEFICIENCIES         ()           AND PLAN OF CORRECTION         ()		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 02/24/2021	
		30707				
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
GREEN		103 PLEA	SANT VALL	EY WAY		
GREEN		WEST OR	RANGE, NJ	07052		
(X4) ID PREFIX TAG	(EACH DEFICIENC)		ID PREFIX TAG	CROSS-REFERENCED TO TH	TION SHOULD BE COMPLET THE APPROPRIATE DATE	
S1405	Continued From pa	ige 2	S1405			
S1405	Continued From page 2 informed the surveyor that the facility utilized an agency for hiring new employees. On that same date and time, the LNHA provided a piece of paper undated and untitled that included, "Latest Physical exam (Statement of Good health, within 10 months of application)." The LNHA informed the surveyor that the piece of paper was the facility policy for hiring new employees. She further stated, "this is our policy." On 2/23/21 at 1:58 PM, the survey team met with the LNHA, Director of Nursing (DON), and discussed the above concerns. The LNHA stated that she was aware of the state regulations about the new hire employees' physical examinations that should be done within two weeks before the first day of employment and that "corporate was aware of the problem." NJAC 8:39-19.5 (a)			CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		

3MSE11