

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>158336</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/17/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PROMEDICA SKILLED NURSING &amp; REHAB - V</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1086 DUMONT CIRCLE VOORHEES, NJ 08043</b>
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(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 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 shift as mandated by the State of New Jersey. This was evident for 13 of 14-day 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 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	S 560	Staffing Coordinator was educated by the Director Of Nursing on the required minimum direct care staff to resident ratios on 9/10/21.  A Comprehensive review of current staffing ratios was completed by staffing coordinator and Director Of Nursing, with a look back of 9/1/2021-current will be reviewed to ensure minimum direct care staff to resident Ratios are met.  To prevent the deficient practice from re-occurrence the Staffing Coordinator will be educated on the "Focus of S560" on or before the date of compliance. A comprehensive review of recruitment and	10/19/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  10/01/21
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S 560	<p>Continued From page 1 effective on 02/01/2021:</p> <p>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 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.</p> <p>As per the "Nurse Staffing Report" completed by the facility for the weeks of 08/22/21-08/28/21 and 08/29/21-09/04/21, the staffing to resident ratios that did not meet the minimum requirement of 1 CNA to 8 residents for the day shift as documented below:</p> <ul style="list-style-type: none"> <li>- 08/22/21 had 11 CNAs for 105 residents on the day shift.</li> <li>- 08/23/21 had 10 CNAs for 101 residents on the day shift.</li> <li>- 08/24/21 had 10 CNAs for 101 residents on the day shift.</li> <li>- 08/25/21 had 10 CNAs for 101 residents on the day shift.</li> <li>- 08/26/21 had 8 CNAs for 101 residents on the day shift.</li> <li>- 08/27/21 had 12 CNAs for 104 residents on the day shift.</li> <li>- 08/28/21 had 11 CNAs for 104 residents on the day shift.</li> <li>- 08/29/21 had 10 CNAs for 104 residents on the day shift.</li> <li>- 08/31/21 had 12 CNAs for 106 residents on</li> </ul>	S 560	<p>applications of current job postings will be completed by Director of Nursing/designee to ensure timely recruiting and on-boarding are being met to assist in filling the needs of the facility. Current job postings are posted online for Certified Nursing Aids, Registered Nurses, and Licensed Practical Nurses. Walk-In applicants are given an interview on the spot by Director of Nursing/Human Resources to recruit in a timely manner.</p> <p>The Director Of Nursing/designee will review staffing schedules weekly x4 weeks to ensure required minimum direct care staff to resident ratios are met accordingly to regulation. Results will be reviewed with QA&amp;A weekly until substantial compliance is met and the reports will e reviewed with monthly QA.</p>	

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S 560	<p>Continued From page 2</p> <p>the day shift.</p> <ul style="list-style-type: none"> <li>- 09/1/21 had 10 CNAs for 105 residents on the day shift.</li> <li>- 09/2/21 had 12 CNAs for 105 residents on the day shift.</li> <li>- 09/3/21 had 10 CNAs for 105 residents on the day shift.</li> <li>- 09/4/21 had 10 CNAs for 105 residents on the day shift.</li> </ul> <p>During an interview with the surveyor on 09/17/21 at 02:37 PM with Director of Nursing, Administrator and Regional Director of Operations (RDO), the RDO stated that the facility had been conducting ongoing recruiting as well as accepting walk ins. The facility had posted positions on-line and have been conducting orientation weekly. The facility had been challenged in meeting the mandate in nursing. but have not had to use agency nursing. The RDO further stated that they tried to create an environment where the staff would stay and not leave for another position.</p> <p>NJAC 8:39-5.1(a)</p>	S 560		
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## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 158336	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/1/2021
Y1	Y2	Y3
NAME OF FACILITY PROMEDICA SKILLED NURSING & REHAB - VOORHEES WEST		STREET ADDRESS, CITY, STATE, ZIP CODE 1086 DUMONT CIRCLE 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	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	10/19/2021	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 9/17/2021		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		