PRINTED: 07/14/2022 FORM APPROVED

New Jersey Department of Health

, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		061224	B. WING		03/29	/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE		
CRANBUF	RY CENTER		EGARTH ROAL			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES			ID PROVIDER'S PLAN OF CORRECTION		١	(X5)
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)		COMPLETE DATE
S 000	Initial Comments		S 000			
	WITH THE STANDAR ADMINISTRATIVE CONTROL STANDARDS FOR LITERM CARE FACILITIES UBMIT A PLAN OF INCLUDING A COMPUTE DEFICIENCY AND EINPLEMENTED. FAILD DEFICIENCIES MAY ENFORCEMENT ACTUMENT THE PROVISION	PLETION DATE, FOR EACH NSURE THAT THE PLAN IS LURE TO CORRECT RESULT IN TION IN ACCORDANCE DNS OF THE NEW PATIVE CODE, TITLE 8, ORCEMENT OF				
S 560	8:39-5.1(a) Mandator (a) The facility shall c Federal, State, and lo regulations.	omply with applicable	S 560		Ę	5/11/22
	by: Based on interview and documentation, it was failed to maintain the care staff to resident in mandated by the Stat facility was deficient in day shifts as follows: Findings include: Reference: New Jerse (NJDOH) memo, date with N.J.S.A. (New Jerse)	ris not met as evidenced and review of pertinent facility a determined that the facility required minimum direct ratios for the day shift as e of New Jersey. The an CNA staffing for 12 of 14 rey Department of Health and 01/28/2021, "Compliance ersey Statutes Annotated) um staffing requirements for		The facility will continue to ensure the required minimum direct care staff to resident ratios for the day shift is maintained as Mandated by the State New Jersey. One: Actions taken for the situatio identified: - All residents in the facility were affected by the deficient practice on the dates and shift noted. The facility will maintain the NJ minimum direct care storesident ratios. Two: Identification of other situation that have the potential to be affected:	of n ne staff	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Electronically Signed

04/15/22

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New Jersey Department of Fleatin						
STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	IED
		004224	B. WING		00/00	V0000
		061224	1		03/29	/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	ATE, ZIP CODE		
		292 APPL	EGARTH ROA	D		
CRANBU	RY CENTER		TOWNSHIP, N			
	OLIMANA DV OT		1	1		
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE		DATE
				DEFICIENCY)		
0.500	0 " 15	,	0.500			
S 560	Continued From page 1		S 560			
	nursing homes," indicated the New Jersey			- All residents within the facility have	e the	
	Governor signed into			potential to be affected by this deficien		
	•	0:13-18 (the Act), which		practice.		
		staffing requirements in		Three: System measures and change	96	
	nursing homes. The f			that will be made:		
	effective on 02/01/202	÷ , ,				
	ellective off 02/01/20/	21.		The Administrator, Director of Nur and Staffing Coordinator were re-educ on the NJ minimum staffing mandate. The facility will provide the providence of the providence		
	O O4:6:1 N 1	\:\-\(\O\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
		Aide (CNA) to every eight				
	residents for the day	SNITT.		- The facility will continue its recrui		
				efforts using various forms of media to		
	One direct care staff i			increase the number of applicants.		
		ning shift, provided that no		- Agency contracts will be posted t	I	
		staff members shall be		bring in outside staff for staffing suppo		
	CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and			- Agency staff is currently being uti	I	
				to help maintain staff to resident ratios	s per	
				NJ minimum staffing mandate.		
				The facility will convert temporar	y	
	One direct care staff member to every 14		CNAs into permanent CNAs.			
	residents for the night	t shift, provided that each	The facility will also have we			
	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 2/27/22 and 3/6/22, the staffing to resident ratios did not meet the			staffing/labor/recruitment calls with the regional support team and as needed.		
				- Candidates being interviewed for	r	
				CNA training class to be held at the fa	cility	
				July 2022.		
	minimum requirement of 1 CNA to 8 residents for			Four: Monitoring mechanisms to a	ssure	
	12 of 14 day shifts as documented below:			compliance:		
		ent in CNA staffing for		- The Human resources Manager,		
	residents on 12 of 14			Staffing Coordinator and the Director	of	
		,		Nursing will manage a list of on-going		
	-02/27/22 had	11 CNAs for 103 residents		recruiting efforts and document the re		
	on the day shift, requi			of these attempts five days a week x		
		10 CNAs for 103 residents		1month, then weekly thereafter.		
	on the day shift, required 13 CNAs03/01/22 had 10 CNAs for 103 residents on the day shift, required 13 CNAs.			- The Administrator will audit daily		
				staffing sheets to determine if the facil	litv is	
				meeting the minimum staff to resident		
		11 CNAs for 102 residents		ratios weekly.	·	
				The Administrator/ Director of Nu	reing	
	on the day shift, required 13 CNAs03/04/22 had 11 CNAs for 102 residents			or designee, will report, monthly, the	ionig,	
	on the day shift, requi			findings to the QAPI Committee. The		
	on the day Sillit, requi	IIGU IJ CINAS.	1	I midnigs to the WAFI Committee. The		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED		
		061224	B. WING		03/29/2022		
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	ATE, ZIP CODE			
CRANBURY CENTER 292 APPLEGAR MONROE TOW				GARTH ROAD DWNSHIP, NJ 08831			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE		
S 560	on the day shift, requirons/07/22 had on the day shift, requirons/08/22 had on the day shift, requirons/09/22 had on the day shift, requirons/10/22 had on the day shift, requirons/12/22 had on the day shift, requirons/15 AM, the Payrons/15 A	12 CNAs for 106 residents red 14 CNAs. 12 CNAs for 104 residents red 13 CNAs. 12 CNAs for 104 residents red 13 CNAs. 11 CNAs for 104 residents red 13 CNAs.	S 560	QAPI Committee will evaluate and determine the effectiveness of the pla ensure substantial compliance is achi and determine if further monitoring an evaluation is required.	eved		