

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315390</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/15/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>CRANFORD PARK REHABILITATION &amp; HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>600 LINCOLN PARK EAST CRANFORD, NJ 07016</b>		
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F 000	INITIAL COMMENTS  Complaint #: NJ145559 and NJ143545 Census: 60 Sample Size: 8  The facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B. for Long Term Care Facilities based on this complaint survey.	F 000			
F 684 SS=D	Quality of Care CFR(s): 483.25  § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Complaint Intake #NJ143545  Based on observations, interviews, medical record and facility policy reviews, it was determined that the facility failed to properly apply [REDACTED] briefs for one (Resident [REDACTED]) of three residents reviewed for improper [REDACTED] care.  Findings included:  1. The facility admitted Resident [REDACTED] with diagnoses that included [REDACTED]. The quarterly Minimum Data Set (MDS), dated [REDACTED], revealed the resident's	F 684	F684 Specific Corrective Action  Resident [REDACTED] was provided with [REDACTED] [REDACTED] was use on the resident C.N.A. #2 was re-educated regarding [REDACTED] protocol and to use [REDACTED] to all residents that [REDACTED] C.N.A #2 was issued a disciplinary action by suspension. All staff were re-educated on [REDACTED] protocol and the appropriate use of [REDACTED] brief  Identification	12/6/21	

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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 684	<p>Continued From page 1</p> <p>Brief Interview for Mental Status (BIMS) score was [redacted] out of [redacted], which indicated Resident #2 had [redacted]. The resident required dependent assistance with 2-person physical assistance with bed mobility, transfers, and bathing, and was dependent with activities of daily living (ADLs).</p> <p>A review of Resident [redacted]'s care plan, dated [redacted] indicated the resident had the potential for [redacted] due to [redacted] with the goal to be free of [redacted]. Interventions included to follow [redacted] protocol. The resident was always [redacted] of [redacted].</p> <p>On 11/13/2021 at 2:25 PM, an observation was made of Certified Nurse Aide (CNA) #3 performing [redacted] care on Resident #2. Resident [redacted] was observed to have on [redacted]. The [redacted] was dry and the [redacted] closest to the resident's body was [redacted]. CNA #3 performed [redacted] care on Resident [redacted] with water and soap in a bath basin. No concerns were identified with the [redacted] care. Resident [redacted] had no [redacted] on the skin. No odors were detected.</p> <p>An interview was conducted on 11/13/2021 at 2:33 PM with CNA #3. She indicated she did not know why Resident [redacted] had on [redacted] briefs. CNA #3 indicated Resident [redacted] was not her resident, and she was just providing [redacted] care to Resident [redacted]. CNA #3 stated another CNA gave the resident a bath that morning. CNA #3 indicated she did not put [redacted] briefs on residents and stated, "I only use [redacted] brief."</p> <p>The surveyor attempted to contact the CNA who provided morning care to Resident [redacted] but was</p>	F 684	<p>All residents have the potential to be affected by this deficient practice</p> <p>Systemic Changes</p> <p>All staff will be re-educated regarding [redacted] protocol and appropriate use [redacted], and all new hire will be in-service about incontinent protocol and appropriate use of the [redacted] brief upon orientation</p> <p>[redacted] rounds policy will be instituted. Staff will make [redacted] rounds three times per shift to ensure that residents are keep clean and dry. Staff (nursing assistants) will sign the [redacted] log form during the rounds and will submit to the nurse at the end of the shift.</p> <p>Monitoring</p> <p>A monthly audit will be done by DON/designee on [redacted] care protocol and random rounds on appropriate use of [redacted] brief monthly X3 months. Report will be submitted to the administrator and will be discussed during the quarterly meeting.</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED  
OMB NO. 0938-0391

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F 684	<p>Continued From page 2 unsuccessful.</p> <p>An interview was conducted on 11/13/2021 at 3:18 PM with the Director of Nursing (DON). The DON indicted the CNA who provided Resident [REDACTED] morning activities of daily living (ADL) care had gone home for the day. The DON stated she was going to contact the CNA to see why Resident [REDACTED] had on [REDACTED] briefs. The DON indicated it was unacceptable for staff to [REDACTED] brief [REDACTED] [REDACTED] ) a resident, and staff would be re-educated.</p> <p>During an interview on 11/14/2021 at 12:04 PM with the Administrator, he indicated the facility was not having a problem with [REDACTED] briefing. He indicated staff had been educated, and they had a family that wanted their family member to be [REDACTED] briefed. However, the family was informed they did not do that in the facility.</p> <p>New Jersey Administrative Code 8:39-27.3(c)</p>	F 684			

New Jersey Department of Health

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S 000	<p>Initial Comments</p> <p>Complaint #: NJ143545 and NJ145559 Census: 60 Sample Size: 8</p> <p>TYPE OF SURVEY: Complaint Survey</p> <p>The facility is not in substantial compliance with all the standards in the New Jersey Administrative Code 8:39, Standards for Licensure of Long-Term Care Facilities.</p> <p>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 provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p>	S 000		
S 560	<p>8:39-5.1(a) Mandatory Access to Care</p> <p>(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint Intake #NJ143545</p> <p>Based on interviews, facility document review, and New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, it was determined that the facility failed to ensure staffing ratios were met for three of 14 shifts reviewed. This deficient practice had the potential to affect all residents.</p> <p>Findings included:</p> <p>Reference: New Jersey Department of Health</p>	S 560	<p>S560 Specific Corrective Action The facility will continue to advertise for C.N.A to cover staffing requirements. Facility instituted sign on bonus and employee referral programs. Salary survey is being done within the area to attract new staff and retain employees.</p> <p>Identification</p> <p>All residents have the potential to be</p>	12/6/21

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S 560	<p>Continued From page 1</p> <p>(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:</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 CNA 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>1. A review of the "Nurse Staffing Report," completed by the facility for the weeks of 10/31/2021 through 11/13/2021, revealed staff-to-resident ratios that did not meet the minimum requirements as listed below:</p> <p>10/31/2021 had 6 CNAs for 57 residents on the day shift, required 8 CNAs. 11/06/2021 had 7 CNAs for 57 residents on the day shift, required 8 CNAs. 11/07/2021 had 6 CNAs for 57 residents on the day shift, required 8 CNAs.</p> <p>During an interview on 11/14/2021 at 4:00 PM with the Administrator, he stated, "Our facility daily staffing schedule is fully staffed to meet the</p>	S 560	<p>affected by this deficient practice</p> <p>Systemic Changes</p> <p>The facility staffing coordinator will ensure to adhere to the new staffing requirements by checking the staffing daily, provide replacement for any call outs and approved days off DON/designee will review C.N.A. monthly schedule to ensure appropriate coverage is in place DON/designee will approve all time off request to ensure that staffing coverage before approval on any request Staffing Coordinator will provide a monthly call out report to the DON</p> <p>Monitoring The DON/designee will conduct a monthly QAPI on staffing schedule report monthly x 3 months. Report will be submitted to the administrator and will be discuss during the quarterly meeting</p>	
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S 560	Continued From page 2  states requirement but unfortunately with last minute call outs we are very limited with finding replacements due to the shortage of healthcare employees applying for the job, and the limited agency availability in such notice. We offer our own staff overtime pay to come in to cover the callout. We have ads running online for open positions with signup bonus which we were expecting better results. Thanks for understanding our situation in these difficult times."	S 560		