

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>031103</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>12/21/2021</b>
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

**MORRIS HALL/ST JOSEPH'S NURSING CENTE 1 BISHOPS DRIVE  
LAWRENCEVILLE, NJ 08648**

(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 WAS 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 observation, interview, and review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey. This deficient practice was evidenced by the following:  Reference: NJ State requirement, CHAPTER 112. An Act concerning staffing requirements for nursing homes and supplementing Title 30 of the Revised Statutes.	S 560	1. Immediate action(s) taken for the resident(s) found to have been affected include: No residents were affected. 2. Identification of other residents having the potential to be affected was accomplished by: All residents have the potential to be affected by this practice. 3. Actions taken/systems put into place to reduce the risk of future occurrence include:	1/13/22

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

TITLE

(X6) DATE

Electronically Signed

01/07/22

New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER  <b>MORRIS HALL/ST JOSEPH'S NURSING CENTE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1 BISHOPS DRIVE LAWRENCEVILLE, NJ 08648</b>		
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S 560	<p>Continued From page 1</p> <p>Be It Enacted by the Senate and General Assembly of the State of New Jersey: C.30:13-18 Minimum staffing requirements for nursing homes effective 2/1/21.</p> <p>1. a. Notwithstanding any other staffing requirements as may be established by law, every nursing home as defined in section 2 of P.L.1976, c.120 (C.30:13-2) or licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall maintain the following minimum direct care staff -to-resident ratios:</p> <p>(1) one certified nurse aide to every eight residents for the day shift.</p> <p>(2) 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 certified nurse aides, and each staff member shall be signed in to work as a certified nurse aide and shall perform certified nurse aide duties.</p> <p>(3) 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 certified nurse aide and perform certified nurse aide duties.</p> <p>b. Upon any expansion of resident census by the nursing home, the nursing home shall be exempt from any increase in direct care staffing ratios for a period of nine consecutive shifts from the date of the expansion of the resident census.</p> <p>c. (1) The computation of minimum direct care staffing ratios shall be carried to the hundredth place.</p> <p>(2) If the application of the ratios listed in subsection a. of this section results in other than a whole number of direct care staff, including certified nurse aides, for a shift, the number of</p>	S 560	<p>Bonus structure implemented to encourage increases staffing.</p> <p>Facility has partnered with agency staffing companies to increase staffing coverage.</p> <p>4. How the corrective action(s) will be monitored to ensure the practice will not recur:</p> <p>Staffing Coordinator will submit daily schedule at least one day prior for review to the Director of Nursing or designee for 3 months, until such time consistent substantial compliance has been achieved.</p> <p>Audit results will be reviewed by the Quality Assurance Committee meeting quarterly until such time consistent substantial compliance has been achieved as determined by the committee.</p>	

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NAME OF PROVIDER OR SUPPLIER  <b>MORRIS HALL/ST JOSEPH'S NURSING CENTE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1 BISHOPS DRIVE LAWRENCEVILLE, NJ 08648</b>		
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S 560	<p>Continued From page 2</p> <p>required direct care staff members shall be rounded to the next higher whole number when the resulting ratio, carried to the hundredth place, is fifty-one hundredths or higher.</p> <p>(3) All computations shall be based on the midnight census for the day in which the shift begins.</p> <p>d. Nothing in this section shall be construed to affect any minimum staffing requirements for nursing homes as may be required by the Commissioner of Health for staff other than direct care staff, including certified nurse aides, or to restrict the ability of a nursing home to increase staffing levels, at any time, beyond the established minimum ...</p> <p>1. For the 2 weeks of staffing for the main building, the facility was deficient in Certified Nursing Assistant (CNA) staffing for residents on 4 of 14 day shifts as follows:</p> <ul style="list-style-type: none"> <li>- 11/21/21 had 11 CNAs for 95 residents on the day shift, required 12 CNAs.</li> <li>- 11/28/21 had 11 CNAs for 95 residents on the day shift, required 12 CNAs.</li> <li>- 12/03/21 had 11 CNAs for 96 residents on the day shift, required 12 CNAs.</li> <li>- 12/04/21 had 11 CNAs for 95 residents on the day shift, required 12 CNAs.</li> </ul> <p>2. For the 2 weeks of staffing at the Meadows House #2, the facility was deficient in CNA staffing for residents on 1 of 14 day shifts as follows:</p> <ul style="list-style-type: none"> <li>- 12/01/21 had 1 CNA for 9 residents on the day shift, required 2 CNAs.</li> </ul> <p>On 12/9/21 at 9:58 AM, the surveyor interviewed a CNA in Meadows House #6 who stated that</p>	S 560		

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S 560	<p>Continued From page 3</p> <p>morning activities were not being done because she was the only CNA available and had elders (residents) to care for.</p> <p>On 12/16/21 at 9:20 AM, the Licensed Nursing Home Administrator stated the staff regulations for CNAs to residents was on 7 AM-3 PM shift 1 CNA to 8 residents, on 3 PM-11PM shift 1 CNA to 8 residents, and on the 11 PM-7 AM shift 1 CNA to 14 residents.</p> <p>On 12/16/21 at 9:29 AM, the facility staffing coordinator stated the staff regulations for CNAs to residents was on the 7 AM-3 PM shift 1 CNA to 8 residents, on 3 PM - 11PM shift 1 CNA to 9 residents, and on the 11 PM-7 AM 1 CNA to 15 residents.</p>	S 560		

# STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 031103	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/30/2022
NAME OF FACILITY MORRIS HALL/ST JOSEPH'S NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1 BISHOPS DRIVE LAWRENCEVILLE, NJ 08648	

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	01/13/2022	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	
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 12/21/2021		<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			

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Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	01/13/2022	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	
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	
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