

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

PRINTED: 06/11/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315245</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/07/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ARISTACARE AT CHERRY HILL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1399 CHAPEL AVE WEST</b> <b>CHERRY HILL, NJ 08002</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) COMPLETION DATE
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F 000	<p>INITIAL COMMENTS</p> <p>Complaint #: NJ00184521, NJ00185116</p> <p>Census: 128</p> <p>Sample Size: 6</p> <p>The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <b>Electronically Signed</b>	TITLE	(X6) DATE <b>05/26/2025</b>
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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.

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>060417</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/07/2025</b>
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S 000	Initial Comments  Complaint #: NJ00184521, NJ00185116  The facility was not in compliance with the standards in the New Jersey Administrative code, 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  The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.  This REQUIREMENT is not met as evidenced by: Based on review of pertinent facility documentation, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratios as mandated by the state of New Jersey for 14 day shifts. The deficient practice was evidenced by the following:  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	S 560	S560 Failure to meet required total direct care hours per resident per day: All residents were potentially impacted by staffing shortages; however, a review of resident outcomes during periods of identified short staffing revealed no negative events.  The facility has performed a thorough staffing analysis to pinpoint trends in understaffing among licensed nurses and to ensure adequate total direct care hours	5/26/25

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TITLE

(X6) DATE  
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S 560	<p>Continued From page 1</p> <p>nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified as 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. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide 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>For the week of Complaint staffing from 03/16/2025 to 04/05/2025, the facility was deficient in CNA staffing for residents on 14 of 21 day shifts as follows:</p> <p>-03/16/25 had 10 CNAs for 133 residents on the day shift, required at least 17 CNAs. -03/17/25 had 13 CNAs for 133 residents on the day shift, required at least 17 CNAs. -03/18/25 had 16 CNAs for 133 residents on the day shift, required at least 17 CNAs. -03/19/25 had 16 CNAs for 133 residents on the day shift, required at least 17 CNAs. -03/22/25 had 13 CNAs for 132 residents on the day shift, required at least 16 CNAs.  -03/23/25 had 13 CNAs for 132 residents on the day shift, required at least 16 CNAs. -03/24/25 had 14 CNAs for 134 residents on the</p>	S 560	<p>moving forward. Nurse compensation has been increased to bolster hiring and retention efforts, and all available shifts are actively posted with nursing agencies. Prominent signage advertising increased pay rates and walk-in interview opportunities has been placed at the facility entrance. Weekly staffing meetings have been established to monitor recruitment and retention strategies, considering factors such as staff turnover, census fluctuations, and resident acuity levels. Additionally, sign-on bonuses, referral incentives, and competitive wage enhancements for nursing staff have been implemented to strengthen workforce stability.</p> <p>The Administrator or designated representative will conduct daily reviews of total direct care hours to ensure ongoing compliance with state requirements, reporting findings monthly to the Quality Assurance and Performance Improvement Committee for further evaluation and adjustment of strategies if needed. All departmental managers have been trained on New Jersey state regulations concerning direct care hours and the processes for securing supplemental staffing. Furthermore, the staffing coordinator and scheduling team have received specific education on nurse staffing patterns and appropriate monitoring procedures.</p>	
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S 560	Continued From page 2  day shift, required at least 17 CNAs. -03/29/25 had 14 CNAs for 131 residents on the day shift, required at least 16 CNAs.  -03/30/25 had 10 CNAs for 131 residents on the day shift, required at least 16 CNAs. -03/31/25 had 14 CNAs for 131 residents on the day shift, required at least 16 CNAs. -04/02/25 had 13 CNAs for 130 residents on the day shift, required at least 16 CNAs. -04/03/25 had 15 CNAs for 127 residents on the day shift, required at least 16 CNAs. -04/04/25 had 15 CNAs for 126 residents on the day shift, required at least 16 CNAs. -04/05/25 had 11 CNAs for 126 residents on the day shift, required at least 16 CNAs.	S 560		