PRINTED: 03/04/2022 FORM APPROVED

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING			(X3) DATE SURVEY COMPLETED	
	060505		B. WING		12/10/2021		
AME OF F	ROVIDER OR SUPPLIER			STATE, ZIP CODE			
UTUMN	LAKE HEALTHCARE	E AT OCEANVIEW 2721 ROU OCEAN V	JTE 9 /IEW, NJ 08	230			
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	N SHOULD BE CO		
S 000	Initial Comments		S 000				
	standards in the Ne Code, Chapter 8:39 Long Term Care Fa submit a plan of co completion date, fo that the plan is imp deficiencies may re accordance with the	a in compliance with the ew Jersey Administrative 9, Standards for Licensure of acilities. The facility must rrection, including a r each deficiecncy and ensure lemented. Failure to correct esult in enforcement action in e provisisons of the New e Code, Title 8, Chapter 43E, ensure.					
S 560	8:39-5.1(a) Mandat	-	S 560			2/25/22	
		I comply with applicable l local laws, rules, and					
	This REQUIREMEI	NT is not met as evidenced					
	Based on interview facility documentati facility failed to mai direct care staff to r	is and review of pertinent ion, it was determined that the ntain the required minimum resident ratios as mandated by prsey. This was evident for 5 of wed.		1.Efforts to hire facility staff will o until there is adequate staff to se residents. Until that time, facility staffing agencies to fill any open the schedule.	erve all will utilize		
	Reference: New Je (NJDOH) memo, da with N.J.S.A. (New 30:13-18, new mini	rsey Department of Health ated 01/28/2021, "Compliance Jersey Statutes Annotated) mum staffing requirements for dicated the New Jersey		2.All residents have the potentia risk for the deficient practice.	l to be at		
	Governor signed in codified at N.J.S.A. established minimu	to law P.L. 2020 c 112, 30:13-18 (the Act), which im staffing requirements in e following ratio(s) were		3.The facility will Contract with a staffing agencies to secure supp facility staffing. Hiring and recruit efforts including wage analysis a adjustments, pay for experience	olemental tment and		

Electronically Signed

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If continuation sheet 1 of 3

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New Jersey Department of Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060505			(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 12/10/2021	
		060505				
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
AUTUMN	I LAKE HEALTHCARE	E AT OCEANVIEW 2721 ROU OCEAN V	JTE 9 /IEW, NJ 08	230		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLET DATE
S 560	Continued From page 1 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. As per the "Nursing Staffing Report" completed by the facility for the weeks of 11/14/2021 and 11/21/21, the staffing to residents' ratios that did not meet the minimum requirement of 1 CNA to 8 residents for the day shift as documented below: - The facility was deficient in CNA staffing for residents on 5 of 14 day shifts as follows: " 11/19/21 had 11 CNAs for 91 residents on the day shift, required 12 CNAs. " 11/20/21 had 10 CNAs for 91 residents on the day shift, required 12 CNAs. " 11/21/21 had 9 CNAs for 91 residents on the day shift, required 12 CNAs. " 11/22/21 had 11 CNAs for 89 residents on the day shift, required 12 CNAs. " 11/22/21 had 11 CNAs for 89 residents on the day shift, required 12 CNAs. " 11/22/21 had 11 CNAs for 89 residents on the day shift, required 12 CNAs. " 11/22/21 had 11 CNAs for 89 residents on the day shift, required 12 CNAs. " 11/22/21 had 11 CNAs for 89 residents on the day shift, required 12 CNAs. " 11/22/21 had 11 CNAs for 89 residents on the day shift, required 12 CNAs.		S 560	job listings, job fairs, shift differe referral bonuses are being utiliz become more competitive in the marketplace. In addition, the dir	ed to	
				nursing will meet daily with the staffing coordinator to ensure appropriate staffing We have postings on Indeed signed contracts with additional agency and increased rates.		
				4. The Director of Nursing or dereview staffing schedules daily adequate staffing for all shifts. If from the review will be reported Administrator. Any issue from the will be addressed immediately. results of the staffing review will	to ensure indings to the ne findings The I be	
				submitted to the QA/QAPI Com quarterly until compliance is me		
	at 1:18 PM, with the and the Director of he was aware of th CNA's as follows: 1 shift, 1 CNA to 10 r	with the surveyor on 12/6/21 e Staffing Coordinator (SC) Nursing (DON) the SC stated e new staffing mandates for CNA to 8 residents on day esidents on evening shift, and nts on night shift. He further				

1KZ611

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		IDENTIFICATION NUMBER:			COM	E SURVEY PLETED
		060505	B. WING		12/10/2021	
			DDRESS, CITY, ST		127	10/2021
		2721 RO				
	I LAKE HEALTHCARE	OCEAN	VIEW, NJ 0823			-1
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S 560	said that when staff meeting the require then we may be sh is ultimately respon- has enough CNA's A review of a facility August 2021, revea Interpretation and I	fing is first done the facility is ements but if people call out ort. The DON stated that she sible to make sure the facility	S 560			

1KZ611