

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 12/29/2022
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

AUTUMN LAKE HEALTHCARE AT OCEANVIEW **2721 ROUTE 9**
OCEAN VIEW, NJ 08230

(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.	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 interviews and review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff to resident ratios as mandated by the state of New Jersey. This was evident for 10 of 14-day shifts reviewed. Findings include: 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 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	S 560	S560 Completion Date February 15th, 2023 CORRECTIVE ACTION: Efforts to hire facility staff will continue until there is adequate staff to serve all residents. Until that time, facility will utilize staffing agencies to fill any open spots in the schedule. IDENTIFICATION OF THE RESIDENTS AT RISK: All residents have the potential to be at risk for the deficient practice. SYSTEMIC CHANGE: The facility has contracted with a new portal online to hire	2/15/23

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

TITLE

(X6) DATE

Electronically Signed

01/18/23

New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER AUTUMN LAKE HEALTHCARE AT OCEANVIEW		STREET ADDRESS, CITY, STATE, ZIP CODE 2721 ROUTE 9 OCEAN VIEW, NJ 08230		
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S 560	<p>Continued From page 1</p> <p>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 nurse aide 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>As per the "Nursing Staffing Report" completed by the facility for the weeks of 12/11/2022 and 12/18/2022, 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:</p> <p>- The facility was deficient in CNA staffing for residents on 10 of 14 day shifts as follows:</p> <p style="padding-left: 40px;">-12/11/22 had 9 CNAs for 88 residents on the day shift, required 11 CNAs.</p> <p style="padding-left: 40px;">-12/12/22 had 10 CNAs for 87 residents on the day shift, required 11 CNAs.</p> <p style="padding-left: 40px;">-12/15/22 had 10 CNAs for 87 residents on the day shift, required 11 CNAs.</p> <p style="padding-left: 40px;">-12/17/22 had 10 CNAs for 91 residents on the day shift, required 11 CNAs.</p> <p style="padding-left: 40px;">-12/18/22 had 9 CNAs for 90 residents on the day shift, required 11 CNAs.</p>	S 560	<p>more facility staff. Hiring and recruitment efforts including wage analysis and adjustments, pay for experience, shift differentials and referral bonuses are being utilized to become more competitive in the marketplace. Open shifts are posted in advance for facility staff and agency staff to pick up to help comply with staffing ratios. Bonuses are offered to facility staff and agency staff to incentivize working open shifts. In addition, the Director of Nursing will meet daily with the staffing coordinator to ensure appropriate staffing</p> <p>QUALITY ASSURANCE: The Director of Nursing or designee will review staffing schedules daily to ensure adequate staffing for all shifts. Findings from the review will be reported to the Administrator. Any issue from the findings will be addressed immediately. The results of the staffing review will be submitted to the QA/QAPI (quality assurance) Committee quarterly for 6 months or until compliance is met.</p>	

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NAME OF PROVIDER OR SUPPLIER AUTUMN LAKE HEALTHCARE AT OCEANVIEW		STREET ADDRESS, CITY, STATE, ZIP CODE 2721 ROUTE 9 OCEAN VIEW, NJ 08230		
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S 560	<p>Continued From page 2</p> <p>-12/19/22 had 8 CNAs for 90 residents on the day shift, required 11 CNAs. -12/20/22 had 10 CNAs for 90 residents on the day shift, required 11 CNAs. -12/22/22 had 10 CNAs for 88 residents on the day shift, required 11 CNAs. -12/23/22 had 10 CNAs for 88 residents on the day shift, required 11 CNAs. -12/24/22 had 9 CNAs for 88 residents on the day shift, required 11 CNAs.</p> <p>During an interview with the surveyor on 12/29/22 at 10:46 AM with the Staffing Coordinator (SC) stated that she was aware of the staffing requirements. When asked if she is meeting the requirements, SC stated "for the most part yes, but it is challenging".</p> <p>A review of a undated facility policy titled Staffing revealed under the Policy Interpretation and Implementation section, Licensed nurses and certified nursing assistants are available 24 hours a day to provide direct resident care services. One CNA to every eight residents for the day shift. One direct care staff member (RN, LPN, or CNA) to every 10 residents for the evening shift; and One direct care staff member (RN, LPN, or CNA) to every 14 residents for the night shift</p>	S 560		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 060505	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 2/15/2023
NAME OF FACILITY AUTUMN LAKE HEALTHCARE AT OCEANVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 2721 ROUTE 9 OCEAN VIEW, NJ 08230	

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	02/15/2023	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 12/29/2022		<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			