New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	060505		C 09/16/2022

NAME OF PROVIDER OR SUPPLIER: AUTUMN LAKE HEALTHCARE AT OCEANVIEW

STREET ADDRESS, CITY, STATE, ZIP CODE: 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 COMPLAINT #154172 CENSUS: 90 SAMPLE: 3 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: C#: 154172 CENSUS: 90	S 560	S-560 Completion Date 11/16/2022 CORRECTIVE ACTION: Efforts to hire facility staff will continue until there is	11/16/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed

TITLE

(X6) DATE: 10/21/22

New Jersey Department of Health

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S 560	Continued From page 1 SAMPLE SIZE: 3 Based on facility document review on 9/16/2022, 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 13 of 14 Certified Nurse's Aides (CNAs) for Day shifts. This deficient practice had the potential to affect all residents. Findings include: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with NJSA (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law PL 2020 c 112, codified as NJSA 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021: 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. The facility was deficient in CNA staffing for 8 of 14 days shifts as follows: 4/17/22 CNA staff was 9 for 86 residents.	S 560	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 increased online recruitment with updated posting to hire more facility staff. Hiring and recruitment efforts including wage analysis and adjustments, pay for experience, shift differentials, referral and sign-on bonuses are being utilized to become more competitive in the marketplace. In addition, the director of nursing will continue to meet daily with the staffing coordinator to ensure appropriate staffing. Staff ratios are improving from the last quarterly review. The facility also offers current employees incentives for picking up extra shifts when needed. 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 Committee quarterly until compliance is met	

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S 560	Continued From page 2 Staffing should have been 11 4/21/22 CNA staff was 10 for 86 residents. Staffing should have been 11 4/23/22 CNA staff was 10 for 89 residents. Staffing should have been 11 4/24/22 CNA staff was 10 for 90 residents. Staffing should have been 11 4/25/22 CNA staff was 9 for 89 residents. Staffing should have been 11 4/26/22 CNA staff was 10 for 89 residents. Staffing should have been 11 4/28/22 CNA staff was 10 for 89 residents. Staffing should have been 11 4/29/22 CNA staff was 9 for 89 residents. Staffing should have been 11	S 560		