

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

PRINTED: 02/25/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315524		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/19/2024	
NAME OF PROVIDER OR SUPPLIER LAUREL BROOK REHABILITATION AND HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 3718 CHURCH ROAD MOUNT LAUREL, NJ 08054			
(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
F 000	INITIAL COMMENTS Complaint #: NJ00177093 Census: 204 Sample Size: 3 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.			F 000			

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

TITLE

(X6) DATE

Electronically Signed

10/18/2024

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: 03015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/19/2024
NAME OF PROVIDER OR SUPPLIER LAUREL BROOK REHABILITATION AND HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE 3718 CHURCH ROAD MOUNT LAUREL, NJ 08054		
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S 000	Initial Comments 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 (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 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 28 day shifts and 1 evening shift. 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 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	S 560	No residents were found to have been affected by not meeting the State of NJ minimum staffing requirements. Residents residing in the facility specifically during the day shift and possibly during the evening shift have the potential to be affected by the expressed concern related to the State of New Jersey minimum staffing requirements. The following corrective action will be taken to reduce the likelihood of being below the State of New Jersey's minimum staffing requirements: the Nursing Home Administrator, Director of Nursing, Staffing Coordinator or a designee will conduct	11/20/24

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S 560	<p>Continued From page 1</p> <p>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>The surveyor requested staffing for the weeks of 08/18/2024 to 09/14/2024 and the facility was deficient in CNA staffing for residents on 28 of 28 day shifts and deficient in total staff for residents on 1 of 28 evening shifts as follows:</p> <p>-08/18/24 had 16 CNAs for 191 residents on the day shift, required at least 24 CNAs. -08/18/24 had 18 total staff for 191 residents on the evening shift, required at least 19 total staff. -08/19/24 had 14 CNAs for 191 residents on the day shift, required at least 24 CNAs. -08/20/24 had 15 CNAs for 191 residents on the day shift, required at least 24 CNAs. -08/21/24 had 15 CNAs for 191 residents on the day shift, required at least 24 CNAs. -08/22/24 had 15 CNAs for 191 residents on the day shift, required at least 24 CNAs. -08/23/24 had 16 CNAs for 191 residents on the day shift, required at least 24 CNAs. -08/24/24 had 19 CNAs for 191 residents on the day shift, required at least 24 CNAs.</p>	S 560	<p>daily staffing reviews twice per day to help ensure that the desired minimums are met, with specific emphasis on the day shift.</p> <p>Through a robust recruitment and retention process, the Nursing Home Administrator, Director of Nursing and Staffing Coordinator along with support and guidance from the Regional Operations Consultant and Regional Human Resources Consultant will analyze recruitment and retention data to identify opportunities for tangible improvements based on the secured data. The data provides insight into the conversion percentage of applicants through to candidates and eventually into employees. Additional data provides a better understanding of retention and will lead to the development of concrete retention objectives to be implemented forthwith. Referencing the Facility Assessment's Contingency plan for staffing shortfalls will also contribute to the reduction of minimum staffing shortfall frequency. Supplementary items designed to enhance the recruitment and retention program are: The facility has implemented an incentive program including sign-on bonuses for new hires, and referral bonuses for employees referring staff.</p> <ul style="list-style-type: none"> The facility continues to conduct ongoing job fairs, internally, externally and virtually with immediate interviews and contingency offers. The facility will continue to partner with NEHA Academy for training and education of new nursing assistants on campus, 	

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S 560	<p>Continued From page 2</p> <p>-08/25/24 had 14 CNAs for 191 residents on the day shift, required at least 24 CNAs.</p> <p>-08/26/24 had 17 CNAs for 195 residents on the day shift, required at least 24 CNAs.</p> <p>-08/27/24 had 16 CNAs for 195 residents on the day shift, required at least 24 CNAs.</p> <p>-08/28/24 had 17 CNAs for 195 residents on the day shift, required at least 24 CNAs.</p> <p>-08/29/24 had 18 CNAs for 197 residents on the day shift, required at least 25 CNAs.</p> <p>-08/30/24 had 17 CNAs for 197 residents on the day shift, required at least 25 CNAs.</p> <p>-08/31/24 had 15 CNAs for 197 residents on the day shift, required at least 25 CNAs.</p> <p>-09/01/24 had 7 CNAs for 197 residents on the day shift, required at least 25 CNAs.</p> <p>-09/02/24 had 18 CNAs for 197 residents on the day shift, required at least 25 CNAs.</p> <p>-09/03/24 had 19 CNAs for 197 residents on the day shift, required at least 25 CNAs.</p> <p>-09/04/24 had 19 CNAs for 196 residents on the day shift, required at least 24 CNAs.</p> <p>-09/05/24 had 18 CNAs for 196 residents on the day shift, required at least 24 CNAs.</p> <p>-09/06/24 had 16 CNAs for 196 residents on the day shift, required at least 24 CNAs.</p> <p>-09/07/24 had 17 CNAs for 196 residents on the day shift, required at least 24 CNAs.</p> <p>-09/08/24 had 16 CNAs for 196 residents on the day shift, required at least 24 CNAs.</p> <p>-09/09/24 had 15 CNAs for 196 residents on the day shift, required at least 24 CNAs.</p> <p>-09/10/24 had 16 CNAs for 196 residents on the day shift, required at least 24 CNAs.</p> <p>-09/11/24 had 16 CNAs for 196 residents on the day shift, required at least 24 CNAs.</p> <p>-09/12/24 had 15 CNAs for 193 residents on the day shift, required at least 24 CNAs.</p>	S 560	<p>including free tuition for students of CNA training program on campus offered continuously throughout the year.</p> <ul style="list-style-type: none"> • The facility will continue to monitor new hire, retention, and turnover rates. • The facility will continue to monitor and address attendance, callouts and staffing patterns and needs. • The facility will continue to utilize social media, employment sites and recruitment efforts to hire new staff members. <p>The Nursing Home Administrator/designee will review the minutes from the daily staffing meetings to determine whether necessary steps are being employed to meet the State of New Jersey's Minimum Staffing requirements. The Administrator/designee will report the results of the audit to facility's QAPI Committee for one quarter to determine if sufficient compliance has been met. Based on the results of the audit the QAPI committee will determine continued need for the audit. The QAPI Committee consists of the NHA, DON and the Medical Director.</p>	

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S 560	Continued From page 3 -09/13/24 had 15 CNAs for 193 residents on the day shift, required at least 24 CNAs. -09/14/24 had 16 CNAs for 193 residents on the day shift, required at least 24 CNAs.	S 560			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 03015	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 11/22/2024
NAME OF FACILITY LAUREL BROOK REHABILITATION AND HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3718 CHURCH ROAD MOUNT LAUREL, NJ 08054	

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	11/20/2024	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	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 9/19/2024		<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			