

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106100	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/04/2021
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NAME OF PROVIDER OR SUPPLIER CARE ONE AT MOORESTOWN	STREET ADDRESS, CITY, STATE, ZIP CODE 895 WESTFIELD ROAD MOORESTOWN, NJ 08057
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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) COMPLETE DATE
S 000	Initial Comments Complaint #: NJ149621, NJ149608 Census: 56 Sample Size: 3 TYPE OF SURVEY: Complaint Survey The facility is not in substantial compliance with all 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 provisions of 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: Complaint Intake: #NJ146908 Based on interviews, facility document review, and New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, it was determined the facility failed to ensure ratios were met for 34 of 56 shifts reviewed. The deficient practice had the potential to affect all residents.	S 560	What corrective action will be accomplished for those residents affected by the deficient practice? The facility leadership team has met on ongoing basis and continue to identify staffing challenges and areas of improvement for licensed and certified	1/2/22

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

TITLE

(X6) DATE

Electronically Signed

01/03/22

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S 560	<p>Continued From page 1</p> <p>Findings included:</p> <p>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 established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021:</p> <p>One certified nurse aide 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 certified nurse aides, and each direct staff member shall be signed in to work as a certified nurse aide 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 certified nurse aide and perform certified nurse aide duties.</p> <p>1. A review of the "Nurse Staffing Report," completed by the facility for the weeks of 09/26/2021 to 10/09/2021, revealed staff ratios that did not meet the minimum requirements. For the two weeks of 09/26/2021 to 10/09/2021, the facility was deficient in CNA staffing for residents on 11 of 14 shifts and deficient in CNAs to total staff on 5 of 14 evening shifts as follows:</p>	S 560	<p>staffing needs.</p> <p>How will the facility identify other residents having the potential to be affected by the same deficient practice?</p> <p>Any resident has the potential to be affected.</p> <p>What measures will be put in place or systemic changes made to ensure that the deficient practice will not recur?</p> <p>The facility has implemented a significant above market rate for nurses and certified nursing assistants.</p> <p>The facility has implemented an incentive program including sign-on bonuses for new hires, and referral bonuses for employees referring staff where appropriate.</p> <p>The facility continues to conduct ongoing job fairs, internally and externally with immediate interviews and contingency offers.</p> <p>The facility implemented an expedited and robust onboarding process to new hires.</p> <p>The facility will use agency staff as needed to meet staffing needs.</p> <p>The facility will continue to partner with Rowan College Burlington County for licensed and certified clinical rotations and</p>	
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S 560	<p>Continued From page 2</p> <p>-09/26/2021 had 7 CNAs for 61 residents on the day shift, required 8 CNAs. -09/26/2021 had 4 CNAs to 9 total staff on the evening shift, required 5 CNAs. -09/27/2021 had 7 CNAs for 59 residents on the day shift, required 8 CNAs. -09/27/2021 had 3 CNAs to 8 total staff on the evening shift, required 4 CNAs. -09/28/2021 had 5 CNAs to 10.5 total staff on the evening shift, required 6 CNAs. -09/30/2021 had 6 CNAs for 53 residents on the day shift, required 7 CNAs. -10/01/2021 had 5 CNAs for 53 residents on the day shift, required 7 CNAs. -10/02/2021 had 5 CNAs for 53 residents on the day shift, required 7 CNAs. -10/03/2021 had 4 CNAs for 53 residents on the day shift, required 7 CNAs. -10/04/2021 had 3 CNAs to 8 total staff on the evening shift, required 4 CNAs. -10/05/2021 had 5 CNAs for 55 residents on the day shift, required 7 CNAs. -10/06/2021 had 4 CNAs for 55 residents on the day shift, required 7 CNAs. -10/07/2021 had 5 CNAs for 55 residents on the day shift, required 7 CNAs. -10/08/2021 had 5 CNAs for 54 residents on the day shift, required 7 CNAs. -10/09/2021 had 6 CNAs for 51 residents on the day shift, required 7 CNAs. -10/09/2021 had 5 CNAs for 10.5 total staff on the evening shift, required 6 CNAs.</p> <p>2. A review of the "Nurse Staffing Report," completed by the facility for the weeks of 11/14/2021 to 11/27/2021, revealed staff ratios that did not meet the minimum requirements. For the 2 weeks of 11/14/2021 to 11/27/2021, the</p>	S 560	<p>schooling.</p> <p>The facility will continue to offer free attendance at their CNA training program offered non-stop throughout the year</p> <p>The facility will continue to utilize social media, employment sites and recruitment efforts to hire new staff members.</p> <p>How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur?</p> <p>The DON and/or Designee meets with the staffing coordinator daily to review facility census, call outs if any, and staffing needs.</p> <p>The DON and/or Designee will monitor call outs and staffing ratios weekly until the requirement is met.</p> <p>The results of the audits will be forwarded to the facility Administrator and QAA Committee for further review and recommendations as needed.</p>	
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S 560	<p>Continued From page 3</p> <p>facility was deficient in CNA staffing for residents on 12 of 14 day shifts and deficient in CNAs to total staff on 6 of 14 evening shifts as follows:</p> <ul style="list-style-type: none"> -11/14/2021 had 5 CNAs for 56 residents on the day shift, required 7 CNAs. -11/14/2021 had 5 CNAs for 10.5 total staff on the evening shift, required 6 CNAs. -11/16/2021 had 5 CNAs for 54 residents on the day shift, required 7 CNAs. -11/16/2021 had 5 CNAs to 11 total staff on the evening shift, required 6 CNAs. -11/17/2021 had 5 CNAs for 54 residents on the day shift, required 7 CNAs. -11/18/2021 had 5 CNAs for 54 residents on the day shift, required 7 CNAs. -11/18/2021 had 6 CNAs to 12.5 total staff on the evening shift, required 7 CNAs. -11/19/2021 had 6 CNAs for 54 residents on the day shift, required 7 CNAs. -11/19/2021 had 5 CNAs to 10.5 total staff on the evening shift, required 6 CNAs. -11/20/2021 had 6 CNAs for 56 residents on the day shift, required 7 CNAs. -11/21/2021 had 6 CNAs for 56 residents on the day shift, required 7 CNAs. -11/22/2021 had 5 CNAs for 54 residents on the day shift, required 7 CNAs. -11/23/2021 had 6 CNAs for 53 residents on the day shift, required 7 CNAs. -11/23/2021 had 7 CNAs for 14.5 total staff on the evening shift, required 8 CNAs. -11/24/2021 had 5 CNAs for 53 residents on the day shift, required 7 CNAs. -11/25/2021 had 4 CNAs to 10.5 total staff on the evening shift, required 6 CNAs. -11/26/2021 had 5 CNAs for 53 residents on the day shift, required 7 CNAs. -11/27/2021 had 6 CNAs for 53 residents on the 	S 560		
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S 560	<p>Continued From page 4</p> <p>day shift, required 7 CNAs.</p> <p>During an interview with the Administrator and Director of Nursing (DON) on 12/04/2021 at 12:02 PM, it was stated that the facility worked hard to ensure that residents all got the care they needed. It had been difficult to hire staff following the pandemic. They were continually advertising and trying to fill open positions with quality staff.</p> <p>The Administrator and DON were interviewed on 12/04/2021 at 5:23 PM, and they stated that the schedule was based on ratios. The scheduler looked at the daily census to determine the number of staff needed each shift. The Administrator stated that every effort was made to meet the requirements posted in the new guidelines. It had been a challenge. The facility had been doing hiring fairs in the community and in restaurants, and they were a site for the clinical rotation for CNAs taking the classes in college. There were company sign-on bonuses and referral bonuses. There had been an attempt to hire agency staff as needed, but sometimes there were no staff available.</p>	S 560		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 106100	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/6/2022
NAME OF FACILITY CARE ONE AT MOORESTOWN	STREET ADDRESS, CITY, STATE, ZIP CODE 895 WESTFIELD ROAD MOORESTOWN, NJ 08057	

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 _____	01/02/2022	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 12/4/2021		<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		