

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/08/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CARE ONE AT HANOVER TOWNSHIP</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>101 WHIPPANY ROAD WHIPPANY, NJ 07981</b>
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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  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: Based on observation, interview, and review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey. This deficient practice was evidenced by the following:  Reference: NJ State requirement, CHAPTER 112. An Act concerning staffing requirements for nursing homes and supplementing Title 30 of the Revised Statutes. Be It Enacted by the Senate and General	S 560	No residents were affected.  Residents maybe affected.  Facility will continue to recruit Certified Nurse Aides through incentive programs and working with Talent acquisition and Human Resources.  Director of Nursing or designee will monitor staffing ratios daily and document a weekly review of daily staffing x 4 weeks then twice monthly for two months to	9/22/21

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

TITLE

(X6) DATE

Electronically Signed

09/30/21

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S 560	<p>Continued From page 1</p> <p>Assembly of the State of New Jersey: C.30:13-18 Minimum staffing requirements for nursing homes effective 2/1/21.</p> <p>1. a. Notwithstanding any other staffing requirements as may be established by law, every nursing home as defined in section 2 of P.L.1976, c.120 (C.30:13-2) or licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall maintain the following minimum direct care staff -to-resident ratios:</p> <p>(1) one certified nurse aide to every eight residents for the day shift;</p> <p>(2) 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 staff member shall be signed in to work as a certified nurse aide and shall perform certified nurse aide duties; and</p> <p>(3) 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>b. Upon any expansion of resident census by the nursing home, the nursing home shall be exempt from any increase in direct care staffing ratios for a period of nine consecutive shifts from the date of the expansion of the resident census.</p> <p>c. (1) The computation of minimum direct care staffing ratios shall be carried to the hundredth place.</p> <p>(2) If the application of the ratios listed in subsection a. of this section results in other than a whole number of direct care staff, including certified nurse aides, for a shift, the number of required direct care staff members shall be rounded to the next higher whole number when the resulting ratio, carried to the hundredth place,</p>	S 560	<p>monitor.</p> <p>The Director of Nursing will present the results of the audits to the Quality Assurance Performance Improvement Committee for review on a monthly basis for three months. The Committee will review and revise the plan if needed</p>	
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S 560	<p>Continued From page 2</p> <p>is fifty-one hundredths or higher.</p> <p>(3) All computations shall be based on the midnight census for the day in which the shift begins.</p> <p>d. Nothing in this section shall be construed to affect any minimum staffing requirements for nursing homes as may be required by the Commissioner of Health for staff other than direct care staff, including certified nurse aides, or to restrict the ability of a nursing home to increase staffing levels, at any time, beyond the established minimum ...</p> <p>On 08/30/21, 08/31/21, 09/01/21, 09/03/21, 09/07/21, and 09/08/21, the surveyors observed five to six Certified Nursing Aides (CNA)'s working on the first and second floors of the facility. These CNA's provided direct care to the residents who resided at the facility.</p> <p>Review of "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report for the week of August 15th, 2021 revealed that the facility was not in compliance with the state of New Jersey minimum requirements for nursing homes on 08/15/21, 08/16/21, 08/17/21, 08/18/21, 08/19/21, 08/20/21, and 08/21/21 during the 7:00 AM to 3:00 PM shift.</p> <p>Review of "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report for the week of August 22nd, 2021 revealed that the facility was not in compliance with the state of New Jersey minimum requirements for nursing homes on 08/22/21, 08/23/21, 08/24/21, 08/25/21, 08/26/21, 08/27/21, and 08/28/21 during the 7:00 AM to 3:00 PM shift.</p>	S 560		

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S 560	<p>Continued From page 3</p> <p>Review of the facility's Nursing Daily Attendance Report revealed the following: in CNA staffing on all 14 of 14 day shifts as follows:</p> <ul style="list-style-type: none"> <li>-8/15 had 6 CNAs for 63 residents</li> <li>-8/16 had 6 CNAs for 60 residents</li> <li>-8/17 had 6 CNAs for 60 residents</li> <li>-8/18 had 5 CNAs for 60 residents</li> <li>-8/19 had 6 CNAs for 60 residents</li> <li>-8/20 had 6 CNAs for 59 residents</li> <li>-8/21 had 6 CNAs for 59 residents</li> <li>-8/22 had 5 CNAs for 59 residents</li> <li>-8/23 had 5 CNAs for 57 residents</li> <li>-8/24 had 5 CNAs for 56 residents</li> <li>-8/25 had 6 CNAs for 56 residents</li> <li>-8/26 had 6 CNAs for 56 residents</li> <li>-8/27 had 6 CNAs for 54 residents</li> <li>-8/28 had 6 CNAs for 53 residents</li> </ul> <p>On 08/31/21 at 11:43 AM, the surveyor interviewed an 7:00 AM - 3:00 PM agency CNA #1 (person who works for an outside staffing agency who the facility has a contract with to provide extra staff to care for the residents) on the first floor. CNA #1 stated that she worked the 7:00 AM - 3:00 PM shift and had been working at the facility for the past two weeks. CNA #1 stated that she had 10 residents on her care assignment that day.</p> <p>On 09/01/21 at 9:38 AM, the surveyor interviewed the agency CNA #2 on the second floor who stated that she worked five days a week at the facility and had been working at the facility for about a year. The agency CNA #2 told the surveyor that she usually worked the 3:00 PM - 11:00 PM shift but was working the 7:00 AM -</p>	S 560		

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S 560	<p>Continued From page 4</p> <p>3:00 PM shift that day. The CNA2 told the surveyor that she had eight residents on her care assignment that day and she usually always had nine to ten residents on her care assignment when she worked the 3:00 PM -11:00 PM shift.</p> <p>On 09/03/21 at 9:48 AM, the surveyor interviewed the agency CNA #3 on the second floor who stated that she worked the 7:00 AM - 3:00 PM and the 3:00 PM - 11:00 PM shifts. CNA3 stated that she usually had seven to eight residents on her care assignment on the 7:00 AM - 3:00 PM shift and on the 3:00 PM - 11:00 PM shift but today there was a call out, so she had 11 residents on her care assignment. CNA #3 stated that all the residents on her care assignment that day needed assistance and help performing activity of daily living and one resident needed to be fed by her to eat.</p> <p>On 09/03/21 at 9:53 AM, the surveyor interviewed the Staffing Coordinator (SC) who stated that the minimum staffing requirements for the state of New Jersey were eight residents for one CNA on the 7:00 AM - 3:00 PM shift, 10 residents for one CNA assignment on the 3:00 PM - 11:00 PM shift, and 15 residents to one CNA for the 11:00 PM - 7:00 AM shift.</p> <p>Review of the facility provided, "Staffing" policy, revised 10/17, included but was not limited to the following: the facility provides sufficient numbers of staff with the skills and competency necessary to provide care and services for all residents in accordance with resident care plans and the facility assessment. 1. Licensed nurses and certified nursing assistants are available 24 hours a day to provide direct resident care services. 2. Staffing numbers and the skill requirements of</p>	S 560		
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S 560	Continued From page 5  direct care staff are determined by the needs of the residents based on each resident's plan of care. 4. Direct care staffing information per day (including agency and contract staff) is submitted to the CMS payroll-based journal system on the schedule specified by CMS, but no less than once a quarter.  NJAC 8:39-5.1(a)	S 560		

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315511	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 4/18/2022	Y3
NAME OF FACILITY CARE ONE AT HANOVER TOWNSHIP			STREET ADDRESS, CITY, STATE, ZIP CODE 101 WHIPPANY ROAD WHIPPANY, NJ 07981		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, 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 CMS-2567 (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 F0610	Correction	ID Prefix F0658	Correction	ID Prefix F0695	Correction
Reg. # 483.12(c)(2)-(4)	Completed	Reg. # 483.21(b)(3)(i)	Completed	Reg. # 483.25(i)	Completed
LSC	09/22/2021	LSC	09/22/2021	LSC	09/22/2021
ID Prefix F0761	Correction	ID Prefix F0880	Correction	ID Prefix	Correction
Reg. # 483.45(g)(h)(1)(2)	Completed	Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. #	Completed
LSC	09/22/2021	LSC	11/22/2021	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 9/8/2021		<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		