

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

PRINTED: 06/07/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315461	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/01/2024
NAME OF PROVIDER OR SUPPLIER BERLIN REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 100 LONG-A-COMING LANE BERLIN, NJ 08009		
(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 #: NJ00171946 and NJ00172739 Census: 119 Sample Size: 7 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

05/24/2024

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: 156001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/01/2024
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

BERLIN REHABILITATION AND HEALTHCARE CENTE **100 LONG-A-COMING LANE**
BERLIN, NJ 08009

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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 13 of 14 day shifts. 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	1. No specific residents residing in the facility on the day shifts cited were affected by not meeting the State of New Jersey minimum staffing requirements. 2. All residents could have the potential to be affected by not meeting the State of New Jersey minimum staffing requirements on day shift. 3. Recruitment efforts continue to include: a. Daily Staffing meetings / Weekly Labor Meetings b. Mentor program to support and retain staff. c. Culture Committee to promote and improve staff morale. d. Recruitment Bonuses, Sign On	5/31/24

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New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER BERLIN REHABILITATION AND HEALTHCARE CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE 100 LONG-A-COMING LANE BERLIN, NJ 08009		
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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 04/14/2024 to 04/27/2024. The facility was deficient in CNA staffing for residents on 13 of 14 day shifts as follows:</p> <p>-04/14/24 had 13 CNAs for 119 residents on the day shift, required 15 CNAs. -04/15/24 had 11 CNAs for 119 residents on the day shift, required 15 CNAs. -04/16/24 had 14 CNAs for 119 residents on the day shift, required 15 CNAs. -04/17/24 had 12 CNAs for 119 residents on the day shift, required 15 CNAs. -04/19/24 had 13 CNAs for 119 residents on the day shift, required 15 CNAs. -04/20/24 had 9 CNAs for 121 residents on the day shift, required 15 CNAs. -04/21/24 had 9 CNAs for 121 residents on the day shift, required 15 CNAs. -04/22/24 had 14 CNAs for 121 residents on the day shift, required 15 CNAs. -04/23/24 had 12 CNAs for 121 residents on the</p>	S 560	<p>Bonuses and Vacant Shift Bonuses offered</p> <p>e. Ongoing job fairs onsite - next job fair 6/11/24</p> <p>f. Flexible orientation programs</p> <p>g. Prize raffles for staff picking up extra shifts.</p> <p>h. Daily interviews being conducted with any walk ins</p> <p>i. Email sent to local CNA schools to offer open position collateral and onsite education.</p> <p>j. Email sent to request accredited CNA schools and contacts to further partner with additional CNA schools.</p> <p>4. Scheduling Coordinator will audit schedule weekly to monitor compliance with minimum staffing requirements. Scheduling Coordinator will report results of audits monthly to QAPI to identify trends and identify additional areas of opportunity.</p>	

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NAME OF PROVIDER OR SUPPLIER BERLIN REHABILITATION AND HEALTHCARE CENTE			STREET ADDRESS, CITY, STATE, ZIP CODE 100 LONG-A-COMING LANE BERLIN, NJ 08009		
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S 560	Continued From page 2 day shift, required 15 CNAs. -04/24/24 had 14 CNAs for 121 residents on the day shift, required 15 CNAs. -04/25/24 had 13 CNAs for 122 residents on the day shift, required 15 CNAs. -04/26/24 had 13 CNAs for 122 residents on the day shift, required 15 CNAs. -04/27/24 had 13.4 CNAs for 122 residents on the day shift, required 15 CNAs.	S 560			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 156001	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/31/2024
NAME OF FACILITY BERLIN REHABILITATION AND HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 100 LONG-A-COMING LANE BERLIN, NJ 08009	

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	05/31/2024	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 5/1/2024		<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			