STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315427	A. BUILDING _____ B. WING _____	C 07/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED METHODIST COMMUNITIES AT PITMAN	**535 N OAK AVE PITMAN, NJ 08071**

(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#: NJ00174196 CENSUS: 59 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 VISIT.	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 08/08/2024

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	030801	A. BUILDING: _____ B. WING _____	C 07/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED METHODIST COMMUNITIES AT PITMAN	535 N OAK AVE PITMAN, NJ 08071

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S 000	Initial Comments NJ174196 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 deficieny 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: COMPLAINT NUMBER: NJ174196 Based on review of pertinent facility documents, 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 for the week of 05/19/24 to 06/01/24, the facility was deficient in CNA staffing for the residents 2 of the 14-day shifts and for the week of 06/30/2024 to 07/13/2024 the facility was deficient in CNA staffing 2 of the 14-day shifts and 1 out of 14 evening shifts. This deficient practice had the potential to affect all residents: This deficient practice was evidenced by the following:	S 560	1. Efforts to hire nurses and CNAs will continue until there is adequate staff to serve all residents. Concurrently, we will continue to offer overtime to current staff and utilize staffing agencies to fill any open spots in the schedule. 2. All residents have the potential to be affected by this practice due to the nature of the deficiency. 3. Contracts with additional staffing agencies have been approved to supplement facility staff. Hiring, recruitment and retention efforts including wage and compensation analysis and	8/8/24

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	030801	A. BUILDING: _____ B. WING _____	C 07/16/2024

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S 560	Continued From page 1 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. 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. As per the "Nurse Staffing Report" completed by the facility for 4 weeks of staffing from 05/19/24 to 06/01/24 and 06/30/2024 to 07/13/2024. The staffing to resident ratios did not meet the minimum requirement of one CNA to eight residents for the day shift and one direct care staff member to every 10 residents for the evening shift as documented below: 1. For the week of staffing from 05/19/24 to 06/01/24, the facility was deficient in CNA staffing for the residents 2 of the 14-day shifts as follows: - 05/28/24 the facility had 5 CNAs for 52 residents on the day shift and required at least 6 CNAs. -06/01/24 the facility had 5 CNAs for 51 residents on the day shift and required at least 6 CNAs.	S 560	adjustments, on-line job listings, job fairs, shift differentials, and referral bonuses are being utilized to ensure we stay competitive in the healthcare marketplace. 4. The Administrator or designee and Director of Nursing will review staffing schedules daily to ensure there is adequate staffing for all shifts. If adequate staffing levels are not met, a variance report will continue to be completed by the Household Coordinator or Staffing Coordinator and sent to the Administrator or designee and Director of Nursing for review. 5. To monitor ongoing compliance, the results of the staffing reviews will be submitted to the Quality Assurance Performance Improvement (QAPI) Committee at least quarterly by the Administrator or designee and Director of Nursing. The need for continued submission and reporting to the QAPI Committee will be determined based on the results of the staffing reviews.	

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	030801	A. BUILDING: _____ B. WING _____	C 07/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED METHODIST COMMUNITIES AT PITMAN	535 N OAK AVE PITMAN, NJ 08071

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S 560	Continued From page 2 2. For the week of staffing from 06/30/3034 to 07/13/2024, the facility was deficient in CNA staffing for the residents 2 of the 14-day shifts and 1 of the 14-night shift as follows: -07/08/24 the facility had 5 CNAs for 58 residents on the day shift and required at least 7 CNAs. 07/10/24 the facility had 6 CNAs for 60 residents on the day shift and required at least 7 CNAs. On 07/10/24 had 4 total staff for 60 residents on the evening shift, required at least 6 total staff.	S 560		

New Jersey Department of Health

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	030801	A. BUILDING: _____ B. WING _____	R-C 08/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED METHODIST COMMUNITIES AT PITMAN	**535 N OAK AVE PITMAN, NJ 08071**

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{S 000}	Initial Comments	{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:	{S 560}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE