New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061619	A. BUILDING: ______ B. WING ______	03/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT WAYNE	**493 BLACK OAK RIDGE ROAD WAYNE, NJ 07470**

(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
H 000	Initials Comments Date of survey: 3/23/23 Current beds: 73 Initial add on beds: 28 per facility proposed payer source was Medicare THIS SURVEY WAS AN INITIAL FOR THE ADDITION OF 28 NEW BEDS AND THE FACILITY WAS NOT IN COMPLIANCE WITH THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE, CHAPTER 8:43E, STANDARDS FOR GENERAL LICENSURE PROCEDURES AND ENFORCEMENT OF LICENSURE REGULATIONS. THE FACILITY MUST SUBMIT A PLAN OF CORRECTION, INCLUDING A COMPLETION DATE, FOR EACH DEFICIENCY AND ENSURE THAT THE PLAN IS IMPLEMENTED.	H 000		
H 130	8:43E-2.1(a) SURVEY PRCDRS: SCOPE & TYPES OF SURVEYS The Department, or another State agency to which the Department has delegated the authority for conduct of surveys either partially or fully, may conduct periodic or special inspections of licensed health care facilities to evaluate the fitness and adequacy of the premises, equipment, personnel, policies and procedures, and finances, and to ascertain whether the facility complies with all applicable State and Federal licensure regulations and statutes.	H 130		4/27/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE
(X6) DATE: 04/03/23

New Jersey Department of Health

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H 130	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined that the facility failed to provide the required Medicaid beds to comply with State and Federal licensure regulations and statutes. The deficient practice is evidenced by the following. On 3/22/23 at 1:00 p.m., during the 3/22/23 - 3/23/23 initial survey for the addition of beds to an existing facility, the Licensed Nursing Home Administrator (LNHA) stated the facility had been "grandfathered in" and did not need to provide the required Medicaid beds. The LNHA was unable to provide written documentation supporting this. A review of a 6/26/2019 letter from the State of New Jersey Department of Health (State) to the facility's Chief Compliance Officer revealed the facility was required to have a Medicaid occupancy minimum rate of 45% of the total general long term care bed complement.	H 130	1. HOW THE CORRECTIVE ACTION FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE PRACTICE Care One at Wayne was found to have failed to provide the required Medicaid beds to comply with State and Federal licensure regulations and statues. 2. HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE AND WHAT CORRECTIVE ACTION WILL BE TAKEN All residents have the potential to be affected. 3. WHAT MEASURES WILL BE PUT IN PLACE OR WHAT SYSTEMATIC CHANGES WILL BE MADE TO ENSURE THE DEFICIENT PRACTICE WILL NOT REACCUR Care One at Wayne will submit an application for a Medicaid Provider number. 4. HOW THE FACILITY WILL MONTIOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR Care One at Wayne will complete all required information on Medicaid application for licensure to be able to admit Medicaid patients.	

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CAREONE AT WAYNE	**493 BLACK OAK RIDGE ROAD WAYNE, NJ 07470**

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S 000	Continued From page 2	S 000		
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 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: 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 Assembly of the State of New Jersey: C.30:13-18	S 560	1. HOW THE CORRECTIVE ACTION FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE PRACTICE Care One at Wayne was found to have failed to maintain the required minimum direct care staff to resident ratio by the State of New Jersey on 5 of the 14 day shifts (3/6/2023, 3/9/2023, 3/10/2023, 3/11/2023, 3/14/2023). There were no negative impacts (change of condition, Accidents/Incident, acute transfers) related to direct care staffing needs on day shift 3/6, 3/9, 3/11, 3/14 2023.	3/26/23

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S 560	Continued From page 3 Minimum staffing requirements for nursing homes effective 2/1/21. 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: (1) one certified nurse aide to every eight residents for the day shift (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 (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 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. c. (1) The computation of minimum direct care staffing ratios shall be carried to the hundredth place. (2) If the application of the ratios listed in subsection a. of this section results in other than	S 560	2. HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE AND WHAT CORRECTIVE ACTION WILL BE TAKEN All residents admitted to Care One at Wayne on 3/6, 3/9, 3/10, 3/11 2023 had potential impact on care needs on day shift related to minimum direct care staff to resident ratios not being met. 3. WHAT MEASURES WILL BE PUT IN PLACE OR WHAT SYSTEMATIC CHANGES WILL BE MADE TO ENSURE THE DEFICIENT PRACTICE WILL NOT REACCUR Director of Nursing will meet with Staffing Coordinator daily prior to schedule completion to compare CENSUS to scheduled DIRECT CARE staff to resident ration in compliance of the Statue for New Jersey. Certified Nurses Aide job posting on Indeed updated bi-weekly by HR department in efforts to increase staffing pool, noting competitive rates and sign-on bonuses. Orientation being held by center weekly/ PRN to accommodate new hires. 4. HOW THE FACILITY WILL MONTIOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR All schedules will be reviewed weekly by Administrator to ensure compliance with the required minimum direct care staff to resident ratio x4 weeks then monthly x2. All findings will be reviewed at the	

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S 560	Continued From page 4 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, is fifty-one hundredths or higher. (3) All computations shall be based on the midnight census for the day in which the shift begins. 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 ... A review of "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report" for the weeks of 3/5/23 and 3/12/23 for the 3/22/23-3/23/23 intitial survey revealed the following. The facility was deficient in CNA staffing for residents on 5 of 14 day shifts as follows: -03/06/23 had 7 CNAs for 68 residents on the day shift, required 8 CNAs. -03/09/23 had 7 CNAs for 67 residents on the day shift, required 8 CNAs. -03/10/23 had 7 CNAs for 64 residents on the day shift, required 8 CNAs. -03/11/23 had 7 CNAs for 64 residents on the day shift, required 8 CNAs.	S 560	quarterly QAPI meeting, committee will make further recommendations as needed.	

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S 560	Continued From page 5 -03/14/23 had 7 CNAs for 62 residents on the day shift, required 8 CNAs. On 3/23/23 at 1:15 p.m. the surveyor informed the Director of Nursing and the Licensed Nursing Home Administrator of the shifts that the minimum direct care staff to resident ratio was not met.	S 560		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
061619		5/1/2023

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT WAYNE	493 BLACK OAK RIDGE ROAD WAYNE, NJ 07470

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 Reg. # 8:39-5.1(a) LSC	Correction Completed 03/26/2023	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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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	
3/23/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT
061619 Y1	Y2	5/1/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT WAYNE	493 BLACK OAK RIDGE ROAD WAYNE, NJ 07470

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix H0130 Reg. # 8:43E-2.1(a) LSC	Correction Completed 04/27/2023	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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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	
3/23/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO