

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

PRINTED: 07/19/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315217	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/07/2024
NAME OF PROVIDER OR SUPPLIER ARISTACARE AT NORWOOD TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 40 NORWOOD AVENUE PLAINFIELD, NJ 07060		
(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	<p>INITIAL COMMENTS</p> <p>Complaint# NJ 156145, NJ 158153, NJ 161805, NJ 161926, NJ 166893, NJ 162994, NJ 164343, NJ 167727</p> <p>Survey Dates: 03/05/24 - 03/07/24 Survey Census: 97 Sample Size: 19 Supplemental Residents: 0</p> <p>A Recertification and Complaint Survey was conducted on behalf of New Jersey Department of Health (NJDOH). The facility was found to be in substantial compliance with 42 CFR 483 subpart B.</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

03/27/2024

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: 062020	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/07/2024
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S 000	<p>Initial Comments</p> <p>Complaint# NJ 156145, NJ 158153, NJ 161805, NJ 161926, NJ 166893, NJ 162994, NJ 164343, NJ 167727</p> <p>Survey Dates: 03/05/24 - 03/07/24 Survey Census: 97 Sample Size: 19 Supplemental Residents: 0</p> <p>A Recertification and Complaint Survey was conducted on behalf of New Jersey Department of Health (NJDOH).</p> <p>The facility is 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.</p>	S 000		
S 560	<p>8:39-5.1(a) Mandatory Access to Care</p> <p>(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint# NJ 162994, NJ 164343, NJ 167727</p> <p>Based on review of pertinent facility documentation, it was determined that the facility</p>	S 560	<p>All residents have the potential to be affected by this practice.</p> <p>The facility will utilize and try new means</p>	4/5/24

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S 560	<p>Continued From page 1</p> <p>failed to ensure staffing ratios were met to maintain the required minimum staff-to-ratios as mandated by the state of New Jersey.</p> <p>Findings include:</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 as 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>For the week of staffing from 03/26/2023 to 04/01/2023, the facility was deficient in CNA staffing for residents on 5 of 7 day shifts and deficient in total staff for residents on 1 of 7 overnight shifts as follows:</p> <p>-03/26/23 had 11 CNAs for 104 residents on the day shift, required at least 13 CNAs. -03/27/23 had 11 CNAs for 104 residents on the day shift, required at least 13 CNAs. -03/28/23 had 12 CNAs for 104 residents on the day shift, required at least 13 CNAs. -03/31/23 had 12 CNAs for 104 residents on the day shift, required at least 13 CNAs. -03/31/23 had 6 total staff for 104 residents on the overnight shift, required at least 7 total staff. -04/01/23 had 9 CNAs for 104 residents on the day shift, required at least 13 CNAs.</p> <p>For the week of staffing from 05/21/2023 to 05/27/2023, the facility was deficient in CNA staffing for residents on 4 of 7 day shifts as</p>	S 560	<p>of recruitment and will continually alter these methods to recruit. These efforts will include, but not be limited to, new posting and sign on bonuses. The facility will work with certification programs to recruit additional C.N.A.s and offer incentives as needed.</p> <p>The Administrator, Director of Nursing, Human Resources and Staffing Coordinator will meet on a weekly basis to discuss recruitment. Written minutes of the meeting will be recorded.</p> <p>The Director of Nursing or designee will report findings during the monthly Quality Assurance and Performance Improvement meeting for three months and then as needed.</p>	

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S 560	<p>Continued From page 2</p> <p>follows:</p> <p>-05/21/23 had 8 CNAs for 110 residents on the day shift, required at least 14 CNAs. -05/24/23 had 12 CNAs for 110 residents on the day shift, required at least 14 CNAs. -05/26/23 had 11 CNAs for 110 residents on the day shift, required at least 14 CNAs. -05/27/23 had 12 CNAs for 110 residents on the day shift, required at least 14 CNAs.</p> <p>For the week of staffing from 08/20/2023 to 08/26/2023, the facility was deficient in CNA staffing for residents on 5 of 7 day shifts as follows:</p> <p>-08/20/23 had 11 CNAs for 97 residents on the day shift, required at least 12 CNAs. -08/22/23 had 10 CNAs for 95 residents on the day shift, required at least 12 CNAs. -08/24/23 had 11 CNAs for 95 residents on the day shift, required at least 12 CNAs. -08/25/23 had 10 CNAs for 95 residents on the day shift, required at least 12 CNAs. -08/26/23 had 10 CNAs for 97 residents on the day shift, required at least 12 CNAs.</p> <p>For the 2 weeks of staffing from 09/17/2023 to 09/30/2023, the facility was deficient in CNA staffing for residents on 11 of 14 day shifts as follows:</p> <p>-09/17/23 had 11 CNAs for 94 residents on the day shift, required at least 12 CNAs. -09/18/23 had 11 CNAs for 93 residents on the day shift, required at least 12 CNAs. -09/19/23 had 11 CNAs for 93 residents on the day shift, required at least 12 CNAs. -09/20/23 had 11 CNAs for 93 residents on the day shift, required at least 12 CNAs.</p>	S 560		

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S 560	<p>Continued From page 3</p> <p>-09/22/23 had 9 CNAs for 93 residents on the day shift, required at least 12 CNAs.</p> <p>-09/23/23 had 9 CNAs for 96 residents on the day shift, required at least 12 CNAs.</p> <p>-09/24/23 had 8 CNAs for 96 residents on the day shift, required at least 12 CNAs.</p> <p>-09/25/23 had 11 CNAs for 96 residents on the day shift, required at least 12 CNAs.</p> <p>-09/26/23 had 11 CNAs for 96 residents on the day shift, required at least 12 CNAs.</p> <p>-09/29/23 had 10 CNAs for 99 residents on the day shift, required at least 12 CNAs.</p> <p>-09/30/23 had 10 CNAs for 99 residents on the day shift, required at least 12 CNAs.</p> <p>For the 2 weeks of staffing from 02/18/2024 to 03/02/2024, the facility was deficient in CNA staffing for residents on 8 of 14 day shifts and deficient in total staff for residents on 1 of 14 overnight shifts as follows:</p> <p>-02/18/24 had 10 CNAs for 102 residents on the day shift, required at least 13 CNAs.</p> <p>-02/20/24 had 11 CNAs for 99 residents on the day shift, required at least 12 CNAs.</p> <p>-02/22/24 had 11 CNAs for 98 residents on the day shift, required at least 12 CNAs.</p> <p>-02/24/24 had 10 CNAs for 98 residents on the day shift, required at least 12 CNAs.</p> <p>-02/25/24 had 9 CNAs for 100 residents on the day shift, required at least 12 CNAs.</p> <p>-02/26/24 had 6 total staff for 100 residents on the overnight shift, required at least 7 total staff.</p> <p>-02/29/24 had 9 CNAs for 100 residents on the day shift, required at least 12 CNAs.</p> <p>-03/01/24 had 10 CNAs for 98 residents on the day shift, required at least 12 CNAs.</p> <p>-03/02/24 had 11 CNAs for 98 residents on the</p>	S 560		

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S 560	Continued From page 4 day shift, required at least 12 CNAs.	S 560		