New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	061611		C 07/22/2021

NAME OF PROVIDER OR SUPPLIER
LLANFAIR HOUSE CARE & REHABILITATION CENTEI

STREET ADDRESS, CITY, STATE, ZIP CODE
1140 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
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 Intakes: NJ141975, NJ142106 Based on observations, document review, interviews, and New Jersey Department of Health (NJDOH) memo, it was determined the facility failed to ensure there were sufficient certified nurse aides to meet the staffing ratios for 2 of 2 shifts observed and for 4 of 4 shifts reviewed. Findings included: 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. The following ratio(s) were effective on 02/01/2021: One certified nurse aid (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 than half of all staff members shall be certified nurse aides, and each direct staff member shall be signed in to work as a certified nurse aide and shall perform nurse aide duties: and	S 560	1. How the corrective action will be accomplished for the resident(s) affected by the deficient practice: -Based on daily evaluations and care of residents by care partners, negative outcomes were not noted. 2. How the facility will identify other residents having the potential to be affected by the same deficient practice: -Any resident that is unable to carry out activities of daily living will be considered to be potentially affected all residents who are dependent for ADL care are at risk. 3. What measures will be put into place or systematic changes made to ensure that the deficient practice will not recur. - Active recruitment efforts will continue, on an ongoing basis which include social media postings, job site postings, employee referral bonus program, sign-on bonus program, networking with area practitioners for potential referrals, review of rates (market analysis), working with surrounding schools to partner with and	8/31/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE
(X6) DATE: 08/14/21

New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER: LLANFAIR HOUSE CARE & REHABILITATION CENTEI

STREET ADDRESS, CITY, STATE, ZIP CODE: 1140 BLACK OAK RIDGE ROAD WAYNE, NJ 07470

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S 560	Continued From page 1 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. 1. A review of the facility staffing sheets for 07/20/2021 and 07/21/2021 indicated the facility did not have enough staffing to meet the ratios for the 7:00 AM through 3:00 PM and 3:00 PM through 11:00 PM shifts. The facility census for the days was 112 on each day. For the 7:00 AM through 3:00 PM shift, the facility was at a ratio of 1:12 and it should have been 1:8. On the 3:00 PM through 11:00 PM shift, the facility ratio was again 1:12 and it should have been 1:10. A brief tour of the facility was conducted on 07/22/2021 at 9:20 AM. On the second floor, there were 57 residents and only four certified nurse aides. The facility was at a ratio of 1 certified nurse to 14 residents. On the first floor, there were four certified nurse aides and 48 residents for a ratio of one certified nurse aide to 12 residents. The facility should have been staffed at a ratio of 1:8 on the 7:00 AM through 3:00 PM shift. 1. On 07/22/2021 at 4:30 PM, the first and second floor was again observed with only four certified nurse aides on the first floor. The ratio on the 3:00 PM to 11:00 PM shift should have been 1:10. The facility was staffed at a ratio of 1:14 on the second floor and 1:12 on the first floor. The facility should have been at a ratio of 1:10. A review of the staffing sheet for 07/22/2021 indicated and confirmed the facility was not staffed at the 1:8 and 1:10 ratio for the day and evening shifts.	S 560	provide clinical opportunities for their students, community outreach opportunities and providing on site assistance with temporary NA certificate for those interested in healthcare. -Voluntary overtime will be utilized. -Call outs will be tracked by staffing coordinator daily on an ongoing basis and DON/designee and/or HR will educate staff on how call outs affect residents and their workload no later than completion date. -Biweekly review of recruitment efforts by HR, Administrator & DON and monitoring of vacant positions and new hires. -Education of staff to be completed during orientation process for new hires. -Biweekly review of callouts and staff education will occur by DON and HR Director 4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur: -HR Director, Administrator and DON will meet biweekly for a minimum of 12 weeks and ongoing for as long as needed with regards to reporting of open positions and recruitment efforts. -HR Director will report results of recruitment efforts at QAPI Quarterly -DON will report results of callouts and staff education at QAPI Quarterly	

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S 560	Continued From page 2 Interviews were conducted with CNAs #1, #2, #3, #4, #5, #6, #7 and #8. All aides confirmed they work with 12 to 15 residents during the day shift. On 07/22/2021 at 6:11 PM, an interview was conducted with the Director of Nursing (DON). When asked about her current staffing, she stated they were aware they did not have enough staff and was not sure how they would correct it.	S 560		