

PRINTED: 06/12/2025
FORM APPROVED
OMB NO. 0938-0391

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		04/22/2025

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: M75V11 Facility ID: NJ60733 If continuation sheet Page 1 of 1

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060733	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/08/2025
NAME OF PROVIDER OR SUPPLIER PARK CRESCENT HEALTHCARE & REHABILIT		STREET ADDRESS, CITY, STATE, ZIP CODE 480 PARKWAY DRIVE EAST ORANGE, NJ 07017		
(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 000	Initial Comments Complaint #: NJ00182618, NJ00175276. Survey Dates: 04/08/2025 Census: 170 Sample Size: 3 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 The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00182618, NJ00175276. Survey Dates: 04/08/2025 Census: 170 Sample Size: 3	S 560	 4/22/25 S560 Mandatory Access to Care What corrective action will be accomplished for those residents found to have been affected by the deficient	4/29/25

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S 560	<p>Continued From page 1</p> <p>Based on review of facility documents on 04/08/2025, it was determined that the facility failed to ensure staffing ratios were met for a.) the weeks of Complaint staffing from 06/30/2024 to 07/06/2024, the facility was deficient in CNA staffing for residents on 1 of 7 -day shifts and b.) the two weeks of staffing prior to survey from 03/23/2025 to 04/05/2025, the facility was deficient in CNA staffing for residents on 3 of 14 day shifts. This deficient practice had the potential to affect all residents.</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>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>1. For the week of Complaint staffing from</p>	S 560	<p>practice?</p> <p>-No residents were identified to be affected by deficient practices. A review of the care residents received for 06/30/2024 day shift revealed no complaints or grievances related to resident care were reported on these dates.</p> <p>- No residents were identified to be affected by deficient practices. A review of the care residents received for 01/12/25, 01/16/25, and 01/17/25 day shift revealed no complaints or grievances related to resident care were reported on these dates.</p> <p>-No resident was identified to be affected by deficient practices. A review of the care residents received for two weeks of staffing prior to survey for 03/23/25, 03/30/25 and 04/05/25 day shifts revealed no complaints or grievances related to resident care were reported on these dates.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>-The deficient practice has the potential to affect all residents residing in the facility.</p> <p>What measures will be put into place or what systemic changes will be made to</p>	

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S 560	<p>Continued From page 2</p> <p>06/30/2024 to 07/06/2024, the facility was deficient in CNA staffing for residents on 1 of 7 day shifts as follows:</p> <p>-06/30/24 had 18 CNAs for 167 residents on the day shift, required at least 21 CNAs.</p> <p>2. For the week of Complaint staffing from 01/12/2025 to 01/18/2025, the facility was deficient in CNA staffing for residents on 3 of 7 day shifts as follows:</p> <p>-01/12/25 had 15 CNAs for 176 residents on the day shift, required at least 22 CNAs. -01/16/25 had 20 CNAs for 176 residents on the day shift, required at least 22 CNAs. -01/17/25 had 21 CNAs for 174 residents on the day shift, required at least 22 CNAs.</p> <p>3. For the 2 weeks of staffing prior to survey from 03/23/2025 to 04/05/2025, the facility was deficient in CNA staffing for residents on 3 of 14 day shifts as follows:</p> <p>-03/23/25 had 17 CNAs for 171 residents on the day shift, required at least 21 CNAs.</p> <p>-03/30/25 had 16 CNAs for 169 residents on the day shift, required at least 21 CNAs. -04/05/25 had 17 CNAs for 169 residents on the day shift, required at least 21 CNAs.</p>	S 560	<p>ensure that the deficient practice does not recur?</p> <p>- Staffing Coordinator is reeducated by DON on state department of health requirement on minimum of one certified nurse aide to every eight residents for day shift.</p> <p>-Staffing need are assessed daily and in event there is CNA shortage and ratio of one CNA to every eight resident on day shift is not being met then; nurse manager/supervisors will recruit CNA from previous or upcoming shift, and will continue to utilize CNA unit clerks to assist with providing resident care to meet day shift state requirements to meet minimum state staffing requirements of one CNA to every 8 resident on day shift.</p> <p>-Facility has will continue to offer referral and sign on bonus; online advertisements are utilized to recruit new employees. The facility utilizes staff recruiters to monitor online sites and to set up interviews.</p> <p>-Facility has increased CNA rates and offer other options to increase CNA rates to assist in meeting minimum state staffing requirement of one CNA to every eight residents on day shift.</p> <p>How the corrective action be monitored to ensure the deficient practice will not recure, i.e.</p> <p>What quality assurance program will be put into place?</p>	

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S 560	Continued From page 3	S 560	<p>LNHA, DON or designee will conduct weekly CNA staffing schedule audits x 4 weeks and then monthly x1 month.</p> <p>DON or designee will report audit findings to Administrator. Administrator will review audit findings and report during Quality Assurances Performance Improvement (QAPI) quarterly meetings.</p>	