

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

PRINTED: 06/25/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315340	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/01/2021
NAME OF PROVIDER OR SUPPLIER SEASHORE GARDENS LIVING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 22 WEST JIMMIE LEEDS ROAD GALLOWAY TOWNSHIP, NJ 08205		
(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 #: NJ144765 & NJ139169 Census: 86 Sample Size: 5</p> <p>The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this Complaint Survey.</p> <p>The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:39, Standards for Licensure of Long-Term Care Facilities based on this Complaint Survey.</p> <p>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 provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

06/18/2021

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

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NAME OF PROVIDER OR SUPPLIER SEASHORE GARDENS LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 22 WEST JIMMIE LEEDS ROAD GALLOWAY TOWNSHIP, NJ 08205		
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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 Intake #: NJ144765</p> <p>Based on interviews and facility document review, it was determined that the facility failed to ensure staffing ratios were met for 7 of 42 shifts reviewed. There had been no increase in the resident census for a period of nine consecutive 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 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:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift.</p> <p>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 CNAs, and each direct staff member shall be signed in to work as a certified nurse aide and shall perform nurse aide duties: and</p> <p>One direct care staff member to every 14</p>	S 560	<p>1.The following dates and shifts identified as not meeting the current staffing ratios: 4/15/21 day shift, 4/16/21 night shift, 5/24/21 day shift, 5/25/21 day shift, 5/29/21 day shift, 5/31/21 day shift.</p> <p>2.All residents may be affected be not meeting the staffing ratios. Schedules were assessed to see what the nursing supervisors and scheduler could have done differently to meet ratios for those shifts due to staff call outs or issues filling the schedule.</p> <p>3.Scheduling policy/instructions updated. Scheduler and nursing supervisors re-educated on policy and procedures to fill shifts and the documentation needed for scheduling. LPN/RN working as CNA will sign attestations when they will be working as a CNA and performing CNA duties. Facility continues all efforts due to CNA nationwide shortage to recruit certified nursing assistants, such as, advertisements, job fairs, sign on bonus, paying temp CNAs to become certified, referral program, CNA school visitations, etc. Job fair scheduled for 6/23/21 and is advertised along with extra signage at road.</p> <p>4.For 6 months, DON or his/her designee will review with scheduler and audit schedules weekly to ensure staffing ratios</p>	7/14/21

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S 560	<p>Continued From page 1</p> <p>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. A review of posted facility staffing ratios from 04/15/2021 through 04/21/2021; and 05/24/2021 through 06/01/2021 revealed the following for the 7 shifts:</p> <p>On 04/15/2021, the staff to resident ratio was posted as 1 CNA to 10.1 residents on the day shift.</p> <p>On 04/16/2021, the staff to resident ratio was posted as 1 CNA to 8 residents on the day shift. The surveyor calculated 1 CNA to 9.88 residents on the day shift.</p> <p>On 04/16/2021, the staff to resident ratio was posted as 1 CNA to 11 residents on the night shift. The surveyor calculated 1 CNA to 16 residents on the night shift.</p> <p>On 05/24/2021, the staff to resident ratio was posted as 1 CNA to 11.1 residents on the day shift. The surveyor calculated 1 CNA to 10.88 residents on the day shift.</p> <p>On 05/25/2021, the staff to resident ratio was posted as 1 CNA to 9.6 residents on the day shift. The surveyor calculated 1 CNA to 9.44 residents on the day shift.</p> <p>On 05/29/2021, the staff to resident ratio was posted as 1 CNA to 9.4 residents on the day shift. The surveyor calculated 1 CNA to 12.29 residents on the day shift.</p> <p>On 05/31/2021 the staff to resident ratio was posted as 1 CNA to 9 residents on the day shift. The surveyor calculated 1 CNA to 8.60 residents</p>	S 560	are met and assist with filling schedule if call outs. DON or his/her designee to report findings quarterly to Quality Assurance Performance Improvement committee.	

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S 560	<p>Continued From page 2</p> <p>on the day shift.</p> <p>During an interview on 05/31/2021 at 1:34 PM with the Nursing Scheduler, she indicated that she meets with the Assistant Director of Nursing (ADON) and Director of Nursing (DON) to complete the daily staffing requirements. The nursing scheduler indicated that the number of staff scheduled was based on the daily census and they use agency staff and see if staff can pick up an extra shift.</p> <p>During an interview on 06/01/2021 at 4:45 PM with the Executive Director (ED), she indicated that the facility was doing their best to meet staffing requirement. The ED further indicated they were using agency staff, had advertisements out for hiring, had a banner posted on the highway that the facility was hiring, sign on bonus, visiting training schools, and referral program.</p>	S 560		