STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	060101	A. BUILDING: _____ B. WING _____	C 09/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWVIEW NURSING AND REHABILITATIC	235 DOLPHIN AVE NORTHFIELD, NJ 08225

(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 THE FACILITY WAS 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.	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 interview and review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff to resident ratios for the day shift as mandated by the State of New Jersey. The facility was deficient in CNA staffing for 7 of 14 day shifts as follows: Findings include: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated)	S 560	1. The facility will continue to use all resources to recruit staff. OT is utilized, agency staff, classes are offered, promoting from within, education is offered, we continued to stop admissions since August 2021, reached out to the Department of Labor to assist. 2. All residents have been identified as having the potential to be affected by this situation. When interviewing residents, I am pleased to hear that they have not experienced a negative impact and their quality of life/care remains good.	10/12/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 10/12/21

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S 560	Continued From page 1 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 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 than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA 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. As per the "Nurse Staffing Report" completed by the facility for the weeks of 09/12/21 to 09/18/21 and 9/19/21 to 9/25/21, the staffing to resident ratios that did not meet the minimum requirement of 1 CNA to 8 residents for the day shift as documented below: - 9/14/21 had 12 CNAs for 104 residents on the day shift (required no more than 8 residents for each CNA). - 9/15/21/had 13 CNAs for 106 residents on the day shift. - 9/16/21 had 12 CNAs for 105 residents on the day shift. - 9/17/21 had 13 CNAs for 105 residents on the day shift.	S 560	3. We will continue to use all resources to recruit staff. OT is utilized, agency staff, classes are offered, promoting from within, education is offered, we continued to stop admissions since August 2021, reached out to the Department of Labor to assist. This LNHA met with the Department of Labor who is aware of our staffing and they are actively assisting the facility in recruiting more staff. We will continue to offer financial incentives and retruitment strategies. We have scheduled a job fair in hopes of recruiting more staff. 4. The LNHA along with the Director of HR will continue to receive, review, and hire qualified candidates. This is not a lack of effort but rather a lack of qualified workers in the industry. The LNHA will continue to discuss this at the NJ LNHA board meetings. We will continue to review and revise recruitment systems in collaboration with the NJDOL and county and continue to evaluate the effectiveness of these systems 5. This will be monitored daily by the DON, ADON, LNHA, and ALNHA. Staffing numbers will be reviewed daily and discussed daily. Although monitored, this writer cannot certify that it will not happen again. The industry is experiencing a lull in qualified individual and since the pandemic, we have lost 25% of our CNA workforce. We are monitoring it daily and will continue. In addition to discussing it daily, monitoring it daily,all efforts and progress will be discussed in our QA meeting. Also, the LNHA will continue to report with NHSN that we are indeed short staffed in this area as done	

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S 560	Continued From page 2 - 9/18/21 had 12 CNAs for 105 residents on the day shift. - 9/19/21 had 13 CNAs for 105 residents on the day shift. - 9/25/21 had 12 CNAs for 104 residents on the day shift On 09/30/21 at 12:15 PM, the surveyor interviewed the Licensed Nursing Home Assistant Administrator (LNHA) who confirmed that the facility was aware of the staffing shortages. NJAC 8:39-5.1(a)	S 560	throughout the pandemic.	

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
060101 Y1	A. Building B. Wing Y2	10/29/2021 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWVIEW NURSING AND REHABILITATION CENTER	235 DOLPHIN AVE NORTHFIELD, NJ 08225

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 10/12/2021	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 9/30/2021	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			