

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>060417</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/24/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ARISTACARE AT CHERRY HILL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1399 CHAPEL AVE WEST CHERRY HILL, NJ 08002</b>
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(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 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.	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. This was evident for 4 of 14 day and 1 of 14 night shifts as follows:  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:	S 560	In the Nurse Staffing Report, it was found that this facility did not hold appropriate staff to resident ratios; All residents could be affected by this occurrence.  The facility has entered into an agreement with a staffing agency which will boost the overall CNA numbers to ensure compliance with the staffing requirements.  The facility will host recruitment and retention meetings with the staff to ensure their current staff want to continue employment. The facility will document all their staffing efforts in QAPI for 3 months and then re-evaluate their staffing needs to ensure the staffing ratios are in compliance.	12/14/21

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

TITLE

(X6) DATE

Electronically Signed

12/20/21

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S 560	<p>Continued From page 1</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 CNA and shall perform nurse aide duties: and</p> <p>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>As per the "Nurse Staffing Report" completed by the facility for the weeks of 10/31/21-11/6/21 and 11/7/21-11/13/21, the staffing to resident ratios did not meet the minimum requirement of one CNA to eight residents for the day shift and one direct care member to every 14 residents for the night shift as documented below:</p> <p>11/01/21 had 10 CNAs for 97 residents on the day shift, required 13 CNAs. 11/04/21 had 10 CNAs for 96 residents on the day shift, required 13 CNAs. 11/07/21 had 11 CNAs for 102 residents on the day shift, required 13 CNAs. 11/10/21 had 12 CNAs for 104 residents on the day shift, required 13 CNAs. 11/09/21 had 6 total staff for 102 residents on the night shift, required 8 total staff.</p> <p>During an interview with the surveyor on 11/22/21 at 9:59 AM the staffing coordinator stated that she was aware of the staffing ratios and followed a grid with the census for the unit and the number of CNAs needed for the unit. To</p>	S 560		

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S 560	<p>Continued From page 2</p> <p>ensure that that staffing ratios were met, the staffing coordinator stated that she tried to schedule more CNAs per shift than needed in case of call-outs.</p> <p>During an interview with the surveyor on 1/22/21 at 12:16 PM, the Assistant Administrator stated that the facility was conducting job fairs, utilizing agency nurses, corporate staff hired a recruiter, and the facility received the grant Temporary Nursing Assistant(TNA) waiver program and will offer a bonus for those who completed the TNA program.</p> <p>NJAC 8:39-5.1(a)</p>	S 560		

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 060417	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 2/2/2022
NAME OF FACILITY ARISTACARE AT CHERRY HILL		STREET ADDRESS, CITY, STATE, ZIP CODE 1399 CHAPEL AVE WEST CHERRY HILL, NJ 08002

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	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	01/27/2022	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 11/24/2021		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		