

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

PRINTED: 07/15/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315423</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/04/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>HAMILTON GROVE HEALTHCARE AND REHABILITATION, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2300 HAMILTON AVE</b> <b>HAMILTON, NJ 08619</b>		
(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 #: NJ00173471</p> <p>Survey Dates: 05/07/2024</p> <p>Census: 199</p> <p>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>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

06/10/2024

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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S 000	Initial Comments  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  (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 review of pertinent facility documentation, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratios as mandated by the state of New Jersey for 19 of 21 day shifts. The deficient practice was evidenced by the following:  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	S 560	No residents were identified to have had a negative impact from the identified non-compliant staffing ratios.  This deficient practice had the potential to affect all residents residing at the facility during the time periods that the facility did not reach the proper staffing ratios per the state of New Jersey.  The Director of Nursing (DON) and the Staffing Coordinator have established a thorough review procedure for staffing schedules. This initiative aims to guarantee that the staff-to-resident ratios meet the standards set by New Jersey state regulations.	6/17/24

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S 560	<p>Continued From page 1</p> <p>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.) The surveyor requested staffing for the weeks of 04/14/2024 to 04/27/2024, the facility was deficient in CNA staffing for residents on 13 of 14 day shifts as follows:</p> <p>-04/14/24 had 18 CNAs for 198 residents on the day shift, required at least 25 CNAs. -04/15/24 had 21 CNAs for 198 residents on the day shift, required at least 25 CNAs. -04/16/24 had 22 CNAs for 196 residents on the day shift, required at least 24 CNAs. -04/17/24 had 22 CNAs for 196 residents on the day shift, required at least 24 CNAs. -04/18/24 had 20 CNAs for 196 residents on the day shift, required at least 24 CNAs. -04/19/24 had 23 CNAs for 196 residents on the day shift, required at least 24 CNAs. -04/20/24 had 22 CNAs for 200 residents on the day shift, required at least 25 CNAs.  -04/21/24 had 18 CNAs for 198 residents on the day shift, required at least 25 CNAs. -04/22/24 had 20 CNAs for 198 residents on the</p>	S 560	<p>A thorough review procedure for staffing schedules was completed by the Director of Nursing (DON) and the Staffing Coordinator. This initiative aims to guarantee that the staff-to-resident ratios meet the standards set by New Jersey state regulations.</p> <p>Certified Nursing Assistance (CNA) open positions were posted on many websites with large sponsorships to increase visibility and to increase applicant pool.</p> <p>The facility established a strong working relationship with a local CNA school to create a pipeline for hiring new staff. This partnership has already resulted in the hiring of multiple CNAs.</p> <p>The facility continues to meet with all new applicants in this particular CNA school to encourage more hires. This continues to have proven much success.</p> <p>The facility has also increased recruitment efforts by offering incentives such as signing bonuses, raised rates to ensure competitiveness, and comprehensive benefits packages too.</p> <p>To retain staff and reduce turnover, the facility has created a policy for furthering education. This policy includes tuition reimbursement for staff meeting the requirements of this policy.</p> <p>In order further retain current and future staff, a recognition program was implemented to recognize employees by</p>	
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S 560	<p>Continued From page 2</p> <p>day shift, required at least 25 CNAs. -04/23/24 had 22 CNAs for 198 residents on the day shift, required at least 25 CNAs. -04/24/24 had 21 CNAs for 198 residents on the day shift, required at least 25 CNAs. -04/25/24 had 24 CNAs for 198 residents on the day shift, required at least 25 CNAs. -04/27/24 had 19 CNAs for 198 residents on the day shift, required at least 25 CNAs.</p> <p>2.) The surveyor requested staffing for the week of 04/28/2024 to 05/04/2024, the facility was deficient in CNA staffing for residents on 6 of 7 day shifts as follows:</p> <p>-04/28/24 had 16 CNAs for 198 residents on the day shift, required at least 25 CNAs. -04/30/24 had 22 CNAs for 195 residents on the day shift, required at least 24 CNAs. -05/01/24 had 21 CNAs for 195 residents on the day shift, required at least 24 CNAs. -05/02/24 had 22 CNAs for 195 residents on the day shift, required at least 24 CNAs. -05/03/24 had 19 CNAs for 195 residents on the day shift, required at least 24 CNAs. -05/04/24 had 20 CNAs for 200 residents on the day shift, required at least 25 CNAs.</p>	S 560	<p>years of service at the facility.</p> <p>The staffing coordinator reviews schedules regularly to audit for compliance with staffing ratios to ensure no deviations from the regulation and if there are discrepancies, corrective actions are taken.</p> <p>This plan aims to tackle the shortfall in staffing ratios, establish procedures to prevent future issues, and ensure continuous compliance with New Jersey state regulations.</p> <p>The Staffing Coordinator or their designee will perform weekly audits of CNA staffing reports to verify that the facility maintains the required minimum direct care staff-to-resident ratios.</p> <p>As feasible, the Staffing Coordinator or their designee will hold weekly meetings with the Administrator and Director of Nursing to review daily CNA ratios.</p> <p>The Staffing Coordinator will present the results of the weekly staffing audits at the next quarterly QAA meeting to follow up and determine if further oversight in this area is necessary.</p> <p>This plan of correction aims to address the immediate deficient practice, protect all residents, prevent future occurrences, and ensure ongoing compliance with New Jersey state staffing requirements. The facility's leadership is committed to maintaining the highest standards of care and ensuring the well-being of all</p>	

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S 560	Continued From page 3	S 560	<p>residents.</p> <p>A Quality Assurance Performance Improvement (QAPI) plan was also created to further improve and ensure no further deficient practices will occur.</p>	

**STATE FORM: REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061103	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 6/14/2024
Y1	Y2	Y3
NAME OF FACILITY HAMILTON GROVE HEALTHCARE AND REHABILITATION, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2300 HAMILTON AVE HAMILTON, NJ 08619

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	06/14/2024	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 5/4/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <span style="float: right;"> <input type="checkbox"/> YES   <input type="checkbox"/> NO                 </span>		