

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>061103</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/20/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HAMILTON GROVE HEALTHCARE AND REHAE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2300 HAMILTON AVE HAMILTON, NJ 08619</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 interviews 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 shifts and the evening shifts as mandated by the state of New Jersey. This was evidenced for 14 of 14 day shifts and one (1) of 14 evening shifts reviewed.  Findings include: Reference: New Jersey Department of Health (DOH) 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	S 560	No residents were identified to have had negative impact from the current staffing ratios.  This deficient practice has the potential to affect all residents residing at the facility.  The current Staffing Policy and Procedure was reviewed. No additional updates were required at this time. Facility administration has been actively working on increasing staff ratios. The facility currently has the following in place to help increase staffing:  •New eye-catching lawn signs were purchased and strategically placed for	6/3/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  05/27/22
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S 560	<p>Continued From page 1</p> <p>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 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>A review of the "Nursing Staffing Report" completed by the facility for the weeks of 4/24/22 through 4/30/22 and 5/1/22 through 5/7/22, revealed the staffing to residents' ratios did not meet the minimum requirement of one CNA to eight residents for the day shift on 14 of 14 day shifts and one CNA to 14 residents for the evening shift as documented below:</p> <p>-04/24/22 had 11 CNAs for 165 residents on the day shift, required 21 CNAs.                      -04/25/22 had 14 CNAs for 163 residents on the day shift, required 21 CNAs.                      -04/26/22 had 14 CNAs for 163 residents on the day shift, required 21 CNAs.                      -04/27/22 had 15 CNAs for 163 residents on the day shift, required 21 CNAs.                      -04/28/22 had 15 CNAs for 163 residents on the day shift, required 21 CNAs.                      -04/29/22 had 19 CNAs for 166 residents on the</p>	S 560	<p>licensed and certified nursing staff recruitment.</p> <ul style="list-style-type: none"> <li>•Referral bonus and sign-on bonus structures have been implemented.</li> <li>•Marketing cards to recruit RN staff were sent to 1000 + RN's that reside in Hamilton.</li> <li>•Rates for licensed nursing staff have been increased across the board.</li> <li>•A contract with a digital recruitment agency, was signed in hopes to recruit frontline staff using cutting-edge digital methods to provide a steady stream of pre-screened qualified candidates.</li> <li>•The facility social media page has been updated to target recruitment. Incentives are offered to staff for posting on their personal social media pages about recruitment.</li> <li>•The weekend call-out policy is being reinforced for staff who call out on their weekend to work as feasible.</li> <li>•Open positions for applicable departments continue to be posted online with paid sponsorships.</li> <li>•An employee appreciation committee has been formed for staff retention and is actively working with the Administrator to continue to increase employee morale and satisfaction. This includes staff and resident parties, pot-lucks, holiday</li> </ul>	

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S 560	<p>Continued From page 2</p> <p>day shift, required 21 CNAs. -04/30/22 had 15 CNAs for 166 residents on the day shift, required 21 CNAs. -05/01/22 had 11 CNAs for 166 residents on the day shift, required 21 CNAs. -05/02/22 had 13 CNAs for 166 residents on the day shift, required 21 CNAs. -05/03/22 had 17 CNAs for 166 residents on the day shift, required 21 CNAs. -05/04/22 had 17 CNAs for 166 residents on the day shift, required 21 CNAs. -05/05/22 had 13 CNAs for 164 residents on the day shift, required 21 CNAs. -05/06/22 had 14 CNAs for 162 residents on the day shift, required 21 CNAs. -05/06/22 had 8 CNAs to 17 total staff on the evening shift, required 9 CNAs. -05/07/22 had 13 CNAs for 162 residents on the day shift, required 21 CNAs.</p> <p>On 5/16/22 at 11:30 AM, the surveyor interviewed the Staffing Coordinator who stated that she was responsible for ensuring the staffing for the entire nursing staff for all the units based on the census for each unit. She stated she uses a "guideline as a cheat sheet" and stated for every eight residents there needs to be one Certified Nursing Aide for the 7-3 shift. She stated she "looks" at the daily census and if she couldn't meet the minimum staffing requirements, she uses different agencies and gives bonuses as incentives. She further stated, "I feel that I'm getting there with the requirement. I feel we are meeting the requirements especially on the 7-3 shift. We have three Assistant Directors of Nurses and if I can't meet the numbers then I have nurses in place that assist with care, sometimes nurses take assignments, but that is not indicated on the staffing sheet."</p>	S 560	<p>celebrations and department celebrations.</p> <ul style="list-style-type: none"> <li>•A recruitment video was filmed which included staff sharing their experience about our community and work environment.</li> <li>•Multiple staffing agencies have been contracted with to provide additional support staff for licensed and certified nursing staff.</li> <li>•Adds have been sponsored on Indeed for recruitment of licensed and certified nursing staff.</li> <li>•The facility purchased and implemented a new cellphone application called <b>Executive Order 26, 4.b.</b> app at the facility which allows staff to easily determine what shifts are open and to sign-up for open shifts.</li> <li>•The facility has contracted with <b>Executive Order 26</b> a premier executive search firm focused on the direct recruitment of executives and professionals for the Long-Term Care marketplace.</li> <li>•The facility went into early negotiations with the union, despite not being due until next year, to increase rates for Certified Nurse Aide staff.</li> </ul> <p>Education was provided on the current Staffing Policy and Procedure to licensed and certified nursing staff by the Director of Human Resources/Designee.</p>	
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S 560	<p>Continued From page 3</p> <p>On 5/16/22 at 11:45 AM, the surveyor interviewed the Licensed Nursing Home Administrator (LNHA) who stated that the Staffing Coordinator was responsible for the nursing staffing, but "I am in close contact with her and have done job boards and incentives." The LNHA further stated that "staffing is tough. I think everyone is a little short. It depends on the day of the week if we are short. We are trying to meet the numbers." He stated that nurses can work as a CNA and can get assignments and administer medications and sometimes "just CNA duties." He confirmed that when a nurse is assisting with care or assigned CNA duties it was not indicated on the assignment sheet.</p>	S 560	<p>The Director of Human Resources/Designee will conduct weekly audits of Certified Nurse Aide (CNA) staffing reports to ensure the facility maintained the required minimum direct care staff-to-resident ratios for the day shift. Audits will continue until substantial compliance is met.</p> <p>The Director of Human Resources/Designee will conduct weekly meetings with the Administrator and Director of Nursing as feasible to review daily CNA ratios. This will be continued until substantial compliance is met to analyze and trend the information.</p> <p>The Director of Human Resources will present the findings of the weekly staffing audits at the next quarterly QAA meeting for follow-up and to determine if additional oversight of this area is required.</p>	
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## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061103	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/8/2022
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	06/03/2022	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	
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 5/20/2022		<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		