STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061205	A. BUILDING: _____ B. WING _____	C 09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMBASSY MANOR AT EDISON NURSING AND REHAE	10 BRUNSWICK AVENUE EDISON, NJ 08817

(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 Complaint #: NJ148950 NJ149606 NJ150494 Survey Dates: 9/27/23 and 9/28/23 Survey Census: 238 Sample Size: 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: C#: NJ150494 and NJ148950 Based on facility document review, it was determined that the facility failed to ensure staffing ratios were met to maintain the required	S 560	S560 8:39-5.1(a) Mandatory Access to Care DATE: 10/18/23 1.Regarding the facility's failure to provide	10/18/23

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

Electronically Signed | 10/18/23

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S 560	Continued From page 1 minimum staff-to-resident ratios as mandated by the state of New Jersey for 25 of 28 day shifts reviewed. This deficient practice had the potential to affect all residents. Findings include: 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 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 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. For the 2 weeks of Complaint staffing from11/28/2021 to 12/04/2021, the facility was deficient in CNA staffing for residents on 13 of 14 day shifts as follows: -11/28/21 had 16 CNAs for 201 residents on the day shift, required at least 25 CNAs. -11/29/21 had 15 CNAs for 201 residents on the day shift, required at least 25 CNAs. -11/30/21 had 16 CNAs for 201 residents on the	S 560	minimum staffing on 11/28/21 – 12/04/21, and 9/10/23 – 9/23/23, the Nursing Supervisor immediately asked staff who were currently working to continue working into the next shift. The Unit Managers, Staffing Coordinator, Nursing Supervisor, and ADON also immediately attempted to call unscheduled CNAs to replace the callouts and also tried notifying other shift CNAs to work. Management offered any available Nurse's Aide overtime compensation if they were available to work additional shifts. The Nursing Supervisor then called each contracted staffing agencies to provide additional staffing to the facility and even applied boosted rates to encourage agency staff to pick up the available shifts. The Nursing Supervisor, Unit Managers, Staffing Coordinator/ADON also then notified the unit clerks and floor nurses to inform them of the callouts. On 10/18/23, management called a stat meeting with all CNAs, Unit Clerks, LPNs, RNs, UMs, Nursing Supervisors, Staffing Coordinator, HR, Payroll, ADON, DON, to discuss all implications associated with S560. 2.All residents have the potential to be affected by these deficient practices. 3.Management reviewed the facility's policies for 'Proper Call Out Procedure', and 'Employee Warning Notice'. The Staff Educator in-serviced all CNAs, LPNs, RNs, and Supervisors on both company policies on 10/18/23. The in-service contained the specific information related	

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EMBASSY MANOR AT EDISON NURSING AND REHAE	10 BRUNSWICK AVENUE EDISON, NJ 08817

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S 560	Continued From page 2 day shift, required at least 25 CNAs. -12/01/21 had 19 CNAs for 201 residents on the day shift, required at least 25 CNAs. -12/02/21 had 17 CNAs for 201 residents on the day shift, required at least 25 CNAs. -12/03/21 had 17 CNAs for 201 residents on the day shift, required at least 25 CNAs. -12/04/21 had 17 CNAs for 201 residents on the day shift, required at least 25 CNAs. -12/06/21 had 14 CNAs for 201 residents on the day shift, required at least 25 CNAs. -12/07/21 had 15 CNAs for 201 residents on the day shift, required at least 25 CNAs. -12/08/21 had 18 CNAs for 202 residents on the day shift, required at least 25 CNAs. -12/09/21 had 16 CNAs for 201 residents on the day shift, required at least 25 CNAs. -12/10/21 had 15 CNAs for 200 residents on the day shift, required at least 25 CNAs. -12/11/21 had 17 CNAs for 199 residents on the day shift, required at least 25 CNAs. For the 2 weeks of Complaint staffing from 09/10/2023 to 09/23/2023, the facility was deficient in CNA staffing for residents on 12 of 14 day shifts as follows: -09/10/23 had 25 CNAs for 239 residents on the day shift, required at least 30 CNAs. -09/11/23 had 20 CNAs for 239 residents on the day shift, required at least 30 CNAs. -09/12/23 had 24 CNAs for 239 residents on the day shift, required at least 30 CNAs. -09/13/23 had 27 CNAs for 139 residents on the day shift, required at least 30 CNAs. -09/14/23 had 26 CNAs for 239 residents on the day shift, required at least 30 CNAs. -09/15/23 had 28 CNAs for 243 residents on the day shift, required at least 30 CNAs.	S 560	to the procedure for calling out and submitting personal time off requests with advanced notice. They also discussed the facility's requirements for CNAs to work on every other weekend and the repercussions of not following those procedures and the progressive disciplinary action notification system and how it relates to patient care outcomes. Staff was also offered employee referral bonuses for bringing on board new nursing employees at prorated rates to help foster better ratios in-house for future shifts. Next, they discussed all of the regulated staffing ratios as are related to New Jersey's S560 regulations. Management reviewed each resident census by unit and calculated the patient acuities, then calculated the appropriated staff according to required C.N.A. ratios. The ADON/DON/Administrator discussed the procedures for usage of the Master Schedule and its daily interaction with the staff and Supervisors, the daily confirmation and exchange of the PTO Calendar, the PTO Request Off Form/Switch of Shift Form, the Overtime Request Form, and the completion of the Nurse Staffing Report by the Staffing Coordinator to be reviewed by the ADON/DON/designee daily. The Director of Human Resources will offer a retention bonus to all new C.N.A. hires which will be paid quarterly in lump sums. A recruitment firm will continue to provide the facility with new applicants on a weekly basis, to hire and on-board new staff in	

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S 560	Continued From page 3 -09/16/23 had 29 CNAs for 242 residents on the day shift, required at least 30 CNAs. -09/17/23 had 27 CNAs for 241 residents on the day shift, required at least 30 CNAs. -09/18/23 had 26 CNAs for 241 residents on the day shift, required at least 30 CNAs. -09/19/23 had 28 CNAs for 239 residents on the day shift, required at least 30 CNAs. -09/22/23 had 27 CNAs for 236 residents on the day shift, required at least 29 CNAs. -09/23/23 had 24 CNAs for 236 residents on the day shift, required at least 29 CNAs.	S 560	order to ensure the needs of the residents is being met. Contracted staffing agencies will continue to provide additional nursing staff as needed. Lastly, they discussed the Unit Manager's role to complete daily rounds and confirm each unit's nursing staff attendance and to report it to the ADON/DON in the clinical meeting. The in-services were given verbally by the Nurse Educator for (1) hour in a language the entire staff could understand, materials were provided as well. New hires will be in-serviced upon their orientation on these same policies and procedures. 4.The Administrator/DON/ADON/UMs/Staffing Coordinator/Director of Human Resources will identify daily callouts that are listed on the Daily Census Sheet and will discuss any shortages in staffing 5x/week during Clinical Meeting to ensure that a root cause has been identified. The DON/ADON will review the Master Schedule weekly, and weekly Labor Meetings will be held by the Director of Human Resources/Staffing Coordinator/Administrator. The Staffing Coordinator/Director of Human Resources/designee will monitor these findings daily, 5x/week, track improvement monthly for 3 months, and then present these findings in the Quarterly Assurance Performance Improvement Meetings quarterly for 1 year.	

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EMBASSY MANOR AT EDISON NURSING AND REHABILITATION	**10 BRUNSWICK AVENUE EDISON, NJ 08817**

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F 000	INITIAL COMMENTS Complaint #: NJ00148950 NJ00149606 NJ00150494 Survey Dates: 9/27/23 and 9/28/23 Census: 238 Sample Size: 5 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.	F 000		

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

Electronically Signed | 10/18/2023

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.