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

PRINTED: 11/27/2024 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION		X3) DATE SURVEY COMPLETED	
315196		B. WING	B. WING		C 09/24/2024			
NAME OF PROVIDER OR SUPPLIER ARISTACARE AT MANCHESTER				17	TREET ADDRESS, CITY, STATE, ZIP CODE 770 TOBIAS AVENUE ANCHESTER, NJ 08759	1 03/	24/2024	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	DRRECTIVE ACTION SHOULD BE COMPLET FERENCED TO THE APPROPRIATE DAT		
F 000	INITIAL COMMENTS		F	000				
	Complaint #: NJ1763	392						
	Census: 138							
	Sample Size: 5							
	42 CFR PART 483, S	SUBSTANTIAL THE REQUIREMENTS OF UBPART B, FOR LONG TIES BASED ON THIS						
L ABORATORY	 	SUPPLIER REPRESENTATIVE'S SIGNATUR	 F		TITLE		(X6) DATE	

Electronically Signed 10/08/2024

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.

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New Jersey Department of Health

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE	E CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
61517		B. WING		1	24/2024	
		01317			09/2	14/2024
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE		
ADISTACA	ARE AT MANCHESTER	1770 TO	BIAS AVENUE			
ANISTACA	ARE AT WANCHESTER	MANCHI	ESTER, NJ 0875	59		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	١	(X5)
PREFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE DATE
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	DATE	
			+			
S 000	Initial Comments		S 000			
	Complaint #: NJ1763	92				
	Census: 138					
	0 1 0: 5					
	Sample Size: 5					
	The facility was not in	compliance with the				
	-	Jersey Administrative code,				
		censure of Long-Term Care				
		must submit a Plan of				
	•	a completion date for each				
	deficiency and ensure					
		to correct deficiencies may				
	•	action in accordance with				
	the provisions of the New Jersey Administrative Code, Title 8, chapter 43E, enforcement of licensure regulations.					
S 560	8:39-5.1(a) Mandator	v Access to Care	S 560			11/5/24
0 000	0.00-0. I(a) Mandator	y 7 toocss to Gare				11/0/24
	(a) The facility shall c	omply with applicable				
	Federal, State, and local laws, rules, and					
	regulations.	,				
	J					
		is not met as evidenced				
	by:	00		0500		
	Complaint #: NJ1763	92		\$560		
	Danad an internit	and marriage of facilities		1) Current schedules reviewed with no	J	
	Based on interviews a	•		concerns		
		2024, it was determined that		2) All residents residing at the facility	havo	
	-	nsure staffing ratios were nifts and 2 of 14 evening		2) All residents residing at the facility	lave	
	-	deficient practice had the		the potential to be affected.		
	potential to affect all r			3) a. Staffing coordinator was educate	ad on	
	potential to allect all I	Colucitio.		meeting the state requirements for CN		
	Findings include:			resident ratio.	., (10	
			1			1

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

TITLE (X6) DATE 10/08/24

Electronically Signed

STATE FORM 6899 LC3M11 If continuation sheet 1 of 3

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:				
61517		61517	B. WING		C 09/24/2024		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE			
ARISTAC	ARISTACARE AT MANCHESTER 1770 TOBIAS AVENUE MANCHESTER, NJ 08759						
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	N (X5)		
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE		
S 560	Continued From page	÷ 1	S 560				
S 560	Reference: New Jers (NJDOH) memo, date with N.J.S.A. (New Jers 30:13-18, new minimum nursing homes," indice Governor signed into codified as N.J.S.A. 3 established minimum nursing homes. The feffective on 02/01/20: One Certified Nurse A residents for the day member to every 10 residents for the day member to every 10 residents for the day shall be CNAs and easies signed into work a shall perform nurse a care staff member to night shift, provided the member shall sign in perform CNA duties. For the 2 weeks of stasurvey from 09/08/20 was deficient in CNA 14-day shifts as follow On 09/08/24 had 14 of the day shift, required On 09/15/24 had 16 of the day shift, required the day shift, required on day shift, required the day shift the day shif	sey Department of Health and 01/28/2021, "Compliance earsey Statutes Annotated) curn staffing requirements for atted the New Jersey law P.L. 2020 c 112, 0:13-18 (the Act), which staffing requirements in collowing ratio (s) were 21: Aide (CNA) to every eight shift. One direct care staff residents for the evening of fewer of all staff members and direct staff members and direct staff members and one direct every 14 residents for the nat each direct care staff to work as a CNA and affing prior to complaint 24 to 09/21/2024, the facility staffing for residents on 3 of vs: CNAs for 141 residents on 1 at least 18 CNAs. CNAs for 136 residents on 1 at least 17 CNAs. CNAs for 136 residents on 1 at least 17 CNAs.	\$ 560	Based on the staff to resident ratio, Fauses in house staff and agency staff to fulfill staffing needs. b. Daily staffing meetings are held we Director of Nursing/designee& staffing coordinator/ designee to review schedules, recruitment results & where focus hiring. c. The facility uses many strategies the recruitment & retention of staff - fly enclosed. 1. Job postings are posted on job boards such as Indeed, zip recruiter, LinkedIn, social media etc. Jobs are refreshed every 2 weeks for Certified Nursing Assistant (CNA) & nurses. 2. Recruitment ads and flyers are updated and posted. 3. Open house recruitment was hin March. June, July of 2024. 4. Payroll bonuses are offered to encourage staff to pick up shifts. 5. Recruiters actively work to obtastaff. 6. Facility has employee referral bonus program. 7. Facility increased shift deferent based on need. 8. Facility increased wage rate for nurses based on years of experience. 9. Facility increased wage rate for nurses based on years of experience. 10. Facility offers frills & no frills of to recruit employees and offer a higher wage. 11. Facility offers sign on bonus to attract new employees. 12. Facility engages in outreach programs & marketing events in the program and program and program and program and program and program an	e to in yers eld or 4. ption er		
	established minimum nursing homes. The f effective on 02/01/2020. One Certified Nurse A residents for the day member to every 10 r shift, provided that no shall be CNAs and eable signed into work a shall perform nurse a care staff member to night shift, provided the member shall sign in perform CNA duties. For the 2 weeks of states survey from 09/08/20 was deficient in CNA 14-day shifts as follow On 09/08/24 had 14 (the day shift, required On 09/15/24 had 16 (the day shift, required On 09/18/24 had 16 (the day shift)	staffing requirements in ollowing ratio (s) were 21: Aide (CNA) to every eight shift. One direct care staff esidents for the evening fewer of all staff members and direct staff member shall as a certified nurse aide and ide duties: and One direct every 14 residents for the nat each direct care staff to work as a CNA and affing prior to complaint 24 to 09/21/2024, the facility staffing for residents on 3 of vs: CNAs for 141 residents on 1 at least 18 CNAs. CNAs for 136 residents on 1 at least 17 CNAs. CNAs for 136 residents on		c. The facility uses many strategies the recruitment & retention of staff - fly enclosed. 1. Job postings are posted on job boards such as Indeed, zip recruiter, LinkedIn, social media etc. Jobs are refreshed every 2 weeks for Certified Nursing Assistant (CNA) & nurses. 2. Recruitment ads and flyers are updated and posted. 3. Open house recruitment was hin March. June, July of 2024. 4. Payroll bonuses are offered to encourage staff to pick up shifts. 5. Recruiters actively work to obtastaff. 6. Facility has employee referral bonus program. 7. Facility increased shift deferent based on need. 8. Facility increased base rate for nurses based on years of experience. 9. Facility increased wage rate for Certifies Nurse aides in February 2022. 10. Facility offers frills & no frills of to recruit employees and offer a higher wage. 11. Facility offers sign on bonus to attract new employees.	eld ain tial or 4. ption		

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			С				
		61517	B. WING		09/24/2024		
	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1770 TOBIAS AVENUE MANCHESTER, NJ 08759						
(X4) ID PREFIX TAG	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE		
S 560	Continued From page	÷ 2	S 560	career fairs. 13. Facility partners with Prestige Medical Solutions to sponsor education classes to become Certified Nursing Assistant (CNA's). The Facility is using this program to recruit & retain staff. a) The May 2024 class resulted Nursing Assistant (NA) who just recerbecame a Certified Nursing Assistant is still currently on staff. b) The August 2024 class resulted in 4 Nursing Aides who went on staff rotation September 23, 2024. c) The September 2024 class resulted in 3 Nursing Aides scheduled go on staff rotation beginning October 2024. d) The October 2024 class scheduled for the 29th has 6 students currently enrolled for the classes. 4). The Director of Nursing/ designee audit schedule weekly for staffing ration The results of these reviews will be reported at the monthly QUAPI meeting for 3 months and as needed thereafted any additional recommendations as determined by the QUAPI committee.	g d in 1 ntly and lted lto 21, will os. mgs er for		