New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	061628		C 08/31/2022

NAME OF PROVIDER OR SUPPLIER: PHOENIX CENTER FOR REHABILITATION AND PEDIA

STREET ADDRESS, CITY, STATE, ZIP CODE: 1433 RINGWOOD AVE, HASKELL, NJ 07420

(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 a review of pertinent facility documentation, it was determined that the facility failed to a.) maintain the required minimum direct care staff to resident ratios for 13 of 14-day shifts as mandated by the state of New Jersey and b.) ensure that the Infection Preventionist who was assigned to oversee the infection prevention and control program met the requirement that the facility designates a full-time employee in the infection control prevention role with no other responsibilities as mandated by the State of New Jersey. This deficient practice was identified and the findings were as follows: Reference: New Jersey Department of Health (DOH) memo, dated 01/28/2021, "Compliance	S 560	IMMEDIATE ACTION: There were no care issues reported on the 13 shifts out of 14 shifts that were reviewed. A job posting for full-time infection preventionist nurse has been posted since May 2022 on recruitment website, the job posting was re-freshed on 8/6/2022 on recruitment website to continue all efforts to recruit. IDENTIFY OTHERS: Director of Nursing/designee reviewed the last 30 days of CNA staffing report. Staffing needs were partially met by the facility. Recruitment efforts are in place to assist the facility in recruiting. CNAs receives	11/11/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed

TITLE

(X6) DATE: 09/23/22

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S 560	Continued From page 1 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: 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 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 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. Reference: New Jersey Executive Directive 20-026 "Directive for the Resumption of Services in all Long-Term Care Facilities" dated 1/6/21, directs the following: "In addition to the requirements in N.J.A.C. 8:39-20, the following practices shall remain in place even as LTCF's (Long-Term Care Facilities) resume normal activities, regardless of the facility's current reopening phase;... iv, Facilities with No Ventilator Beds a. Facilities with 100 or more beds or on-site hemodialysis services must: 1) Hire a full-time employee in the infection prevention role, with no other responsibilities and	S 560	sign on bonus, referral bonus, reimbursement for C.N.A. tuition, and transportation service from certain locations. Facility is working towards to increase the rates for C.N.As. Facility also has contracts with Agencies to recruit C.N.As. Director of Nursing/designee also reviewing staff attendance records to ensure that excessive absences are addressed accordingly. Director of Nursing/designee reviewed Infection Preventionist Nurse job responsibilities and will try to reduce other roles until a full-time Infection Preventionist Nurse is hired. INSERVICES: On 9/15/2022 Administrator in-serviced the Director of Nursing/Nursing Management and Staffing Coordinator regarding the requirement for S560 to ensure C.N.A. staffing needs are reviewed daily and addressed as needed to meet the staffing requirement. On 9/15/2022 Director of Nursing in serviced Infection Control Preventionist to focus on overseeing the infection control prevention program. QAPI: Director of Nursing/designee will review staffing reports daily and perform weekly audits on C.N.A. staffing levels for the first 3 months then quarterly thereafter. Human Resource Director will perform weekly audits on job posting to ensure recruitment efforts are being made for the full-time Infection Preventionist Nurse. Any negative findings will have immediate corrective actions taken by Director of	

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S 560	Continued From page 2 must attest to the hiring no later than August 10, 2021. vi. Facilities with on-site ventilator beds must follow the requirements under N.J.S.A 26:2H-12.87 (a) to (d), and must attest to compliance with N.J.S.A. 26:2H-12.87 (a) to (d); including but not limited to, the requirement that facilities as part of their outbreak response plan and part of their infectious disease committee..... N.J.S.A 26:2H-12.87 f.(1) An infection preventionist assigned to a long-term care facility's infection prevention and control committee pursuant to subsection e. of this section shall be a managerial employee and shall be employed:(a) in the case of a long-term care facility with a licensed bed capacity equal to 100 or fewer beds, on at least a part time basis; and(b) in the case of a long-term care facility with a licensed bed capacity equal to more than 100 beds or that provides on-site hemodialysis services, on a full-time basis. 1. A review of the "Nursing Staffing Report" completed by the facility for the weeks of 7/17/22 through 7/23/22 and 7/24/22 through 7/30/22, revealed the staffing to residents ratio did not meet the minimum requirement of one CNA to eight residents for the day shift as documented below: -07/17/22 had 8 CNAs for 96 residents on the day shift, required 12 CNAs (12 residents per CNA). -07/18/22 had 11 CNAs for 96 residents on the day shift, required 12 CNAs. -07/19/22 had 9 CNAs for 96 residents on the day shift, required 12 CNAs.	S 560	Nursing/designee and reported to the Administrator. All findings of the audits will be presented during the QAPI meetings held quarterly by the Director of Nursing and will be ongoing until 100 percent compliant attained.	

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S 560	Continued From page 3 -07/21/22 had 9 CNAs for 96 residents on the day shift, required 12 CNAs. -07/22/22 had 8 CNAs for 95 residents on the day shift, required 12 CNAs (11.87 residents per CNA). -07/23/22 had 8 CNAs for 95 residents on the day shift, required 12 CNAs (11.87 residents per CNA). -07/24/22 had 6 CNAs for 95 residents on the day shift, required 12 CNAs (15.83 residents per CNA). -07/25/22 had 11 CNAs for 95 residents on the day shift, required 12 CNAs. -07/26/22 had 11 CNAs for 95 residents on the day shift, required 12 CNAs. -07/27/22 had 10 CNAs for 95 residents on the day shift, required 12 CNAs. -07/28/22 had 9 CNAs for 95 residents on the day shift, required 12 CNAs. -07/29/22 had 10 CNAs for 95 residents on the day shift, required 12 CNAs. -07/30/22 had 9 CNAs for 95 residents on the day shift, required 12 CNAs. On 8/18/22 at 10:56 AM, the surveyor interviewed the Staffing Coordinator (SC) who acknowledged the new minimum staffing requirements for nursing homes. The SC stated, "we don't have enough regulars. Especially for the 7-3 shift. We are also hiring CNAs, but we don't have enough CNAs for the 7-3 shift." 2. On 8/3/22 at 10:33 AM, during the entrance conference, the Licensed Nursing Home Administrator (LNHA) stated that the Infection Preventionist (IP) was employed full time which was 40 hours per week. The LNHA provided a list of the names for the Infection Prevention and Control Program which	S 560		

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S 560	Continued From page 4 included a Nurse Practitioner (NP), the IP/Registered Nurse (RN), an Assistant Director of Nursing (ADON)/RN for pediatrics, a Clinical Assistant and a contracted Infectious Disease Physician and Nurse Practitioner (NP). The LNHA also provided an Association for Professionals in Infection Control and Epidemiology (APIC) certification for the IP/RN dated 10/2014 and completed Certificates of Training for modules from the Nursing Home Infection Preventionist Training Course dated from 7/3/2021 to 8/6/2021. On 8/5/22 at 12:20 PM, the surveyor interviewed the IP/RN who stated that her job description included staff development, employee health, and infection control. The IP/RN explained that staff development included educating all staff on mandatory in-services such as blood-borne pathogens, abuse, resident rights, and sensitivity training. The IP/RN further explained that employee health included keeping track of new hire physicals. In addition, the IP/RN stated that she was the infection control person for the facility and had started as a supervisor and then took the IP position when the previous IP retired. The IP/RN stated that she has been in the role of IP for one (1) year. The IP/RN then stated that she works closely with a Clinical Assistant and a Nurse Practitioner (NP) who is a contracted IP that oversees the facility monthly. The IP/RN acknowledged that she had additional responsibilities other than infection control. A review of the job responsibilities/titles provided by the LNHA revealed that the IP/RN was responsible as the Infection Preventionist and the Staff Development Manager.	S 560		

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S 560	Continued From page 5 A review of the Staff Development Manager job functions included to: "1. Provide mandatory in-service programs which are in compliance with State and Federal regulations for licensure and/or certification." "3. Coordinate all training and education programs at the facility including the development and implementation of continuing education programs for all facility personnel at all levels." "4. Oversee the development and implementation of the on-the-job training programs for new hires." Further review of the Staff Development Manager personnel functions included to: "1. Maintain adequate records of in-service programs attended by all staff." "2. Provide in-service records (i.e.: proof of participation, length of in-service) to regulatory agencies for purposes of licensure and certification maintenance of facility staff. "3. Function as the Employee Health Nurse at the facility and is responsible to ensure employees meet all the health requirements as stated in the policies and procedures (for example, physicals, vaccinations etc.). On 8/6/22 at 1:15 PM, the surveyor interviewed the LNHA who stated that the IP/RN was the person responsible for infection control for the facility. The LNHA also stated that the IP/RN was also responsible for Staff Development in addition to the role of IP. The LNHA explained that the Staff Development job function was responsible for employee health which included performing	S 560		

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S 560	Continued From page 6 physicals, new hire vaccinations, and COVID-19 vaccine maintenance of all staff. The LNHA acknowledged that the IP/RN had additional responsibilities other than infection control. On 8/23/22 at 4:01 PM, the surveyor interviewed the LNHA via telephone who stated that there were 72 licensed ventilator beds in the facility. The LNHA also stated that she was aware of the requirements in the executive order for facilities with ventilator beds regarding having an individual certified by the Certification Board of Infection Control and Epidemiology and a physician who has completed an infectious disease fellowship.	S 560		