

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

PRINTED: 04/22/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315514</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>01/11/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>EXCEL CARE AT EGG HARBOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6818 DELILAH ROAD</b> <b>EGG HARBOR TOWNSHIP, NJ 08234</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>A Complaint Survey was conducted on behalf of the New Jersey Department of Health.</p> <p>Complaint #: NJ000155392, NJ000156151, NJ000156337, NJ000157703, NJ000160200, NJ000160363, NJ000161514, NJ000163018, NJ000163997, NJ000164055, NJ000165134, NJ000166534, NJ000167182, NJ000167937</p> <p>Survey Dates: 01/09/24 - 01/11/24</p> <p>Survey Census: 114</p> <p>Sample Size: 15</p> <p>THE FACILITY IS IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

02/01/2024

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	<p>Initial Comments</p> <p>Complaint #: NJ000155392, NJ000156151, NJ000156337, NJ000157703, NJ000160200, NJ000160363, NJ000161514, NJ000163018, NJ000163997, NJ000164055, NJ000165134, NJ000166534, NJ000167182, NJ000167937</p> <p>Survey Dates: 01/09/24 - 01/11/24 Survey Census: 114 Sample Size: 15</p> <p>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.</p>	S 000		
S 560	<p>8:39-5.1(a) Mandatory Access to Care</p> <p>(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ000155392, NJ000160363, NJ000164055, NJ000165134, NJ000167937</p> <p>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</p>	S 560	<p>S-560 - 8:39-5.1(a) Mandatory Access to Care STATE S STAFFING RATIOS</p> <p>I. CORRECTIVE ACTIONS ACCOMPLISHED FOR RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE:</p>	3/11/24

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

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02/01/24

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S 560	<p>Continued From page 1</p> <p>ratios as mandated by the state of New Jersey for 35 of 49 day shifts and 1 of 49 overnight shifts as follows: This deficient practice had the potential to affect all residents. Findings include:</p> <p>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:</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>As per the "Nurse Staffing Report" completed by the facility for the 7 weeks of staffing from 05/07/2023 to 05/13/2023, 06/18/2023 to 06/24/2023, 07/16/2023 to 07/22/2023, 09/03/2023 to 09/09/202, 09/24/2023 to 09/30/2023 and 2 weeks of staffing from 12/24/2023 to 01/06/2024, the staffing to resident ratios did not meet the minimum requirement of as documented below:</p> <p>1. For the week of staffing from 05/07/2023 to 05/13/2023, the facility was deficient in CNA</p>	S 560	<p>The facility actively seeks to hire CNAs, that all shifts are scheduled to comply with ratios, that any callouts or no-shows result in calls being made by the shift supervisor to fill the shift.</p> <p>Recruitment efforts by the facility to hire CNA s, direct nursing staff include the following: Aggressively running ads through various social media platforms; Utilization of employment application websites; and fostering partnerships with recruitment and employment agencies. No residents have been adversely affected by the deficient practice.</p> <p>II. IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE</p> <p>All residents have the potential to be affected by this situation.</p> <p>III. SYSTEMIC CHANGES TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR</p> <p>Facility s Recruitment and Retention Strategies and Efforts have been in progress, which include but are not limited to the following:</p> <ul style="list-style-type: none"> <li>o Offer Sign on bonuses to attract staff</li> <li>o Recruitment bonus to encourage referrals from current staff</li> <li>o Offer daily and weekend bonuses to attract overtime or PRN staff shifts</li> <li>o Regularly meet with Staff to boost morale</li> <li>o Conduct Staff Appreciation programs and activities to promote Staff Retention</li> <li>o Aggressively run ads in various social media platforms and employment</li> </ul>	

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S 560	<p>Continued From page 2</p> <p>staffing for residents on 1 of 7 day shifts as follows:</p> <p>-05/12/23 had 10 CNAs for 100 residents on the day shift, required at least 12 CNAs.</p> <p>2. For the week of Complaint staffing from 06/18/2023 to 06/24/2023, the facility was deficient in CNA staffing for residents on 2 of 7 day shifts as follows:</p> <p>-06/19/23 had 12 CNAs for 104 residents on the day shift, required at least 13 CNAs. -06/20/23 had 11 CNAs for 104 residents on the day shift, required at least 13 CNAs.</p> <p>3. For the week of staffing from 07/16/2023 to 07/22/2023, the facility was deficient in CNA staffing for residents on 5 of 7 day shifts as follows:</p> <p>-07/16/23 had 13 CNAs for 112 residents on the day shift, required at least 14 CNAs. -07/17/23 had 12 CNAs for 112 residents on the day shift, required at least 14 CNAs. -07/19/23 had 13 CNAs for 112 residents on the day shift, required at least 14 CNAs. -07/21/23 had 11 CNAs for 114 residents on the day shift, required at least 14 CNAs. -07/22/23 had 12 CNAs for 114 residents on the day shift, required at least 14 CNAs.</p> <p>4. For the week of staffing from 09/03/2023 to 09/09/2023, the facility was deficient in CNA staffing for residents on 6 of 7 day shifts and deficient in total staff for residents on 1 of 7 overnight shifts as follows:</p> <p>-09/03/23 had 11 CNAs for 115 residents on the day shift, required at least 14 CNAs.</p>	S 560	<p>application websites</p> <ul style="list-style-type: none"> <li>o Flexible shifts and schedules</li> <li>o Increased wages to be well above state minimum</li> <li>o Working with C.N.A. schools to recruit new grads</li> <li>o Contract with staffing agencies</li> </ul> <p>IV. MONITORING OF CORRECTIVE ACTIONS</p> <p>The Human Resource Director will provide weekly reports to the Administrator regarding all efforts made to try to comply with the State s Staffing Ratios. Reports will be submitted to the Corporate Director of Human Resources/Payroll.</p> <p>Corporate Director of Human Resources/Payroll will submit monthly reports to the QAPI (Quality Assurance and Performance Improvement) Committee X 6 months, documenting status of all recruitment and retention efforts. The QAPI (Quality Assurance and Performance Improvement) Committee will determine the need for further action plans.</p> <p>COMPLETION DATE: 03/11/2024</p>	

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S 560	<p>Continued From page 3</p> <p>-09/05/23 had 13 CNAs for 114 residents on the day shift, required at least 14 CNAs.</p> <p>-09/06/23 had 13 CNAs for 114 residents on the day shift, required at least 14 CNAs.</p> <p>-09/07/23 had 13 CNAs for 114 residents on the day shift, required at least 14 CNAs.</p> <p>-09/08/23 had 10 CNAs for 114 residents on the day shift, required at least 14 CNAs.</p> <p>-09/09/23 had 11 CNAs for 115 residents on the day shift, required at least 14 CNAs.</p> <p>-09/09/23 had 7 total staff for 115 residents on the overnight shift, required at least 8 total staff.</p> <p>5. For the week of staffing from 09/24/2023 to 09/30/2023, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows:</p> <p>-09/24/23 had 10 CNAs for 116 residents on the day shift, required at least 14 CNAs.</p> <p>-09/25/23 had 11 CNAs for 112 residents on the day shift, required at least 14 CNAs.</p> <p>-09/26/23 had 10 CNAs for 112 residents on the day shift, required at least 14 CNAs.</p> <p>-09/27/23 had 10 CNAs for 112 residents on the day shift, required at least 14 CNAs.</p> <p>-09/28/23 had 10 CNAs for 112 residents on the day shift, required at least 14 CNAs.</p> <p>-09/29/23 had 10 CNAs for 115 residents on the day shift, required at least 14 CNAs.</p> <p>-09/30/23 had 10 CNAs for 111 residents on the day shift, required at least 14 CNAs.</p> <p>6. For the 2 weeks of staffing from 12/24/2023 to 01/06/2024, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows:</p> <p>-12/24/23 had 11 CNAs for 116 residents on the day shift, required at least 14 CNAs.</p>	S 560		

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S 560	<p>Continued From page 4</p> <p>-12/25/23 had 11 CNAs for 115 residents on the day shift, required at least 14 CNAs.</p> <p>-12/26/23 had 11 CNAs for 115 residents on the day shift, required at least 14 CNAs.</p> <p>-12/27/23 had 12 CNAs for 115 residents on the day shift, required at least 14 CNAs.</p> <p>-12/28/23 had 12 CNAs for 115 residents on the day shift, required at least 14 CNAs.</p> <p>-12/29/23 had 11 CNAs for 119 residents on the day shift, required at least 15 CNAs.</p> <p>-12/30/23 had 12 CNAs for 117 residents on the day shift, required at least 15 CNAs.</p> <p>-12/31/23 had 11 CNAs for 117 residents on the day shift, required at least 15 CNAs.</p> <p>-01/01/24 had 12 CNAs for 117 residents on the day shift, required at least 15 CNAs.</p> <p>-01/02/24 had 11 CNAs for 117 residents on the day shift, required at least 15 CNAs.</p> <p>-01/03/24 had 12 CNAs for 117 residents on the day shift, required at least 15 CNAs.</p> <p>-01/04/24 had 12 CNAs for 117 residents on the day shift, required at least 15 CNAs.</p> <p>-01/05/24 had 12 CNAs for 117 residents on the day shift, required at least 15 CNAs.</p> <p>-01/06/24 had 13 CNAs for 117 residents on the day shift, required at least 15 CNAs.</p>	S 560		

**STATE FORM: REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 01001	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/11/2024
NAME OF FACILITY EXCEL CARE AT EGG HARBOR	STREET ADDRESS, CITY, STATE, ZIP CODE 6818 DELILAH ROAD EGG HARBOR TOWNSHIP, NJ 08234	

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	03/11/2024	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 1/11/2024	<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
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