

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 03009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/23/2021
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NAME OF PROVIDER OR SUPPLIER PROMEDICA TOTAL REHAB + (MOORESTOWN)	STREET ADDRESS, CITY, STATE, ZIP CODE 212 MARTER AVENUE MOORESTOWN, NJ 08057
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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 shift as mandated by the State of New Jersey. This was evident for 13 of 14 day shifts reviewed. 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 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:	S 560	1. QA&A committee was notified of the State Deficiency on August 30, 2021. 2. Staffing Levels are reviewed daily with the Leadership Team and facility scheduler for the [CNA] minimum staffing requirements for nursing 112 under N.J.S.A. 30:13-18 effective as of 2/01/2021. 3. Staffing Coordinator educated by Administrator regarding staffing ratios per the NJDOH Memo Dated 1/28/2021 "Compliance with N.J.S.A. 30:13-18, new minimum staffing requirements by nursing 112." 4. Daily staffing meetings will continue,	9/17/21

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

TITLE

(X6) DATE

Electronically Signed

09/09/21

New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift. homes," indicated the New Jersey Governor signed into law P.L. 2020 c</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>As per the "Nurse Staffing Report" completed by the facility for the weeks of 07/25/21-07/31/21 and 08/01/21-08/07/21, the staffing to resident ratios that did not meet the minimum requirement of 1 CNA to 8 residents for the day shift as documented below:</p> <p>7/25 - 8 CNAs for 91 residents 7/26 - 9 CNAs for 91 residents 7/28 - 9 CNAs for 91 residents 7/29 - 10 CNAs for 89 residents 7/30 - 10 CNAs for 86 residents 7/31 - 9 CNAs for 86 residents 8/1 - 6 CNAs for 86 residents 8/2 - 9 CNAs for 85 residents 8/3 - 9 CNAs for 85 residents 8/4 - 9 CNAs for 85 residents 8/5 - 9 CNAs for 85 residents 8/6 - 11 CNAs for 92 residents 8/7 - 11 CNAs for 92 residents</p> <p>During an interview with the surveyor on 08/20/21</p>	S 560	<p>on-line help-wanted advertising on various sites ongoing, 4 Temp Agency Contracts have been signed, sign-on bonuses advertised, referral bonuses to existing staff posted, CNA starting salaries and shift differentials increased, CNA shift-bonuses were implemented, flexible scheduling and all open shifts posted weekly in an effort to meet the requirements of the NJDOH Memo Dated 1/28/2021 "Compliance with N.J.S.A. 30:13-18, new minimum staffing requirements for nursing 112." Issues identified will be reviewed with the QA&A monthly for the next 2 months.</p>	

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S 560	<p>Continued From page 2</p> <p>at 1:57 PM, the Administrator, stated that there is a huge CNA shortage especially in Southern New Jersey. The facility uses three staffing agencies to obtain staff and scheduled to ratios. As of July 2021, the facility gave all CNAs a \$2.00 per hour raise for new starting rates and for the current CNAs. The facility further offered staffing bonuses, sometimes \$200.00 for an 8-hour shift. The Administrator further stated that the facility's biggest issue was callouts, and we immediately tried to get coverage; but typically, this did not happen. The facility posted open shifts throughout the building. The facility had almost an unlimited budget to get the building staffed; and we worked on staffing from two to three hours daily. The facility offered a sign on bonus for CNAs (\$3,000.00) and a referral bonus (\$500.00) which was paid quarterly. The facility further had a daily meeting at 10:30 AM to review all of the open needs and to do everything we can to "hit the ratios" because we know how important it is.</p> <p>NJAC 8:39-5.1(a)</p>	S 560		

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

PRINTED: 08/19/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315517	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/23/2021
NAME OF PROVIDER OR SUPPLIER PROMEDICA TOTAL REHAB + (MOORESTOWN)			STREET ADDRESS, CITY, STATE, ZIP CODE 212 MARTER AVENUE MOORESTOWN, NJ 08057		
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F 000	INITIAL COMMENTS Survey: 8/23/21 CENSUS: 81 SAMPLE: 18 + 3 closed records A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.	F 000			
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of facility documents, it was determined that the facility failed to follow professional standards of clinical practice during medication administration for 1 of 4 residents (Resident █████ observed for medication pass. This deficient practice was evidenced by the following: Reference: New Jersey Statutes, Annotated Title 45, Chapter 11 Nursing Board, The Nurse Practice Act for the State of New Jersey state: "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential physical and emotional health problems, through	F 658	1. R 23 had no ill outcome related to the potential medication administration error. R 23 no longer resides in the facility. 2. Current residents with orders for Lidocaine patches will be reviewed by the DON/designee to ensure appropriate doses are available at the facility and any discrepancies will be reviewed with the provider. 3. Licensed nursing staff will be educated by the DON/designee on the "Medication Administration: Medication Pass guidelines" on or before the date of compliance.	9/17/21	

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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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F 658	<p>Continued From page 1</p> <p>such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and well-being, and executing a medical regimen as prescribed by a licensed or otherwise legally authorized physician or dentist."</p> <p>Reference: New Jersey Statutes, Annotated Title 45, Chapter 11 Nursing Board, The Nurse Practice Act for the State of New Jersey state: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p> <p>On 08/19/2021 at 8:45 AM, the surveyor observed the Licensed Practical Nurse (LPN) administer medications to Resident [REDACTED]. The LPN dispensed 13 medications, including a [REDACTED]. The LPN removed the patch from the packaging and labeled the patch with the date, time and her own initials. Upon entering the resident's room with the medication, the LPN explained to the resident that she was going to apply the [REDACTED] and exposed the resident's [REDACTED]. At that time, the surveyor stopped the LPN and asked to return to the medication cart. The LPN removed the [REDACTED] box from the medication cart and verified the strength was [REDACTED]. The LPN then reviewed the physician's order on the Medication Administration Record (MAR) and acknowledged the order was for [REDACTED]. The LPN</p>	F 658	<p>4. Utilizing the "Licensed Nurse - Medication Management Skills and Techniques Evaluation" 3 licensed nurses/week X 4 weeks will be audited by the DON/designee to ensure medications are administered without error. After 4 weeks each license nurse will be observed/audited during med pass every 3 months for the next 6 months by DON/designee and then annually thereafter. Results of those audits will be reviewed monthly X 6 months with the QA&A committee.</p>		

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F 658	<p>Continued From page 2</p> <p>then stated that the physician had to be notified to clarify the order.</p> <p>Review of Resident [REDACTED]'s Order Summary Report included a physician's order for [REDACTED] [REDACTED] % Apply to [REDACTED] topically for [REDACTED] and remove per schedule," with a start date of [REDACTED]</p> <p>During an interview with the surveyor on 08/19/2021 at 9:10 AM, the LPN stated she performed three checks prior to administering medications, to ensure the right resident receives the right medication and dose. When asked if the LPN performed the three checks prior to administering the [REDACTED], the LPN stated, "I didn't see the [REDACTED] on the box."</p> <p>During an interview with the surveyor on 08/19/2021 at 10:07 AM, the Care Manager stated that the nurse administering medications should perform three checks by comparing the medication to the physician's order to ensure the right resident receives the right medication and dose.</p> <p>During an interview with the surveyor on 08/19/2021 at 10:25 AM, the Director of Nursing (DON) stated that the nurse administering medications should review the physician's order and compare it against the medication to ensure the right medication and dose are being administered to the right resident. The DON further stated that the LPN should have performed these checks prior to administering the [REDACTED] Patch.</p> <p>Review of the facility's Medication Administration: Medication Pass policy, dated 03/2010, included,</p>	F 658			

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F 658	Continued From page 3 "Open MAR to patient record and review physician medication order against medication label," and, "compare MAR with medication label for accuracy." NJAC 8:39-27.1(a)	F 658		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 03009	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 11/3/2021
NAME OF FACILITY PROMEDICA TOTAL REHAB + (MOORESTOWN)		STREET ADDRESS, CITY, STATE, ZIP CODE 212 MARTER AVENUE MOORESTOWN, NJ 08057

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	09/17/2021	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 8/23/2021	<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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POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315517	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 11/3/2021	Y3
NAME OF FACILITY PROMEDICA TOTAL REHAB + (MOORESTOWN)			STREET ADDRESS, CITY, STATE, ZIP CODE 212 MARTER AVENUE MOORESTOWN, NJ 08057		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, 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 CMS-2567 (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 F0658	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.21(b)(3)(i)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	09/17/2021	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 8/23/2021

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO