STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315513	A. BUILDING _____ B. WING _____	C 01/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE SUBACUTE AT AUTUMN LAKE HEALTHCARE	113 SOUTH ROUTE 73 VOORHEES, NJ 08043

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F 000	INITIAL COMMENTS Complaint #: NJ00162079, NJ00163465, NJ00168805, NJ00170236, and NJ00170282 Survey Dates: 01/11/2024, 01/18/2024 & 01/22/2024 Census: 103 Sample Size: 18 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000		
F 725 SS=E	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of	F 725		3/4/24

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

Electronically Signed | 02/19/2024

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F 725	Continued From page 1 this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: Complaint # NJ170236 Based on observations, interviews, and review of pertinent facility documents on 1/11/24, it was determined that the facility failed to ensure there were sufficient nursing staff to provide care for all residents on 1/10/2024 on the 11:00 P.M. to 7:00 A.M. shift. The facility also failed to follow its policy titled "Staffing." This deficient practice occurred on 2 of 2 units, affected 8 of 8 residents (Resident #1, #2, #3, #4, #5, #6, #7 and #8) reviewed and had the potential to affect all other residents. This deficient practice was evidenced by the following: 1.) On 1/11/2024 at 5:50 A.M., Surveyor #1 accompanied by the Licensed Practical Nurse (LPN#1) completed an incontinence tour on the third floor (Subacute Nursing Unit). LPN#1 identified 6 random residents as being dependent on staff for care. Surveyor #1, at this time, observed these residents for NJ Exec. Order 26:4.b.1. Surveyor #1 and LPN #1 entered Resident #1's room, who was in bed wearing a hospital style gown. The resident, at that time, granted	F 725	1. Resident Number 1 received NJ Exec. Order 26:4.b.1 and was assessed for NJ Exec. Order 26:4.b.1 No identified areas noted. Resident number 2-received NJ Exec. Order 26:4.b.1 and was assessed for NJ Exec. Order 26:4.b.1. No identified areas noted. Resident number 3- received NJ Exec. Order 26:4.b.1 and was assessed for NJ Exec. Order 26:4.b.1. No identified areas noted. Resident number 4- received NJ Exec. Order 26:4.b.1 and was assessed for NJ Exec. Order 26:4.b.1. No identified areas noted. Resident number 5- received NJ Exec. Order 26:4.b.1 and was assessed for NJ Exec. Order 26:4.b.1. No identified areas noted. Resident number 6- received NJ Exec. Order 26:4.b.1 was assessed for NJ Exec. Order 26:4.b.1. No identified new areas noted, and existing wound remained stable. Resident number 7- received NJ Exec. Order 26:4.b.1 and was assessed for NJ Exec. Order 26:4.b.1. No identified areas noted. Resident number 8- received NJ Exec. Order 26:4.b.1 and was assessed for NJ Exec. Order 26:4.b.1. No identified areas noted. An interview with resident number 8 to obtain information regarding to his reporting care issues and identified staff addressed.	

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F 725	Continued From page 2 permission for Surveyor #1 and LPN #1 to observe his/her NJ Exec. Order 26:4.b.1. When LPN #1 opened and checked Resident #1's NJ Exec. Order 26:4.b.1. Resident #1 stated, "I don't remember the last time I was changed." LPN #1 observed and agreed that Resident #1's NJ Exec. Order 26:4.b.1 was NJ Exec. Order 26:4.b.1. LPN #1 was unaware of the last time the resident was changed. A review of Resident #1's Admission Record (AR) reflected that the resident was admitted to the facility with diagnoses which included but were not limited to NJ Exec. Order 26:4.b.1 A review of Resident #1's Admission Minimum Data Set (MDS), an assessment tool dated NJ Exec. Order 26:4.b, revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of NJ Exec. out of 15" which indicated Resident #1 had a NJ Exec. Order 26: The MDS further revealed that the resident was dependent on staff for personal hygiene, and he/she was always NJ Exec. Order 26:4.b.1. A review of Resident #1's progress notes (PNs) and weekly skin assessments from December NJ Exec. Order 26:4.b.1, revealed no documentation of NJ Exec. Order 26:4.b.1. 2. On 1/11/2024 at 5:53 A.M., Surveyor #1 and LPN #1 entered Resident #2's room, who was in bed wearing a hospital style gown and covered with a blanket. At that time, the resident granted permission for Surveyor #1 and LPN #1 to observe his/her NJ Exec. Order 26:4.b.1. LPN #1 opened and checked Resident #2's NJ Exec. Order 26:4.b.1 which was NJ Exec. Order 26:4.b.1. Resident	F 725	2. All residents requiring incontinent care have the potential to be affected by this deficient practice. 3. Licensed staff will be in-serviced to assist CNA□S with incontinent care when they are short staff. All staff will be in-serviced on incontinent care, rounding Q 2 hours, appropriate brief use, and answering call bells in a timely manner along with appropriate response to resident request at the time. All staff are in-serviced on the appropriate staffing ratios. A new staffing coordinated started, Staffing coordinator was in-serviced on appropriate staffing ratios-resident to CNA ratios, and a new staff tracking system is being utilized. All staff are in-serviced on not double diapering anyone at any time. CNA for resident number 3 was counseled and received one on one in-service on how to appropriately respond to call bells and resident requests. CNA for resident number 6 was counseled on double diapering and received one on one in-service that its never appropriate to double diaper anyone. All staff will be in-serviced to make walking rounds at the beginning of their shift to identify anyone in need of care immediately and not later in their shift. Increased effects to hire shift supervisors for oversight of care. Staff educator will complete competencies with all CNA□s on incontinent care and Q 2 hour rounding. Competencies will be completed with all staff regarding response to call bells and appropriate response to resident requests. The facility has been actively	

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F 725	Continued From page 3 #2 stated, "I did not get changed during the night, the last time I got changed was before bedtime." Resident #2 denied having a [redacted]. LPN #1 agreed that Resident #2's [redacted] was [redacted]. LPN #1 was unaware of the last the the resident was changed. A review of Resident #2's AR reflected that the resident was admitted to the facility with diagnoses which included but were not limited to [redacted]. A review of Resident #2's Admission MDS, dated [redacted], revealed Resident #2 had a BIMS score of [redacted] out of 15" which indicated Resident #2 had [redacted]. The MDS further revealed the resident was dependent on staff for personal hygiene, and he/she was always [redacted]. A review of Resident #2's PNs and weekly skin assessments from [redacted] revealed no documentation of [redacted]. 3. On 1/11/2024 at 5:58 A.M., Surveyor #1 and LPN #1 entered Resident #3's room, who was in bed wearing a hospital style gown and covered with a blanket. At that time, the resident granted permission for Surveyor #1 and LPN #1 to observe his/her [redacted]. LPN #1 opened and checked Resident #3's [redacted] which was [redacted]. Resident #3 stated, "I did not get changed during the night. Every time I put the light on, the girl [Certified Nursing Aide (CNA)] comes in and turned the light off." When asked by Surveyor #1 if he/she knew the name of the girl [CNA], Resident #3	F 725	recruiting and hiring nurses and aides and will continue to be aggressive with hiring. The facility continues to employee agency staff as needed to maintain staffing numbers within acceptable parameters. 4. Audit for incontinent rounds will be implemented for each shift periodically for the next 90 days, audits will be given to the director of nursing at the end of the audit for the next morning review, DON will address any identified concerns and findings will be reported to the QA committee quarterly over the next 90 days. The DON or designee will conduct random call light audits periodically for 90 days, findings will report to QA committee quarterly. The administrator or designee will review staffing sheets daily to assure adequate staffing ratios are being met over the next 90 days and findings of the audit will be reviewed with the QA committee quarterly. The staff coordinator will track all new hires and efforts to obtain newly hired staff weekly, report findings to administrator weekly, Administrator will review findings with QA committee quarterly over the next 90 days.	

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said "No." The resident continued to state, "the last time I got changed was before bedtime". Resident #3 denied having NJ Exec. Order 26:4.b.1. LPN #1 agreed that Resident #3's NJ Exec. Order 26:4.b.1 was NJ Exec. Order 26:4.b.1. LPN #1 was unaware of the last time the resident was changed.

A review of Resident #3's AR reflected that the resident was admitted to the facility with diagnoses which included but were not limited to NJ Exec. Order 26:4.b.1.

A review of Resident #3's MDS dated NJ Exec. Order 26:4.b revealed Resident #3 had a BIMS score of NJ Exec. out of 15" which indicated Resident #3 was NJ Exec. Order 26:4.b.1. The MDS further revealed that the resident needed staff assistance for personal hygiene, and he/she was occasionally NJ Exec. Order 26:4.b.1. The MDS also revealed the resident was NJ Exec. Order 26:4.b.1.

A review of Resident #3's PNs and weekly skin assessments from NJ Exec. Order 26:4.b.1 revealed no documentation of NJ Exec. Order 26:4.b.1.

4. On 1/11/2024 at 6:05 A.M., Surveyor #1 and LPN #1 entered Resident #4's room. Resident #4 was in bed wearing a hospital style gown, awake and watching television. At that time, the resident granted permission for Surveyor #1 and LPN #1 to observe his/her NJ Exec. Order 26:4.b.1. LPN #1 opened and checked Resident #4's NJ Exec. Order 26:4.b.1 r which was NJ Exec. Order 26:4.b.1. Resident #4 stated, "I was last changed before bedtime and did not get changed during the night." LPN #1 acknowledged the resident was NJ Exec. Order 26:4.b.1 and should not be NJ Exec. Or LPN #1 was unaware of the

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last time the resident was changed.

A review of Resident #4's AR reflected that the resident was admitted to the facility with diagnoses which included but were not limited to NJ Exec. Order 26:4.b.1

A review of Resident #4's Quarterly MDS, dated 12/21/2023, revealed Resident #4 had a BIMS score of NJ Exec. out of 15" which indicated Resident #4's cognition was NJ Exec. Order 26:4.b.1. The MDS further revealed that the resident needed staff assistance for personal hygiene, and he/she was frequently NJ Exec. Order 26:4.b.1. The MDS also revealed the resident was NJ Exec. Order for developing NJ Exec. Order 26:4.b.1.

A review of Resident #4's PNs and weekly skin assessments from NJ Exec. Order 26:4.b.1, revealed no documentation of NJ Exec. Order 26:4.b.1.

5. On 11/11/2024 at 6:15 A.M., Surveyor #1 and LPN #1 entered Resident #5's room. Resident #5 was in bed wearing a pajama set with a clean sheet covering him/her. At that time, the resident granted permission for Surveyor #1 and LPN #1 to observe his/her NJ Exec. Order 26:4.b.1. LPN #1 opened and checked Resident #5's NJ Exec. Order 26:4.b.1 which NJ Exec. Order 26:4.b.1. Resident #5 stated, "I did not get changed during the night, I was last changed before bedtime." LPN #1 acknowledged the resident was NJ Exec. Order 26:4.b.1. LPN #1 was unaware of the last time the resident was changed.

A review of Resident #5's AR reflected that the resident was admitted to the facility with

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diagnoses which included but were not limited to NJ Exec. Order 26:4.b.1 .

A review of Resident #5's Quarterly MDS, dated 12/28/2023, revealed Resident #5 had a BIMS score of NJ Exe out of 15" which indicated Resident #5's cognition was NJ Exec. Order 26:4.b.1. The MDS further revealed that the resident needed staff assistance for personal hygiene, and he/she was frequently NJ Exec. Order 26:4.b.1. The MDS also revealed the resident was NJ Exec. Order 26:4.b.1 for developing NJ Exec. Order 26:4.b.1.

A review of Resident #5's PNs and weekly skin assessments from NJ Exec. Order 26:4.b.1 revealed no documentation of NJ Exec. Order 26:4.b.1.

6. On 1/11/2024 at 6:25 A.M., Surveyor #1, in the presence LPN #1, observed Resident #6 in bed with a hospital style gown on. Resident #6's sheets were dry, and no odor was discovered. At that time, the resident granted permission for Surveyor #1 and LPN #1 to observe his/her NJ Exec. Order 26:4.b.1. LPN #1 opened the resident's NJ Exec. Order 26:4.b.1 exposing an additional NJ Exec. Order 26:4.b.1 underneath. The additional NJ Exec. Order 26:4.b.1. At that time, LPN #1 stated that "residents should never be NJ Exec. Order 26:4.b.1." He acknowledged both NJ Exec. Order 26:4.b.1. Resident #6 stated "he/she was last changed before bedtime and did not get changed during the night." LPN #1 was unaware of the last time the resident was changed.

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A review of Resident #6's AR reflected that the resident was admitted to the facility with diagnoses which included but were not limited to NJ Exec. Order 26:4.b.1 [redacted]

A review of Resident #6's Quarterly MDS, dated [redacted], revealed Resident #6 had a BIMS score of [redacted] out of 15" which indicated Resident #6 was NJ Exec. Order 26:4.b.1. The MDS further revealed that the resident needed staff assistance for personal hygiene, and he/she was always NJ Exec. Order 26:4.b.1 [redacted]. The MDS also revealed the resident had a preexisting [redacted] upon admission.

A review of Resident #6's PNs and weekly skin assessments from NJ Exec. Order 26:4.b.1 [redacted] revealed no documentation of worsening of NJ Exec. Order 26:4.b.1

On 1/11/2024 at 6:55 A.M., LPN #1 confirmed all residents observed during the incontinence tour were wet. He further stated residents should be checked and changed every two hours and as needed. He said, "I would say the residents were not checked or changed during the night shift for incontinence care." LPN #1 further stated "for the Subacute Unit with a census of 49 residents today, there should have been more than one CNA assigned on the unit." As per LPN #1, the third floor had a census of 49 residents, 4 LPNs and 1 CNA on the 11:00 P.M. to 7:00 A.M. shift.

On 1/11/2024 at 7:08 A.M., CNA #1, who was assigned to the Subacute Unit, stated, "I was the only CNA working and I tried to do the best I could but did not get to all the residents." When

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asked how often incontinence rounds should be done, CNA #1 said, care [rounds] should be provided every two hours and as needed. She said "No, I was not able to provide care to all the residents last night." CNA #1 added that not providing incontinence care could affect the resident's wellbeing.

On 1/11/2024 at 10:00 A.M., Surveyor #1 interviewed the Director of Nursing (DON), in the presence of the Administrator, regarding the aforementioned concerns with the incontinent rounds. The DON stated that incontinent care was to be provided every 2 hours and as needed by the CNAs. She stated that it is important to provide incontinence care to prevent any skin break down. The DON further stated, "no resident should be double diapered, it increases the risk of skin break down."

During the same interview, both the DON and Administrator acknowledged that they were aware that there was only one CNA working on the Subacute Unit on 1/10/2024 on the 11:00 P.M. to 7:00 A.M. shift.

7. On 1/11/24 at 5:45 A.M., Surveyor # 2 arrived on the Second Floor to complete a tour of the unit. Per the "11:00 P.M. to 7:00 A.M. CNA Shift Assignment," the surveyor noted that the floor had two CNAs working on the unit.

On 1/11/24 at 5:47 A.M., Surveyor #2 interviewed Registered Nurse (RN) #1, who said that there were 14 residents assigned to them and that there was one CNA [CNA #2] on that side.

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On 1/11/24 at 5:53 A.M., Surveyor #2 observed CNA #2 exiting a room. CNA #2 said that she had just completed providing care to a resident. CNA #2 further stated that she was unsure how many residents were assigned to her as she had an entire side [Rooms NJ Exec. Order 26:4.b.1] to herself. CNA #2 also said that she thought that there should at least be two CNAs on that side. CNA #2 said that incontinent checks are to be completed every two hours by the CNA to prevent bed sores. When asked if CNA #2 was able to check everyone throughout the night, the CNA said, "Yes," since the nurses helped with checking the residents.

On 1/11/24 at 6:00 A.M., Surveyor #2 interviewed LPN #2 who said that there were 15 residents assigned to them and that there was only one CNA [CNA #2] on that side. LPN #2 added that the nurses are to complete all their work, in addition to assisting the CNA to get everything completed.

On 1/11/24 at 6:10 A.M., Surveyor #2 interviewed LPN #4 who said that there were 12 residents assigned to them and one CNA on that side [CNA #3]. LPN #4 said that the CNAs are responsible for providing incontinent care to residents.

On 1/11/24 at 6:20 A.M., Surveyor #2 interviewed LPN #5 who said that there were 12 residents assigned to them and one CNA working on that side [CNA #3]. When asked if the residents were able to receive all care throughout the shift, the LPN said, "Yes, we're able to get all our work done. We [CNAs and nurses] just work together and it gets done."

On 1/11/24 at 7:38 A.M., Surveyor #2 interviewed the Staffing Coordinator (SC). The SC said that

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six CNAs were scheduled to work the overnight shift on the 1/10/24, 11:00 P.M. to 7:00 A.M. The SC said that she found out this morning (1/11/24) that three CNAs called out at approximately 10:30 P.M. last night. Of the three CNAs that did work, two were on the second-floor long-term care unit, and one was assigned to the third-floor sub-acute unit. The SC said that the night-shift supervisor did leave a message regarding the call outs, but that she missed it. The SC added that the Administrator and DON were also to be informed of the call outs. The SC further stated that it was her responsibility to staff the facility and that staffing effects the well-being of the residents.

On 01/11/24 at 8:30 A.M., Surveyor #2 returned to the Second Floor Long-Term Care Unit to complete an incontinent tour accompanied by the Unit Manager LPN (UM/LPN). The UM/LPN stated that CNAs are responsible for all incontinent care, and that they should be rounding every two hours for those that are totally dependent, and more if needed. The UM/LPN stated that CNAs would document all care in the facility's electronic system. The UM/LPN added that the morning shift should have checked on the residents when they arrived on the floor.

On 1/11/24 at 8:40 A.M., Surveyor #2 and the UM/LPN knocked and entered the room of Resident #7, who was lying in bed, wearing a t-shirt, and covered by a blanket. The resident, at that time, granted permission for Surveyor #2 and the UM/LPN to observe his/her NJ Exec. Order 26:4.b.1 [redacted] When UM/LPN opened and checked Resident #7's NJ Exec. Order 26:4.b.1, it was NJ Exec. Order 26:4.b.1. Resident #7 stated, "Sometimes I am changed overnight and sometimes I'm not. I was not changed last night."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315513	A. BUILDING _____ B. WING _____	C 01/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE SUBACUTE AT AUTUMN LAKE HEALTHCARE	113 SOUTH ROUTE 73 VOORHEES, NJ 08043

(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 725	Continued From page 11	F 725		

At that time, the UM/LPN apologized to the resident and stated that the facility would work on addressing the overnight concern. The UM/LPN was unaware of the last time the resident was changed.

A review of Resident #7's AR reflected that the resident was admitted to the facility with diagnoses which included but were not limited to NJ Exec. Order 26:4.b.1 [redacted].

A review of Resident #7's Quarterly MDS, dated 11/10/2023, revealed Resident #7 had a BIMS score of [redacted] out of 15" which indicated Resident #7 was NJ Exec. Order 26:4.b.1. The MDS further revealed that the resident needed staff assistance for personal hygiene, and that he/she was always NJ Exec. Order 26:4.b.1 [redacted]. The MDS also revealed the resident was [redacted] for developing NJ Exec. Order 26:4.b.1.

A review of Resident #7's PNs and weekly skin assessments from NJ Exec. Order 26:4.b.1 [redacted], revealed no documentation of NJ Exec. Order 26:4.b.1.

8. On 01/11/24 at 08:50 A.M., Surveyor #2 and the UM/LPN knocked and entered the room of Resident #8, who was lying in bed, wearing a t-shirt, and covered by a blanket. The resident, at that time, granted permission for Surveyor #2 and the UM/LPN to observe his/her NJ Exec. Order 26:4.b.1 [redacted]. The resident said, "I'm [redacted] I wasn't changed last night." When UM/LPN opened and checked Resident #8's NJ Exec. Order 26:4.b.1, it was NJ Exec. Order 26:4.b.1. Resident #8 further stated, "This was just one night. On the

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	315513	A. BUILDING _____ B. WING _____	C 01/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE SUBACUTE AT AUTUMN LAKE HEALTHCARE	113 SOUTH ROUTE 73 VOORHEES, NJ 08043

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F 725	Continued From page 12	F 725		

weekends I can go a couple of days without being changed." Surveyor #2 asked the resident if he/she had reported these concerns to any staff, to which Resident #8 said, "I let the CNAs know because I don't want to bother the nurses with that." The UM/LPN apologized to the resident and explained that the resident should report [redacted] to any staff member so that it can be addressed. The UM/LPN was unaware of the last time the resident was changed.

A review of Resident #8's AR reflected that the resident was admitted to the facility with [redacted].

A review of Resident #8's Quarterly MDS, dated 12/10/2023, revealed Resident #8 had a BIMS score of [redacted] out of 15" which indicated Resident #8 was [redacted]. The MDS further revealed that the resident was frequently [redacted] and that the resident was [redacted] for developing [redacted]

A review of Resident #8's PNs and weekly skin assessments from [redacted] revealed no documentation of [redacted].

During a follow-up interview with UM/LPN on 1/11/24 at 9:03 A.M., the UM/LPN said that she expected the CNAs to complete incontinent rounds every two hours for incontinent residents. The UM/LPN stated that soaking wet diapers are not acceptable for residents. UM/LPN further stated that it is unacceptable that any resident

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315513	A. BUILDING _____ B. WING _____	C 01/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE SUBACUTE AT AUTUMN LAKE HEALTHCARE	113 SOUTH ROUTE 73 VOORHEES, NJ 08043

(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 725	Continued From page 13	F 725		

would go an entire night without being checked as verbalized by Resident #7 and Resident #8.

A review of the facility's staff assignment sheets dated 1/10/24 revealed the facility had one CNA for rooms [redacted], one CNA for rooms [redacted], and one CNA for the third floor. During an interview with the Administrator and the DON on 1/11/24 at 10 A.M., they confirmed the census of 53 residents on the second floor and 49 residents on the third floor.

A review of the Facility's policy titled "Activities of Daily Living," dated 8/8/2023, indicated ". . .The facility will, based on the resident's comprehensive assessment and consistent with the resident's needs and choices, ensure a resident's abilities in ADLs do not deteriorate unless deterioration is unavoidable. Care and services will be provided for the following activities of daily living: 3. Toileting. Under the "Policy Explanation and Compliance Guideline" section revealed "#3. A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming and personal and oral hygiene."

A review of the facility's policy titled "Staffing," dated 8/8/23, revealed that "It is the policy of this facility to provide adequate staffing to meet needed care and services for our resident population."

N.J.A.C. 8:39-27.1 (a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04007	A. BUILDING: _____ B. WING _____	C 01/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE SUBACUTE AT AUTUMN LAKE HEALTHCARE	113 SOUTH ROUTE 73 VOORHEES, NJ 08043

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S 000	Initial Comments Complaint #: NJ00162079, NJ00163465, NJ00170236, NJ00170282 The facility was not in compliance with the standards in the New Jersey Administrative code, 8:39, standards for licensure of Long Term Care Facilities. The facility must submit a Plan of Correction, including a completion date for each deficieny 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: Complaint #: NJ00162079, NJ00163465, NJ00170236, NJ00170282 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 ratios as mandated by the state of New Jersey for 27 of 42 day shifts, 23 of 42 evening shifts, and 1 of 14 overnight shifts as follows: This deficient practice had the potential to affect all residents.	S 560	Corrective Action The following corrective actions have been accomplished for the identified deficiency: Efforts to hire more facility staff to allow us to have adequate or more than adequate staff to serve our residents have been ramped up. In meantime the facility will utilize agencies to fill open slots in the schedule. Additional agencies have been contracted to attain the appropriate staff ratios for the facility census. New staff tracking program up and	3/4/24

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

Electronically Signed | 02/19/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04007	A. BUILDING: _____ B. WING _____	C 01/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S 560	Continued From page 1 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. As per the "Nurse Staffing Report" completed by the facility for the 6 weeks of staffing from 02/26/2023 to 03/11/2023, 04/02/2023 to 04/15/2023, and 12/24/2023 to 01/16/2024, the staffing to resident ratios did not meet the minimum requirement of one CNA to eight residents for the day shift and one direct care staff member to every 10 residents for the evening shifts as documented below: 1. For the 2 weeks of Complaint staffing from 02/26/2023 to 03/11/2023, the facility was deficient in CNA staffing for 13 of 14 day shifts, deficient in total staff for residents on 2 of 14	S 560	running to mainstream staffing efforts. Identification of At-Risk Resident All residents have the potential to be affected by the deficient practice of not meeting the NJ staffing requirement ratios. Systemic Change The following measures have been put into place to prevent the deficient practice from recurring: Advertisements/ job postings for CNAs have been posted on hiring platforms, social media websites as well as flyers posted. Incentives are offered to CNAs to work extra shifts such as gift cards, bonuses, and raffles. Many agencies are being utilized to fill in any open shifts. Bonuses are also being offered to agency staff to pick up shifts. Hiring and recruitment efforts now include referral bonuses, sign-on bonuses, weekend bonuses amongst other incentives to bring in good staff and quickly. Tap Check payout system implemented for staff to receive daily pay as incentive to employing more staff. An autumn tracking system has been implemented for transparency with staff regarding open shifts and bonuses available. Overtime is made available to all current employees. A new staffing coordinator has been implement with CNA experience to have better relationships with employees. Quality Assurance The DON or designee will review staffing	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04007	A. BUILDING: _____ B. WING _____	C 01/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S 560	Continued From page 2 evening shifts, deficient in CNAs to total staff on 8 of 14 evening shifts, and deficient in total staff for residents on 1 of 14 overnight shifts as follows: -02/26/23 had 8 CNAs for 82 residents on the day shift, required at least 10 CNAs. -02/27/23 had 3 CNAs for 77 residents on the day shift, required at least 10 CNAs. -02/27/23 had 7 total staff for 77 residents on the evening shift, required at least 8 total staff. -02/28/23 had 3 CNAs for 78 residents on the day shift, required at least 10 CNAs. -02/28/23 had 4.5 total staff for 78 residents on the evening shift, required at least 8 total staff. -02/28/23 had 1 CNA to 4.5 total staff on the evening shift, required at least 2 CNAs. -02/28/23 had 4 total staff for 78 residents on the overnight shift, required at least 5 total staff. -03/01/23 had 7 CNAs for 79 residents on the day shift, required at least 10 CNAs. -03/02/23 had 6 CNAs for 80 residents on the day shift, required at least 10 CNAs. -03/02/23 had 4 CNAs to 10 total staff on the evening shift, required at least 5 CNAs. -03/03/23 had 8 CNAs for 79 residents on the day shift, required at least 10 CNAs. -03/04/23 had 6 CNAs for 82 residents on the day shift, required at least 10 CNAs. -03/05/23 had 6 CNAs for 85 residents on the day shift, required at least 10 CNAs. -03/05/23 had 4 CNAs to 10.5 total staff on the evening shift, required at least 5 CNAs. -03/06/23 had 9 CNAs for 80 residents on the day shift, required at least 10 CNAs. -03/07/23 had 8 CNAs for 86 residents on the day shift, required at least 10 CNAs. -03/07/23 had 5 CNAs to 13.5 total staff on the evening shift, required at least 7 CNAs. -03/08/23 had 9 CNAs for 84 residents on the day	S 560	levels daily to ensure that we have adequate staffing. Findings will be reported to the administrator daily and reviewed with the QA committee quarterly until substantial compliance is obtained. The administrator or designee will review the staffing schedule weekly to monitor the staffing ratio on all shifts weekly x 90 days. The administrator will report findings to the QA committee on a quarterly basis x 4 quarters.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04007	A. BUILDING: _____ B. WING _____	C 01/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE SUBACUTE AT AUTUMN LAKE HEALTHCARE	113 SOUTH ROUTE 73 VOORHEES, NJ 08043

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S 560	Continued From page 3	S 560		

shift, required at least 10 CNAs.
-03/08/23 had 5 CNAs to 12.5 total staff on the evening shift, required at least 6 CNAs.
-03/09/23 had 9 CNAs for 83 residents on the day shift, required at least 10 CNAs.
-03/09/23 had 5 CNAs to 14.5 total staff on the evening shift, required at least 7 CNAs.
-03/10/23 had 6 CNAs to 14 total staff on the evening shift, required at least 7 CNAs.
-03/11/23 had 8 CNAs for 79 residents on the day shift, required at least 10 CNAs.
-03/11/23 had 5 CNAs to 11.5 total staff on the evening shift, required at least 6 CNAs.

2. For the 2 weeks of Complaint staffing from 04/02/2023 to 04/15/2023, the facility was deficient in CNA staffing for residents on 2 of 14 day shifts and deficient in CNAs to total staff on 13 of 14 evening shifts as follows:

-04/02/23 had 7 CNAs for 71 residents on the day shift, required at least 9 CNAs.
-04/02/23 had 5 CNAs to 12 total staff on the evening shift, required at least 6 CNAs.
-04/03/23 had 6 CNAs to 15 total staff on the evening shift, required at least 7 CNAs.
-04/04/23 had 6 CNAs to 16.5 total staff on the evening shift, required at least 8 CNAs.
-04/05/23 had 6 CNAs to 15.5 total staff on the evening shift, required at least 8 CNAs.
-04/06/23 had 5 CNAs to 15.5 total staff on the evening shift, required at least 8 CNAs.
-04/07/23 had 9 CNAs for 80 residents on the day shift, required at least 10 CNAs.
-04/07/23 had 5 CNAs to 15 total staff on the evening shift, required at least 7 CNAs.
-04/08/23 had 6 CNAs to 13.5 total staff on the evening shift, required at least 7 CNAs.

-04/09/23 had 4 CNAs to 14.5 total staff on the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04007	A. BUILDING: _____ B. WING _____	C 01/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE SUBACUTE AT AUTUMN LAKE HEALTHCARE	113 SOUTH ROUTE 73 VOORHEES, NJ 08043

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S 560	Continued From page 4 evening shift, required at least 7 CNAs. -04/10/23 had 5 CNAs to 15.5 total staff on the evening shift, required at least 8 CNAs. -04/11/23 had 7 CNAs to 16.5 total staff on the evening shift, required at least 8 CNAs. -04/12/23 had 10 CNAs to 21.5 total staff on the evening shift, required at least 11 CNAs. -04/13/23 had 7 CNAs to 18 total staff on the evening shift, required at least 9 CNAs. -04/14/23 had 6 CNAs to 18 total staff on the evening shift, required at least 9 CNAs. 3. For the 2 weeks of Complaint staffing from 12/24/2023 to 01/06/2024, the facility was deficient in CNA staffing for residents on 12 of 14 day shifts as follows: -12/24/23 had 9 CNAs for 85 residents on the day shift, required at least 11 CNAs. -12/26/23 had 10 CNAs for 87 residents on the day shift, required at least 11 CNAs. -12/27/23 had 9 CNAs for 95 residents on the day shift, required at least 11 CNAs. -12/28/23 had 10 CNAs for 93 residents on the day shift, required at least 11 CNAs. -12/29/23 had 9 CNAs for 91 residents on the day shift, required at least 11 CNAs. -12/31/23 had 9 CNAs for 88 residents on the day shift, required at least 11 CNAs. -01/01/24 had 9 CNAs for 87 residents on the day shift, required at least 11 CNAs. -01/02/24 had 8 CNAs for 90 residents on the day shift, required at least 11 CNAs. -01/03/24 had 10 CNAs for 92 residents on the day shift, required at least 11 CNAs. -01/04/24 had 8 CNAs for 98 residents on the day shift, required at least 11 CNAs. -01/05/24 had 9 CNAs for 103 residents on the day shift, required at least 11 CNAs.	S 560		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04007	A. BUILDING: _____ B. WING _____	C 01/22/2024

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S 560	Continued From page 5 -01/06/24 had 9 CNAs for 100 residents on the day shift, required at least 11 CNAs.	S 560		

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
315513		3/5/2024

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
THE SUBACUTE AT AUTUMN LAKE HEALTHCARE	113 SOUTH ROUTE 73 VOORHEES, NJ 08043

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 F0725 Reg. # 483.35(a)(1)(2) LSC	Correction Completed 03/04/2024	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON	
1/22/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
04007	A. Building B. Wing	3/5/2024

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
THE SUBACUTE AT AUTUMN LAKE HEALTHCARE	113 SOUTH ROUTE 73 VOORHEES, NJ 08043

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 Reg. # 8:39-5.1(a) LSC	Correction Completed 03/04/2024	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON	
1/22/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO