STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	08008	A. BUILDING: _____ B. WING _____	C 12/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING HILLS POST ACUTE WOODBURY	467 COOPER STREET WOODBURY, NJ 08096

(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 Complaint #: NJ147967, NJ149497, NJ150114, NJ150402 Census: 74 Sample Size: 7 TYPE OF SURVEY: Complaint Survey The facility is not in substantial compliance with all 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 deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of 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 Intake #NJ147967 Based on interviews, facility document review, and New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, it was determined that the facility failed to ensure staffing ratios were met. The facility was deficient in certified nursing	S 560	S Tag 560 What corrective action was accomplished for Residents affected by the deficient practice?	2/3/22

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

Electronically Signed | 02/03/22

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S 560	Continued From page 1 assistant (CNA) staffing for residents on 6 of 7 day shifts and deficient in CNAs to total staff on 3 of 7 evening shifts for the week of 08/22/2021 - 08/28/2021. The facility was deficient in CNA staffing for residents on 7 of 7 day shifts and deficient in CNAs to total staff on 3 of 7 shifts for the week of 11/28/2021 - 12/04/2021. This deficient practice had the potential to affect all residents. Findings included: 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 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 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 certified nurse aides, and each direct staff member shall be signed in to 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 certified nurse aide and perform certified nurse aide duties.	S 560	No residents were identified nor immediately affected by the failure to provide minimum staffing levels. How will the facility identify other Residents having the potential to be affected by the same deficient practice? All residents have the potential to be affected by this deficient practice. What measures will be put in place or systemic changes made to ensure that the deficient practice will not reoccur? Staffing coordinator will inform DON or designee of any call out that result in insufficient staffing levels. This will be reported as soon as possible. Any staffing deficiencies will be filled prior to the start of the shift with other associates or agency as needed. How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not reoccur? The DON or designee will report any staffing issues on a daily basis to the administrator or designee. Any findings will be followed up and documented on and then reported during the quarterly QAPI meetings for one year	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	08008	A. BUILDING: _____ B. WING _____	C 12/08/2021

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SPRING HILLS POST ACUTE WOODBURY	467 COOPER STREET WOODBURY, NJ 08096

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S 560	Continued From page 2 1. A review of the "Nurse Staffing Report," completed by the facility for the week of 08/22/2021 - 08/28/2021, revealed staff-to-resident ratios that did not meet the minimum requirements. The facility was deficient in CNA staffing for residents on 6 of 7 day shifts and deficient in CNAs to total staff on 3 of 7 evening shifts as follows: -08/22/2021 had 5 CNAs for 68 residents on the day shift, required 9 CNAs. -08/22/2021 had 5 CNAs to 11 total staff on the evening shift, required 6 CNAs. -08/23/2021 had 5 CNAs for 66 residents on the day shift, required 9 CNAs. -08/24/2021 had 7 CNAs for 64 residents on the day shift, required 8 CNAs. -08/24/2021 had 5 CNAs to 13 total staff on the evening shift, required 7 CNAs. -08/25/2021 had 6 CNAs for 64 residents on the day shift, required 8 CNAs. -08/26/2021 had 7 CNAs for 63 residents on the day shift, required 8 CNAs. -08/26/2021 had 4 CNAs to 9 total staff on the evening shift, required 5 CNAs. -08/28/2021 had 6 CNAs for 56 residents on the day shift, required 7 CNAs. 2. The week of 11/28/2021 - 12/04/2021, revealed staff-to-resident ratios that did not meet the minimum requirements. The facility was deficient in CNA staffing for residents on 7 of 7 day shifts and deficient in CNAs to total staff on 3 of 7 shifts as follows: -11/28/2021 had 6 CNAs for 70 residents on the day shift, required 9 CNAs. -11/29/2021 had 5 CNAs for 68 residents on the	S 560		

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S 560	Continued From page 3 day shift, required 9 CNAs. -11/29/2021 had 6 CNAs to 13 total staff on the evening shift, required 7 CNAs. -11/30/2021 had 8 CNAs for 68 residents on the day shift, required 9 CNAs. -12/01/2021 had 6 CNAs for 68 residents on the day shift, required 9 CNAs. -12/02/2021 had 7 CNAs for 68 residents on the day shift, required 9 CNAs. -12/02/2021 had 6 CNAs to 13 total staff on the evening shift, required 7 CNAs. -12/03/2021 had 6 CNAs for 75 residents on the day shift, required 10 CNAs. -12/04/2021 had 6 CNAs for 75 residents on the day shift, required 10 CNAs. -12/04/2021 had 5 CNAs to 11 total staff on the evening shift, required 6 CNAs. On 12/10/2021 at 3:36 PM, the Administrator (ADM) stated that due to the extreme fluctuations in census along with the deficit of individuals to hire from agencies, the facility had found it difficult to staff adequately. The ADM stated that at times agencies just did not have anyone to hire. The ADM stated it was a constant battle to keep staff. The ADM stated census at the beginning of November 2021 was around 42, but now census was 92. The ADM stated that even with attempting to overstaff some, it was difficult to meet staffing requirements with the census swings.	S 560		

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315521 Y1	A. Building B. Wing Y2	3/4/2022 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING HILLS POST ACUTE WOODBURY	467 COOPER STREET WOODBURY, NJ 08096

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 F0684	Correction	ID Prefix F0686	Correction	ID Prefix	Correction
Reg. # 483.25	Completed	Reg. # 483.25(b)(1)(i)(ii)	Completed	Reg. #	Completed
LSC	02/03/2022	LSC	02/03/2022	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 ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
12/8/2021	☐ YES ☐ NO