STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11103L	A. BUILDING: _____ B. WING _____	C 11/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERWICK CARE & REHABILITATION CENTER	100 PLAINSBORO ROAD PLAINSBORO, NJ 08536

(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 WAS 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: C#: NJ159418 Based on facility document review on 11/17/2022, 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 Certified Nurse's Aides (CNAs) for 14 of 14 day shifts, for 1 of 14 evening shifts that required 1/2 CNAs, and 1 of 14 overnight shifts. This deficient practice had the potential to affect all residents. Findings include:	S 560	I. - Facility opened separate facility Indeed Account to advertise all nursing openings in-house, including CNA position. - Facility implemented weekly fixed bonus incentive to increase overall CNA's rate to the competitive market level. - Facility implemented aggressive advertisement of the open nursing positions, including CNAs, in the community. - Facility implemented signed-on bonus	12/31/22

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

Electronically Signed | 12/23/22

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S 560	Continued From page 1 Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with NJSA (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law PL 2020 c 112, codified as NJSA 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. 1. The facility was deficient in CNA staffing for 14 of 14 day shifts as follows: 10/30/2022 CNA Staff was 13 for 143 residents. Staffing should have been 18 10/31/2022 CNA Staff was 14 for 143 residents. Staffing should have been 18 11/01/2022 CNA Staff was 13 for 141 residents. Staffing should have been 18 11/02/2022 CNA Staff was 12 for 141 residents. Staffing should have been 18 11/03/2022 CNA Staff was 14 for 141 residents. Staffing should have been 18 11/04/2022 CNA Staff was 14 for 144 residents. Staffing should have been 18	S 560	for the CNAs to attract and retain candidates. II. - All residents have the potential to be affected by the deficient practice. III. - Facility Master Schedule is in place and is matching with ADP payroll system; each CNA has ADP app on the phone to be aware and to comply with scheduled working hours. - Administrator, Director of Nursing and Staffing Coordinator are meeting every morning to discuss staffing schedule for the day and following 3-5 days. - Facility has 24-hour nursing management on-call rotation in case of any call outs and/or to cover the floor if needed. - Facility utilizes reinforcement steps for excessive call outs if any. IV. - The Human Resources Director will report recruitment and retention trends, outcomes, and recommendations to the Quality Assurance and Performance Improvement Committee meetings monthly x 3 months, then quarterly x 9 months for review and revision as deemed appropriate.	

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S 560	Continued From page 2 11/05/2022 CNA Staff was 11 for 144 residents. Staffing should have been 18 11/06/2022 CNA Staff was 12 for 144 residents. Staffing should have been 18 11/07/2022 CNA Staff was 13 for 144 residents. Staffing should have been 18 11/08/2022 CNA Staff was 10 for 144 residents. Staffing should have been 18 11/09/2022 CNA Staff was 10 for 144 residents. Staffing should have been 18 11/10/2022 CNA Staff was 13 for 143 residents. Staffing should have been 18 11/11/2022 CNA Staff was 13 for 141 residents. Staffing should have been 18 11/12/2022 CNA Staff was 13 for 141 residents. Staffing should have been 18 2. The facility was deficient in CNA staffing for 1 of 14 evening shifts as follows: 10/30/2022 CNA half staff was 7 for 143 residents. Staffing should have been 8 3. The facility was deficient in CNA staffing for 4 of 14 night shifts as follows: 10/30/2022 Overnight Staff was 9 for 143 residents. Staffing should have been 10	S 560		