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 _____	12/15/2021

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: 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 and night shift as mandated by the State of New Jersey. This was evident in CNA staffing for 14 of 14-day shifts and in Total Staff for 1 of 14-night 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	S 560	No residents were affected by this deficient practice. What corrective action will be accomplished for those residents affected by the deficient practice All residents have the potential to be affected by this deficient practice. Therefore, the following corrective actions have been taken as a means to ensure ongoing compliance 1. A registered Nurse and 2 licensed Practical Nurses were immediately hired as the Assistant Director Of Nursing , Unit Manager and a floor nurse . Additionally 2	2/18/22

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

Electronically Signed | 01/02/22

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S 560	Continued From page 1 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 (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 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 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 weeks of 11/14/21-11/20/21 and 11/21/21-11/27/21, the staffing to resident ratios that did not meet the minimum requirement of 1 CNA to 8 residents for the day shift, and total staff to 14 residents for the night shift as documented below: - - 11/14/21 had 9 CNAs for 166 residents on the day shift, required 21 CNAs. - 11/15/21 had 8 CNAs for 163 residents on the day shift, required 21 CNAs. - 11/16/21 had 12 CNAs for 163 residents on the day shift, required 21 CNAs. - 11/17/21 had 13 CNAs for 160 residents on the day shift, required 20 CNAs. - 11/18/21 had 14 CNAs for 160 residents on the day shift, required 20 CNAs. - 11/19/21 had 13 CNAs for 159 residents on the day shift, required 20 CNAs.	S 560	nursing aides were hired in the month of February 2. The facility has been constantly advertising on various job portals on a regular basis. Additionally the facility has hosted an open house for job recruitment in 05/21 and 10/2021. 3. The facility is also offering a referral bonus to the employees who have been referring their friends and fellow professionals . 4. The facility has hired a Talent Acquisition Manager to facilitate the recruitment efforts. 5. The facility has been actively contacting the nursing schools in the area to hire additional nursing staff. What measure will be put into place or systemic changes will be made to ensure that the deficient practice will not recur 1. The facility has implemented a competitive market rate for the Nurses and the Certified Nursing Assistants. 2. In addition to expedited boarding process, the facility is conducting recruiting with immediate interviews and contingency offers. 3. The call out policy was reviewed, and staff re-education was done. 4. The Director of Nursing / Staffing Co-Ordinator will review the daily callouts and proactively make every effort to replace and /or substitute staff members. 5. Ongoing and continuous advertisements on leading online portals for Nursing and nursing aides□ positions 6. Periodic inhouse job fairs.	

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S 560	Continued From page 2 - 11/20/21 had 13 CNAs for 158 residents on the day shift, required 20 CNAs. - 11/20/21 had 9 total staff for 158 residents on the overnight shift, required 12 total staff. - 11/21/21 had 8 CNAs for 155 residents on the day shift, required 20 CNAs. - 11/22/21 had 11 CNAs for 155 residents on the day shift, required 20 CNAs. - 11/23/21 had 11 CNAs for 150 residents on the day shift, required 19 CNAs. - 11/24/21 had 13 CNAs for 150 residents on the day shift, required 19 CNAs. - 11/25/21 had 14 CNAs for 150 residents on the day shift, required 19 CNAs. - 11/26/21 had 11 CNAs for 150 residents on the day shift, required 19 CNAs. - 11/27/21 had 12 CNAs for 153 residents on the day shift, required 20 CNAs. During an interview with the surveyor on 12/08/21 at 08:50 AM, the Staffing Coordinator (SC), employed at the facility since June 2017, stated that she/he is responsible for the staffing of Nurses, CNA's and Unit Clerks on all units of the facility. The SC added that the facility does not use agency for staffing at this time. If a staff member calls out, the staff member will call and notify the staffing Coordinator first during day shift, and the evening and night shifts will notify the Nursing Supervisor on call. The SC stated that staffing is done according to facility census and availability, and the staff is offered incentive bonuses. The SC said that currently on the sub-acute rehab unit, the ratio of resident to CNA on day shift was 10 to 15 residents to 1 CNA, evening shift was 10 residents to 1 CNA, and night shift was 15 residents to 1 CNA. On LTC-1 unit, the resident to CNA ratio was on day shift 10 residents to 1 CNA, evening shift was 10 to 12 residents to 1 CNA, and on night shift was 13 to	S 560	7. Referral Bonus as incentives. 8. Advertising it in local community churches; food marts; grocery stores 9. Possible international recruitment of skilled nursing workers. 10. Offering Bonuses and incentives for employees participating in double shifts. How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place The Director of Nursing and the staffing Co-Ordinator will monitor CNA staffing ratios daily and document a review of daily staffing weekly x 4, biweekly x2 weeks and monthly x 1. The audit will be presented to the Administrator. The audits will be discussed during the monthly QA meeting and the decision for continuing audit will be made if necessary. Adverse findings will be immediately addressed and trends will be reported on the quarterly QAPI meeting . Plan will be amended once 100 % compliance is achieved.	

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S 560	Continued From page 3 20 residents to 1 CNA. On the LTC-2 unit, the day shift ratio was 12 residents to 1 CNA, evening shift was 10 to 12 residents to 1 CNA, and on night shift was 16 residents to 1 CNA. The SC said that the required staff to resident ratio should be day shift 8 residents to 1 CNA, evening shift 10 residents to 1 CNA, and on night shift 14 residents to 1 CNA. The SC stated that administration is aware of the facility not meeting the required ratios. On 12/08/21 at 09:06 AM, The Facility Administrator (FA) added that the staff are also given gift cards for incentive. The FA stated that to help with staffing numbers the facility advertised in Indeed (a worldwide employment website), and in area supermarkets and churches. The facility held a job fair 3 weeks ago and a recent salary raise. The facility had been challenged in meeting the mandate in nursing and will continue to advertise on Indeed and streamline as much as possible to meet the staffing requirements. NJAC 8:39-5.1(a)	S 560		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
11103L Y1	A. Building B. Wing Y2	3/14/2022 Y3

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

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	02/18/2022	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
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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?
12/15/2021	☐ YES ☐ NO