

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>12056</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>07/26/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>PROMEDICA TOTAL REHAB + (PISCATAWAY)</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>10 STERLING DRIVE PISCATAWAY, NJ 08854</b>		
(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 interview 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 13 of 14 day shifts.  The deficient practice was evidenced by the following:  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	1. Staffing levels are reviewed in the daily staffing meeting by the Leadership team with facility scheduler on a daily basis to review minimum staffing requirements/ratios CNA to residents as per N.J.S.A. 30:13-18 minimum staffing requirements for nursing homes. On-line help wanted advertising on various sites ongoing, shift bonuses are offered every day for every shift, sign-on bonuses CNA's for all shifts, starting salaries for CNA were increased earlier this year, shift differentials are offered for evening and night shifts and extra shift bonuses are	8/15/22

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

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(X6) DATE

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08/15/22

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S 560	<p>Continued From page 1</p> <p>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. "Direct care staff member" means any registered professional nurse, licensed practical nurse, or certified nurse aide who is acting in accordance with that individual's authorized scope of practice and pursuant to documented employee time schedules. The following ratio(s) were effective on 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every 8 residents for the day shift.</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 7/10/22 and 7/17/22, the staffing-to-resident ratios that did not meet the minimum requirement of 1 CNA to 8 residents for 13 day shifts are documented below:</p> <ul style="list-style-type: none"> <li>-07/10/22 had 5 CNAs for 60 residents on the day shift, required 7 CNAs.</li> <li>-07/11/22 had 6 CNAs for 59 residents on the day shift, required 7 CNAs.</li> <li>-07/12/22 had 6 CNAs for 59 residents on the day shift, required 7 CNAs.</li> <li>-07/14/22 had 6 CNAs for 59 residents on</li> </ul>	S 560	<p>available . Temporary Nurse Aide's that are hired are placed into our Contracted schools, we cover the tuition for them become CNA's.</p> <p>2. Scheduler/staff coordinator has been educated by the Administrator regarding staffing ratios per the N.J.S.A. 30:13-18. to ensure that each person receives timely care as per their care plan.</p> <p>3. Issues will be reviewed by the Leadership team and brought to the QA&amp;A monthly for the next 2 months to ensure compliance for nursing N.J.S.A. 30:13-18.</p> <p>4. Leadership will monitor the staffing along with the scheduler on a daily basis via staffing sheets. Information will be reviewed monthly at QAPI to ensure each patient is receiving the appropriate care as per their care plan.</p>	

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S 560	<p>Continued From page 2</p> <p>the day shift, required 7 CNAs. -07/15/22 had 7 CNAs for 64 residents on the day shift, required 8 CNAs. -07/16/22 had 7 CNAs for 61 residents on the day shift, required 8 CNAs. -07/17/22 had 7 CNAs for 61 residents on the day shift, required 8 CNAs. -07/18/22 had 6 CNAs for 61 residents on the day shift, required 8 CNAs. -07/19/22 had 7 CNAs for 61 residents on the day shift, required 8 CNAs. -07/20/22 had 7 CNAs for 61 residents on the day shift, required 8 CNAs. -07/21/22 had 7 CNAs for 62 residents on the day shift, required 8 CNAs. -07/22/22 had 6 CNAs for 62 residents on the day shift, required 8 CNAs. -07/23/22 had 5 CNAs for 62 residents on the day shift, required 8 CNAs.</p> <p>On 07/26/22 at 1:52 PM, during an interview with the surveyor, the Administrator stated, "Not all the time." when asked if the facility is meeting the minimum staffing requirements.</p> <p>NJAC 8:39-5.1(a)</p>	S 560		

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

PRINTED: 09/27/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315522</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/26/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>PROMEDICA TOTAL REHAB + (PISCATAWAY)</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>10 STERLING DRIVE PISCATAWAY, NJ 08854</b>		
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F 000	<p>INITIAL COMMENTS</p> <p>Survey date: 7/26/2022</p> <p>Census: 64</p> <p>Sample: 5</p> <p>A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19.</p>	F 000			

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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.

# STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 12056	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 9/1/2022
NAME OF FACILITY SKILES AVE & STERLING DR URBAN RENEWAL OPRATIONS L	STREET ADDRESS, CITY, STATE, ZIP CODE 10 STERLING DRIVE PISCATAWAY, NJ 08854	

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	08/15/2022	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
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 7/26/2022		<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			