STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13301	A. BUILDING: _____ B. WING _____	C 03/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT WALL LLC	1725 MERIDIAN TRAIL WALL, NJ 07719

(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#: NJ149795 CENSUS: 73 SAMPLE SIZE: 3	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#: NJ149795 Based on facility document review on 3/22/2022, 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 as follows: the facility was deficient in CNA staffing for residents on 5 of 14 day shifts and deficient in CNAs to total residents on 2 of 14 evening shifts. Findings include: Reference: New Jersey Department of Health (N.J.D.O.H.) 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:	S 560	We conducted a root cause analysis to identify the underlying cause of the deficient practice to implement necessary corrective actions: -Based on the RCA the team identified the cause of the deficient practice to be failure to staff the facility to appropriate ratios based on NJ guidelines due to an global acute shortage of staff, specifically certified nursing assistants. How we will identify other residents having the potential to be affected by the same deficient practice: -All residents have the potential to be affected. Measures put in place or systemic changes made to ensure that the deficient practice will not recur: -Implemented a staffing ratio tool for	3/31/22

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

Electronically Signed | 03/30/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13301	A. BUILDING: _____ B. WING _____	C 03/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT WALL LLC	1725 MERIDIAN TRAIL WALL, NJ 07719

(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 560	Continued From page 1 One Certified Nurse Aide (C.N.A.) 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 C.N.A.s 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 C.N.A. and perform C.N.A. duties. For the weeks of 10/24/2021 through 11/06/2021 the facility the facility was deficient in CNA staffing for residents on 5 of 14 day shifts and deficient in CNAs to total residents on 2 of 14 evening shifts as follows: On 10/25/21, had 10 CNAs for 83 residents on the day shift, required 11 CNAs. On 10/26/21, had 8.5 CNAs for 83 residents on the day shift, required 11 CNAs. On 10/26/22, had 10 CNAs to 24 total staff on the evening shift, required 12 CNAs. On 10/27/22, had 9 CNAs for 83 residents on the day shift, required 11 CNAs. On 10/27/22, had 9.5 CNAs to 19.5 total staff on the evening shift, required 10 CNAs. On 10/28/22, had 10 CNAs for 82 residents on the day shift, required 11 CNAs. On 11/05/22, had 9 CNAs for 88 residents on the day shift, required 11 CNAs.	S 560	staffing coordinator to use when scheduling staffing. -Offering critical shift pay to current staff, including nurses working as CNAs, to work additional shifts. -Contract with a CNA staffing agency. -Adding extra nurses on to work as CNAs on 7-3 and 3-11 shifts when CNA staffing does not meet the requirement. -HMH implementation of referral bonus program and sign on bonus program to increase applicant pool and increase retention. -CNA classes to convert Provisional Nursing Aides to CNAs and thus increase staff. -Market analysis of CNA rate of pay across the network. -Hackensack Meridian Health job fairs at local Community College. How the corrective actions will be monitored to ensure the deficient practice will not recur: -Staffing Coordinator or designee will complete an audit of staffing and ratio requirements daily for one month, then weekly for 2 months and then monthly for 12 months. Audit will be given to the Director of Nursing. The Director of Nursing will report all findings to the QAPI Committee Quarterly.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315501	A. BUILDING _____ B. WING _____	C 03/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT WALL LLC	**1725 MERIDIAN TRAIL WALL, NJ 07719**

(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 000	INITIAL COMMENTS COMPLAINT#: NJ149795 CENSUS: 73 SAMPLE SIZE: 3 THE FACILITY IS 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		

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

Electronically Signed | 03/30/2022

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.