STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315461	A. BUILDING _____ B. WING _____	C 09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERLIN REHABILITATION AND HEALTHCARE CENTER	**100 LONG-A-COMING LANE BERLIN, NJ 08009**

(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 #:NJ :00174907 Census: 122 Sample Size:3 The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.	F 000		

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

Electronically Signed | 10/09/2024

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	156001	A. BUILDING: _____ B. WING _____	C 09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERLIN REHABILITATION AND HEALTHCARE CENTE	100 LONG-A-COMING LANE BERLIN, NJ 08009

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S 000	Initial Comments Complaint #:NJ :00174907 Census: 122 Sample Size::3 The facility was not in compliance with 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 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: Complaint #:NJ :00174907 Census: 122 Sample Size :3 Based on review of pertinent facility documentation, it was determined that the facility	S 560	1. No specific residents residing in the facility on the day shifts cited were affected by not meeting the State of New Jersey minimum staffing requirements. 2. All residents could have the potential to be affected by not meeting the State of New Jersey minimum staffing requirements on day shift. 3. Recruitment and Retention efforts	10/25/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	156001	A. BUILDING: _____ B. WING _____	C 09/26/2024

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BERLIN REHABILITATION AND HEALTHCARE CENTE	100 LONG-A-COMING LANE BERLIN, NJ 08009

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S 560	Continued From page 1 failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratios as mandated by the state of New Jersey for 3 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 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: 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. The surveyor requested staffing for the weeks of 06/02/24 to 6/15/24, the facility was deficient in CNA staffing for residents on 5 of 14-day shift as follow: -06/02/24 had 12 CNAs for 114 residents on the day shift, required at least 14 CNAs. -06/03/24 had 10 CNAs for 114 residents on the	S 560	continue to include: a. Daily Staffing meetings / Twice Weekly Labor Meetings b. Mentor program to support and retain staff. c. Culture Committee to promote and improve staff morale. d. Recruitment Bonuses and Vacant Shift Bonuses offered e. Job Fairs as needed f. Baylor Program g. Flexible orientation programs h. Flexible scheduling i. Prize raffles for staff picking up extra shifts. j. Daily interviews being conducted with any walk ins k. Partnering with [redacted] academy to hire and orient non certified aides. Anticipate 9 students in next class with start date TBD. Additional recruitment ongoing for classes not yet scheduled. l. Staff accountability for time and attendance. 4. Scheduling Coordinator will audit schedule weekly to monitor compliance with minimum staffing requirements. Scheduling Coordinator will report results of audits monthly to QAPI to identify trends and identify additional areas of opportunity.	

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S 560	Continued From page 2	S 560		

day shift, required at least 14 CNAs.
-06/07/24 had 13 CNAs for 111 residents on the day shift, required at least 14 CNAs.

-06/12/24 had 12 CNAs for 108 residents on the day shift, required at least 13 CNAs.
-06/15/24 had 12 CNAs for 108 residents on the day shift, required at least 13 CNAs.

1. For the 2 weeks of Complaint staffing from 09/08/2024 to 09/21/2024, the facility was deficient in CNA staffing for residents on 13 of 14 day shifts as follows:

-09/08/24 had 12 CNAs for 116 residents on the day shift, required at least 14 CNAs.
-09/09/24 had 13 CNAs for 116 residents on the day shift, required at least 14 CNAs.
-09/10/24 had 12 CNAs for 116 residents on the day shift, required at least 14 CNAs.
-09/11/24 had 12 CNAs for 116 residents on the day shift, required at least 14 CNAs.
-09/12/24 had 12 CNAs for 122 residents on the day shift, required at least 15 CNAs.
-09/13/24 had 12 CNAs for 122 residents on the day shift, required at least 15 CNAs.
-09/14/24 had 14 CNAs for 121 residents on the day shift, required at least 15 CNAs.

-09/15/24 had 14 CNAs for 121 residents on the day shift, required at least 15 CNAs.
-09/16/24 had 9 CNAs for 121 residents on the day shift, required at least 15 CNAs.
-09/17/24 had 12 CNAs for 121 residents on the day shift, required at least 15 CNAs.
-09/18/24 had 14 CNAs for 121 residents on the day shift, required at least 15 CNAs.
-09/19/24 had 14 CNAs for 123 residents on the day shift, required at least 15 CNAs.
-09/20/24 had 14 CNAs for 121 residents on the

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	156001	A. BUILDING: _____ B. WING _____	C 09/26/2024

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S 560	Continued From page 3 day shift, required at least 15 CNAs.	S 560		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
156001 Y1	A. Building B. Wing Y2	10/10/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
BERLIN REHABILITATION AND HEALTHCARE CENTER	100 LONG-A-COMING LANE BERLIN, NJ 08009

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 Reg. # 8:39-5.1(a) LSC	Correction Completed 10/10/2024	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

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 9/26/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?			☐ YES ☐ NO

EVENT ID: D2I512

STATE FORM: REVISIT REPORT (11/06)