

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315464	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/08/2024
NAME OF PROVIDER OR SUPPLIER CAREONE AT EVESHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 870 EAST ROUTE 70 MARLTON, NJ 08053		
(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 #: NJ00173751 Census: 144 Sample Size: 5 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

Electronically Signed

TITLE

(X6) DATE

08/30/2024

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 156002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/08/2024
NAME OF PROVIDER OR SUPPLIER CAREONE AT EVESHAM		STREET ADDRESS, CITY, STATE, ZIP CODE 870 EAST ROUTE 70 MARLTON, NJ 08053		
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S 000	Initial Comments The facility is 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 review of pertinent facility documentation, 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 for 21 of 28-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	S 560	1. What corrective action will be accomplished for those residents affected by the deficient practice: The facility leadership team has met on ongoing basis and continue to identify staffing challenges and areas of improvement for licensed and certified staffing needs. 2. How will the facility identify other resident having the potential to be affected by the same deficient practice? All resident has the potential to be affected. 3. what measures will be put into place or	8/12/24

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S 560	<p>Continued From page 1</p> <p>nursing homes. The following ratio (s) were effective on 02/01/2021:</p> <p>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.</p> <p>The surveyor requested staffing for the weeks of 04/28/2024 to 05/11/2024, the facility was deficient in CNA staffing for residents on 13 of 14-day shifts, as follows:</p> <p>-04/28/24 had 7 CNAs for 107 residents on the day shift, required at least 13 CNAs. -04/29/24 had 7 CNAs for 107 residents on the day shift, required at least 13 CNAs. -04/30/24 had 10 CNAs for 107 residents on the day shift, required at least 13 CNAs. -05/01/24 had 9 CNAs for 99 residents on the day shift, required at least 12 CNAs. -05/02/24 had 5CNAs for 99 residents on the day shift, required at least 12 CNAs. -05/03/24 had 9 CNAs for 97 residents on the day shift, required at least 12 CNAs.</p> <p>-05/05/24 had 11 CNAs for 96 residents on the day shift, required at least 12 CNAs. -05/06/24 had 5 CNAs for 95 residents on the day shift, required at least 12 CNAs.</p>	S 560	<p>systemic changes made to ensure that the deficient practice will not reoccur.</p> <p>a. The facility has implemented a significant above market rate for Nurses and Certified Nursing Assistants.</p> <p>b. The facility has implemented an incentive program for new hires and referral bonus for employees referring staff where appropriate.</p> <p>c. The facility continues to conduct ongoing Job fairs, internally and externally with immediate interviews and contingency offers.</p> <p>d. The facility implemented expedited onboarding process to new hires.</p> <p>E. The facility has partnered with Intelycare staffing agency, and will use agency staff needed to meet staffing needs.</p> <p>4. How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur?</p> <p>a. The DON and or Designee will meet with the staffing coordinator daily to review facility census, call outs if any, and staffing needs.</p> <p>b. The DON and or designee will monitor call outs and staffing ratio weekly until the requirement is met.</p> <p>c. The result of the audit will be forwarded to the facility Administrator and QAA Committee for further review and recommendations as needed.</p>	

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S 560	<p>Continued From page 2</p> <p>-05/07/24 had 7 CNAs for 91 residents on the day shift, required at least 11 CNAs.</p> <p>-05/08/24 had 8 CNAs for 88 residents on the day shift, required at least 11 CNAs.</p> <p>-05/09/24 had 7 CNAs for 88 residents on the day shift, required at least 11 CNAs.</p> <p>-05/10/24 had 10 CNAs for 86 residents on the day shift, required at least 11 CNAs.</p> <p>-05/11/24 had 9 CNAs for 86 residents on the day shift, required at least 11 CNAs.</p> <p>2. For the 2 weeks of Complaint staffing from 07/21/2024 to 08/03/2024, the facility was deficient in CNA staffing for residents on 8 of 14 day shifts as follows:</p> <p>-07/22/24 had 9 CNAs for 89 residents on the day shift, required at least 11 CNAs.</p> <p>-07/23/24 had 10 CNAs for 89 residents on the day shift, required at least 11 CNAs.</p> <p>-07/25/24 had 7 CNAs for 89 residents on the day shift, required at least 11 CNAs.</p> <p>-07/27/24 had 8 CNAs for 89 residents on the day shift, required at least 11 CNAs.</p> <p>-07/28/24 had 8 CNAs for 94 residents on the day shift, required at least 12 CNAs.</p> <p>-07/29/24 had 8 CNAs for 94 residents on the day shift, required at least 12 CNAs.</p> <p>-07/30/24 had 10 CNAs for 91 residents on the day shift, required at least 11 CNAs.</p> <p>-08/02/24 had 8 CNAs for 91 residents on the day shift, required at least 11 CNAs</p>	S 560		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 156002	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 9/3/2024
NAME OF FACILITY CAREONE AT EVESHAM	STREET ADDRESS, CITY, STATE, ZIP CODE 870 EAST ROUTE 70 MARLTON, NJ 08053	

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	08/12/2024	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 8/8/2024		<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			