

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

PRINTED: 04/22/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315507	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/17/2024
NAME OF PROVIDER OR SUPPLIER BARNERT SUBACUTE REHABILITATION CENTER, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 680 BROADWAY SUITE 301 PATERSON, NJ 07514		
(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	<p>INITIAL COMMENTS</p> <p>Complaint #: 170347</p> <p>Census: 52</p> <p>Sample Size: 3</p> <p>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.</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

02/06/2024

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.

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/17/2024
NAME OF PROVIDER OR SUPPLIER BARNERT SUBACUTE REHABILITATION CENTER, LL		STREET ADDRESS, CITY, STATE, ZIP CODE 680 BROADWAY SUITE 301 PATERSON, NJ 07514		
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S 000	Initial Comments Complaint#: NJ#170347 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# NJ170347 Based on interview and review of pertinent facility documentation on 01/17/24, it was determined that the facility failed to maintain the required minimum direct care staff to resident ratios as mandated by the State of New Jersey. This was evident for 3 out of 14 day shifts reviewed. Findings include: Reference: New Jersey Department of Health	S 560	1) How the corrective action will be accomplished for any resident affected by deficient practice The facility assessed all patients and residents and there were no adverse effects as a result of this deficient practice on the 7-3 (day) shift The Administrator and Director of Nursing reviewed staffing schedules and modified accordingly to capture all nurses that	2/29/24

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S 560	<p>Continued From page 1</p> <p>(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 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:</p> <p>One Certified Nurse Aide (CNA) to every eight 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>The surveyor requested staffing for the weeks of 12/31/23 to 01/06/24, 01/07/24 to 01/13/24.</p> <p>As per the "Nurse Staffing Report," completed by the facility for the weeks of 12/31/23 to 01/13/23, the facility was deficient in CNA staffing for residents on 3 of 14 day shifts as follows:</p> <ul style="list-style-type: none"> -01/01/24 had 6 CNAs for 56 residents on the day shift, required at least 7 CNAs. -01/06/24 had 6 CNAs for 55 residents on the day shift, required at least 7 CNAs. -01/07/24 had 6 CNAs for 54 residents on the day shift, required at least 7 CNAs. 	S 560	<p>worked in the Certified Nursing Assistant (C.N.A) role. All efforts to hire facility Certified Nursing Assistants (CNA) will continue until there is adequate staff to serve all residents</p> <p>2) How we identified other residents/areas that could potentially be affected</p> <p>All residents and patients on the 7-3 (day shift) have the potential to be effected</p> <p>3) Measures to ensure were/will be put into place to assist this area of concern</p> <p>The Administrator and Director of Nursing shall hold daily staffing meetings to review the daily Certified Nursing Assistant (C.N.A) staffing schedules to ensure compliance with the states minimum C.N.A staffing requirement</p> <p>Hiring and recruitment efforts including wage analysis and adjustments, pay for experience, online job listings, job fairs, sift differentials, and referral bonuses are being utilized to become more competitive in the marketplace and surrounding area</p> <p>The Facility staffing coordinator will also work with sister facilities to identify CNAs or licensed nurses that can cover shifts when call outs occur. The facility will offer overtime, bonuses, or incentives to licensed nurses to work as nursing assistants when warranted. The facility will continue to maintain an agreement with nursing staffing agencies in the event of a</p>	

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S 560	Continued From page 2	S 560	<p>staffing shortage</p> <p>4) How the concern will be monitored and title of person responsible for monitoring</p> <p>The Administrator and Director of Nursing or designee will review and audit the Certified Nursing Assistant (CNA) staffing schedule daily for 4 weeks, then monthly for 3 months, and then quarterly to determine compliance with the states minimum C.N.A. staffing requirement.</p> <p>The Administrator will continue to monitor the facility's recruitment and retention practices to identify potential areas of improvement. The results of these audits will be submitted to the Quality Assurance and Performance Improvement (QAPI) committee monthly for review and determination of further action needed</p>	