STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315127	A. BUILDING _____ B. WING _____	C 05/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAWRENCE REHABILITATION HOSPITAL	**2381 LAWRENCEVILLE ROAD LAWRENCEVILLE, NJ 08648**

(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 A Complaint Survey was conducted on behalf of the New Jersey Department of Health. Complaint #: NJ00162351 and NJ00162754 Survey Dates: 5/8/23-5/9/23 Survey Census: 52 Sample Size: 7 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 | 05/27/2023

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
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S 000	Initial Comments Complaint #: NJ00162351 and NJ00162754 Survey Dates: 5/8/23-5/9/23 Survey Census: 52 Sample Size: 7 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: Complaint #: NJ00162754 Based on facility document review on 05/10/2023, 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 17 of 63 shifts reviewed. This deficient practice had the potential to affect all residents.	S 560	1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice. a. Patients have the potential to be affected. 2. How the facility will identify other residents having the potential to be affected by the same deficient practice.	6/8/23

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S 560	Continued From page 1 Findings include: 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. 1. For the 1 week from 03/19/2023 to 03/25/2023, the facility was deficient in CNA staffing for residents on 5 of 7 day shifts as follows: -03/19/23 had 4 CNAs for 52 residents on the day shift, required 6 CNAs. -03/20/23 had 5 CNAs for 52 residents on the day shift, required 6 CNAs. -03/22/23 had 4 CNAs for 52 residents on the day shift, required 6 CNAs. -03/23/23 had 5 CNAs for 49 residents on the day shift, required 6 CNAs. -03/24/23 had 4 CNAs for 49 residents on the day shift, required 6 CNAs.	S 560	a. All patients have the potential to be affected. 3. What measures will be put in place or systematic changes made to ensure the deficient practice will not recur. a. Director of Nursing, Staffing Coordinator and Administrator will address any staffing concerns daily during morning meetings, will also discuss the need for the week and weekend continuously. b. Will work with regional recruiter to focus on Staff recruiting. The facility participates in an interdisciplinary Quality Care Resource call to review open positions, recruitment tactics, and changes to improve outcomes. c. Facility will create a Patient to Staffing Ratio Chart to assure the Staffing Coordinator meets the staffing ratio. d. Will do interviews on the spot for any walk ins. Multiple administrative team members will be readily be available for interviews at any time during normal business hours. e. Facility has contracts in place with multiple staffing agencies. Contract staff utilization is reviewed bi- weekly to identify trends and opportunities. f. The facility will create a Care Champion Program to mentorship program for new employees which has been proven to raise retention rates in our other facilities. g. The facility has implemented a multifaceted approach for recruitment and retention of employees, Job fairs, Increased utilization of PRN staff, Implementation of OnShift, increase job posting advertisements, Sign on bonuses, Referral bonuses, Pick-up shift bonuses,	

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	21126L	A. BUILDING: _____ B. WING _____	C 05/09/2023

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S 560	Continued From page 2 2. For the 2 weeks prior to survey from 04/23/2023 to 05/06/2023, the facility was deficient in CNA staffing for residents on 10 of 14 day shifts and deficient in CNAs to total staff on 2 of 14 evening shifts as follows: -04/23/23 had 4 CNAs for 54 residents on the day shift, required 7 CNAs. -04/23/23 had 4 CNAs to 10 total staff on the evening shift, required 5 CNAs. -04/24/23 had 6 CNAs for 54 residents on the day shift, required 7 CNAs. -04/25/23 had 6 CNAs for 54 residents on the day shift, required 7 CNAs. -04/27/23 had 5 CNAs for 52 residents on the day shift, required 6 CNAs. -04/29/23 had 5 CNAs for 52 residents on the day shift, required 6 CNAs. -04/29/23 had 4 CNAs to 10 total staff on the evening shift, required 5 CNAs. -04/30/23 had 4 CNAs for 52 residents on the day shift, required 6 CNAs. -05/03/23 had 6 CNAs for 55 residents on the day shift, required 7 CNAs. -05/04/23 had 6 CNAs for 55 residents on the day shift, required 7 CNAs. -05/05/23 had 3 CNAs for 54 residents on the day shift, required 7 CNAs. -05/06/23 had 4 CNAs for 51 residents on the day shift, required 6 CNAs.	S 560	Rate adjustments. 4. How the facility will monitor it□s corrective action to ensure the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes, will add this to the Quality Committee. a. At the end of day, administration and nursing team will address staffing needs for the End of the Day meeting to make all sure all shifts have been properly staffed, this will be daily and ongoing.	

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	315127	A. BUILDING _____ B. WING _____	R-C 06/16/2023

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LAWRENCE REHABILITATION HOSPITAL	**2381 LAWRENCEVILLE ROAD LAWRENCEVILLE, NJ 08648**

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{F 000}	INITIAL COMMENTS	{F 000}		

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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
21126L		6/16/2023

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
LAWRENCE REHABILITATION HOSPITAL	2381 LAWRENCEVILLE ROAD LAWRENCEVILLE, NJ 08648

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 06/08/2023	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 5/9/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ **YES** ☐ **NO**			