

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>021203</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>12/29/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROOSEVELT CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>118 PARSONAGE ROAD EDISON, NJ 08837</b>		
(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  THE FACILITY WAS 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 interview and review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff to resident ratios for the day shift and evening shift as mandated by the State of New Jersey. The facility was deficient in CNA (Certified Nursing Aide) staffing for 13 of 14 day shifts and deficient in CNAs to total staff on 2 of 14 evening shifts as follows:  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	S 560	1. Staffing ratio requirements were reviewed with staffing coordinator. Education on ratio requirements provided by administrator on importance of meeting these requirements. All residents could have been affected by this deficient practice.  2. Audit of staffing conducted to ascertain staff willing to work overtime shifts. 8 agency contracts maintained. Staffing coordinator to send all needs to agencies 4 weeks in advance. Recruiters designated to increase efforts	2/11/22

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

TITLE

(X6) DATE

Electronically Signed

01/21/22

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S 560	<p>Continued From page 1</p> <p>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.</p> <p>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>As per the "Nurse Staffing Report" completed by the facility for the weeks of 11/28/21 and 12/5/21, the facility was deficient in CNA staffing for residents on 13 of 14 day shifts and deficient in CNAs to total staff on 2 of 14 evening shifts as follows:</p> <ul style="list-style-type: none"> <li>-11/28/21 had 13 CNAs for 165 residents on the day shift, required 21 CNAs.</li> <li>-11/28/21 had 12 CNAs to 26 total staff on the evening shift, required 13 CNAs.</li> <li>-11/29/21 had 15 CNAs for 168 residents on the day shift, required 21 CNAs.</li> <li>-11/30/21 had 15 CNAs for 168 residents on the day shift, required 21 CNAs.</li> <li>-12/02/21 had 18 CNAs for 168 residents on the day shift, required 21 CNAs.</li> <li>-12/03/21 had 13 CNAs for 167 residents on the day shift, required 21 CNAs.</li> <li>-12/04/21 had 16 CNAs for 167 residents on the</li> </ul>	S 560	<p>for CNA recruitment to meet ratios requirements. Staffing coordinator to send needs to recruiter weekly and communicate interview scheduling. Review per diem hire rates.</p> <p>3. Daily audit conducted for 1 month then weekly for 2 months by staffing coordinator.</p> <p>4. Administrator to review and monitor on quarterly QA meeting for 3 months effectiveness of plan.</p>	

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S 560	<p>Continued From page 2</p> <p>day shift, required 21 CNAs. -12/05/21 had 14 CNAs for 167 residents on the day shift, required 21 CNAs. -12/06/21 had 15 CNAs for 167 residents on the day shift, required 21 CNAs. -12/06/21 had 13 CNAs to 27 total staff on the evening shift, required 14 CNAs. -12/07/21 had 16 CNAs for 167 residents on the day shift, required 21 CNAs. -12/08/21 had 16 CNAs for 167 residents on the day shift, required 21 CNAs. -12/09/21 had 20 CNAs for 170 residents on the day shift, required 22 CNAs. -12/10/21 had 18 CNAs for 170 residents on the day shift, required 22 CNAs. -12/11/21 had 15 CNAs for 170 residents on the day shift, required 22 CNAs.</p> <p>On 12/22/21 at 9:03 AM, the surveyor, in the presence of the survey team, interviewed the Staffing Coordinator who stated that she was aware of the required minimum direct care staff to resident ratios. She further stated that the facility tried to meet the required minimum direct care staff to resident ratios but that they did not meet it all the time.</p> <p>At 9:16 AM, the surveyor, in the presence of the survey team, interviewed the Director of Nursing who stated that she was aware of the required minimum direct care staff to resident ratios. She further stated that the facility met the required minimum direct care staff to resident ratios most of the time but that sometimes it was difficult when there were staff call outs or vacation.</p> <p>At 9:53 AM, the surveyor interviewed the Licensed Nursing Home Administrator who stated that he was aware of the required minimum direct care staff to resident ratios. He further stated that</p>	S 560		

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S 560	<p>Continued From page 3</p> <p>the facility met the required minimum direct care staff to resident ratios most days but could not confidently say each day. He then added that the facility was overstaffed with nurses and that they assist with resident care.</p> <p>A review of the undated facility provided policy titled, "Staffing" included the following: Policy Statement: Our facility provides sufficient numbers of staff with the skills and competency necessary to provide care and services for all residents in accordance with resident care plans and the facility assessment.</p> <p>Policy Interpretation and Implementation</p> <ol style="list-style-type: none"> <li>1. Licensed nurses and certified nursing assistants are available 24 hours a day to provide direct resident care services.</li> <li>2. Staffing numbers and the skill requirements of direct care staff are determined by the needs of the residents based on each resident's plan of care ...</li> <li>4. Direct care staffing information per pay (including agency and contract staff) is submitted to the CMS payroll-based journal system on the schedule specified by CMS, but no less than once a quarter ...</li> </ol> <p>The facility provided policy did not include the required minimum direct care staff to resident ratios.</p>	S 560		

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315039	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/8/2022
NAME OF FACILITY ROOSEVELT CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 118 PARSONAGE ROAD EDISON, NJ 08837	

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, 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 CMS-2567 (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 F0686	Correction	ID Prefix F0688	Correction	ID Prefix F0695	Correction
Reg. # 483.25(b)(1)(i)(ii)	Completed	Reg. # 483.25(c)(1)-(3)	Completed	Reg. # 483.25(i)	Completed
LSC	02/11/2022	LSC	02/11/2022	LSC	02/11/2022
ID Prefix F0698	Correction	ID Prefix F0880	Correction	ID Prefix	Correction
Reg. # 483.25(l)	Completed	Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. #	Completed
LSC	02/11/2022	LSC	03/07/2022	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 <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

**FOLLOWUP TO SURVEY COMPLETED ON**  
12/29/2021

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

# STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 021203	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/25/2022
NAME OF FACILITY ROOSEVELT CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 118 PARSONAGE ROAD EDISON, NJ 08837	

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	03/25/2022	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 <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 12/29/2021		<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			