

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/30/2021
NAME OF PROVIDER OR SUPPLIER EASTERN PINES CONV CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 29 NORTH VERMONT AVE ATLANTIC CITY, NJ 08401		
(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		
S1680	8:39-25.2(b)(1)&(2) Mandatory Nurse Staffing (b) The facility shall provide nursing services by registered professional nurses, licensed practical nurses, and nurse aides (the hours of the director of nursing are not included in this computation, except for the direct care hours of the director of nursing in facilities where the director of nursing provides more than the minimum hours required at N.J.A.C. 8:39-25.1(a) above) on the basis of: 1. Total number of residents multiplied by 2.5 hours/day; plus 2. Total number of residents receiving each service listed below, multiplied by the corresponding number of hours per day: Wound care 0.75 hour/day Nasogastric tube feedings and/or gastrostomy 1.00 hour/day Oxygen therapy	S1680		8/30/21

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

TITLE

(X6) DATE

Electronically Signed

07/08/21

STATE FORM

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S1680	<p>Continued From page 2</p> <p>Findings include:</p> <p>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 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>A review of the facility provided Nursing Home Resident Care Staffing Reports from 6/16/21 to 6/29/21 included the following;</p> <p>6/17/2021-(Census-86) Day Shift 1 Certified Nursing Assistant (CNA):9.2 Residents</p> <p>6/18/2021-(Census-85)) Day Shift 1 Certified Nursing Assistant (CNA):8.8 Residents</p> <p>6/19/2021-(Census-86) Day Shift 1 Certified Nursing Assistant (CNA):9.9 Residents</p>	S1680	<p>ensure minimum staffing levels are met.</p> <p>The Administrator or designee will monitor staffing levels weekly for 3 months to ensure minimum staffing levels are met, and review at the quarterly qapi meeting.</p>	

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S1680	<p>Continued From page 3</p> <p>6/20/2021-(Census-86) Day Shift 1 Certified Nursing Assistant (CNA):9.1 Residents</p> <p>6/26/2021-(Census-83) Day Shift 1 Certified Nursing Assistant (CNA):8.6 Residents</p> <p>6/27/2021-(Census-83) Day Shift 1 Certified Nursing Assistant (CNA):9.4 Residents.</p> <p>6 of 14 day shifts did not meet the minimum required ratio of 1 CNA to 8 residents.</p> <p>6/18/2021-(Census-85)) Evening Shift 1 Certified Nursing Assistant (CNA):11.3 Residents</p> <p>6/19/2021-(Census-85) Evening Shift 1 Certified Nursing Assistant (CNA):12.3 Residents</p> <p>6/20/2021-(Census-86) Evening Shift 1 Certified Nursing Assistant (CNA):10.8 Residents</p> <p>6/21/2021-(Census-86) Evening Shift 1 Certified Nursing Assistant (CNA):10.8 Residents.</p> <p>4 of 14 evening shifts did not meet the minimum required ratio of 1 CNA to 10 residents.</p> <p>6/19/2021-(Census-86) Night Shift 1 Certified Nursing Assistant (CNA):14.6 Residents</p> <p>6/20/2021-(Census-86) Night Shift 1 Certified Nursing Assistant (CNA):16.2 Residents.</p> <p>2 of 14 night shift did not meet the minimum required ratio of 1 CNA to 14 residents.</p> <p>During an interview 06/29/21 at 10:45 AM, the</p>	S1680		

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S1680	<p>Continued From page 4</p> <p>Staffing Coordinator stated that she was aware of the new staffing mandates.</p> <p>During an interview on 06/29/21 at 10:49 AM the Director of Nursing acknowledged that sometimes the facility is short of CNA's but the nurses do help. "I failed to understand the mandate and include the nurses in the count."</p> <p>A review of an undated facility policy titled Staffing Policy, reflects 1. One CNA to every eight residents for the day shift. 2 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 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>A review of an undated facility policy titled Staffing reflects 1. our facility maintains adequate staffing on each shift to ensure our resident's needs and services are met.</p> <p>NJAC: 8:39-5.1(a)</p>	S1680		

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

PRINTED: 08/18/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315317	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/30/2021
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F 000	<p>INITIAL COMMENTS</p> <p>CENSUS: 86</p> <p>SAMPLE SIZE: 18 +1</p> <p>The facility is in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities.</p> <p>COMPLAINT #: NJ 00146151</p> <p>THE FACILITY IS NOT IN COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES, BASED ON THIS COMPLAINT VISIT.</p>	F 000			

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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.