

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

PRINTED: 08/17/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315360	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/02/2022
NAME OF PROVIDER OR SUPPLIER EMERSON HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 100 KINDERKAMACK ROAD EMERSON, NJ 07630		
(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#: NJ150958</p> <p>Survey Date: 06/02/2022</p> <p>Sample: 5</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 VISIT.</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

06/15/2022

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

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S 000	Initial Comments COMPLAINT NJ NJ00150958 Survey date 06/02/2022 Sample 5 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 facility provided staffing, and a review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff to resident ratios per the required minimum staffing	S 560	(X3) DATE SURVEY COMPLETED C 06/02/2022 COMPLAINT#: NJ150958 Initial Comments S560: 8:39-5.1(a) Mandatory Access to	7/22/22

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

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06/15/22

New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>standards as mandated by the State of New Jersey.</p> <p>Reference: New Jersey State requirement, CHAPTER 112. An Act concerning staffing requirements for nursing homes and supplementing Title 30 of the Revised Statutes.</p> <p>Be It Enacted by the Senate and General Assembly of the State of New Jersey: C.30:13-18 Minimum staffing requirements for nursing homes effective 2/1/21.</p> <p>1. a. Notwithstanding any other staffing requirements as may be established by law, every nursing home as defined in section 2 of P.L.1976, c.120 (C.30:13-2) or licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall maintain the following minimum direct care staff -to-resident ratios:</p> <p>(1) one certified nurse aide to every eight residents for the day shift;</p> <p>(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 certified nurse aides, and each staff member shall be signed in to work as a certified nurse aide and shall perform certified nurse aide duties; and</p> <p>(3) 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 certified nurse aide and perform certified nurse aide duties</p> <p>b. Upon any expansion of resident census by the nursing home, the nursing home shall be exempt from any increase in direct care staffing ratios for a period of nine consecutive shifts from the date of the expansion of the resident census.</p> <p>c. (1) The computation of minimum direct care staffing ratios shall be carried to the hundredth place.</p>	S 560	<p>Care 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</p> <p>This REQUIREMENT is not met as evidenced by: Based on facility provided staffing, and a review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff to resident ratios per the required minimum staffing For the 2 weeks of staffing from 12/19/2021 to 01/01/2022, the facility was deficient in CNA staffing for residents on 13 of 14 day shifts.</p> <p>1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>a. In accordance with section 2 of P.L.1976, c.120 (C.30:13-2), The facility will establish the following corrective action for all residents affected inclusive of 1b □ 1q.</p> <p>b. 1. a. Notwithstanding any other staffing requirements as may be established by law, every nursing home as defined in section 2 of P.L.1976, c.120 (C.30:13-2) or licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall maintain the following minimum direct care staff -to-resident ratios:</p> <p>c. one certified nurse aide to every eight residents for the day shift;</p>	

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NAME OF PROVIDER OR SUPPLIER EMERSON HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 100 KINDERKAMACK ROAD EMERSON, NJ 07630		
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S 560	<p>Continued From page 2</p> <p>(2) If the application of the ratios listed in subsection a. of this section results in other than a whole number of direct care staff, including certified nurse aides, for a shift, the number of required direct care staff members shall be rounded to the next higher whole number when the resulting ratio, carried to the hundredth place, is fifty-one hundredths or higher.</p> <p>(3) All computations shall be based on the midnight census for the day in which the shift begins.</p> <p>d. Nothing in this section shall be construed to affect any minimum staffing requirements for nursing homes as may be required by the Commissioner of Health for staff other than direct care staff, including certified nurse aides, or to restrict the ability of a nursing home to increase staffing levels, at any time, beyond the established minimum ...</p> <p>1. For the 2 weeks of staffing from 12/19/2021 to 01/01/2022, the facility was deficient in CNA staffing for residents on 13 of 14 day shifts as follows:</p> <ul style="list-style-type: none"> -12/19/21 had 14 CNAs for 133 residents on the day shift, required 17 CNAs. -12/20/21 had 15 CNAs for 132 residents on the day shift, required 17 CNAs. -12/21/21 had 16 CNAs for 132 residents on the day shift, required 17 CNAs. -12/22/21 had 14 CNAs for 131 residents on the day shift, required 17 CNAs. -12/23/21 had 14 CNAs for 131 residents on the day shift, required 17 CNAs. -12/24/21 had 13 CNAs for 125 residents on the day shift, required 16 CNAs. -12/25/21 had 13 CNAs for 125 residents on the day shift, required 16 CNAs. -12/26/21 had 14 CNAs for 125 residents on the 	S 560	<p>d. 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 certified nurse aides, and each staff member shall be signed in to work as a certified nurse aide and shall perform certified nurse aide duties; and</p> <p>e. 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 certified nurse aide and perform certified nurse aide duties</p> <p>f. b. Upon any expansion of resident census by the nursing home, the nursing home shall be exempt from any increase in direct care staffing ratios for a period of nine consecutive shifts from the date of the expansion of the resident census.</p> <p>g. c. (1) The computation of minimum direct care staffing ratios shall be carried to the hundredth place.</p> <p>h. (2) If the application of the ratios listed in subsection a. of this section results in other than a whole number of direct care staff, including certified nurse aides, for a shift, the number of required direct care staff members shall be rounded to the next higher whole number when the resulting ratio, carried to the hundredth place, is fifty-one hundredths or higher.</p> <p>i. (3) All computations shall be based on the midnight census for the day in which the shift begins.</p> <p>j. d. Nothing in this section shall be construed to affect any minimum staffing requirements for nursing homes as may be required by the Commissioner of Health for staff other than direct care staff, including certified nurse aides, or to restrict the ability of a nursing home to</p>	

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S 560	Continued From page 3 day shift, required 16 CNAs. -12/28/21 had 15 CNAs for 125 residents on the day shift, required 16 CNAs. -12/29/21 had 15 CNAs for 125 residents on the day shift, required 16 CNAs. -12/30/21 had 14 CNAs for 125 residents on the day shift, required 16 CNAs. -12/31/21 had 14 CNAs for 125 residents on the day shift, required 16 CNAs. -01/01/22 had 14 CNAs for 125 residents on the day shift, required 16 CNAs.	S 560	increase staffing levels, at any time, beyond the established minimum k. The following staffing agencies have been contracted by Emerson to assist in maintaining staffing levels. 1. Various Staffing Agencies 2. Lincoln Technical School for new graduates 3. Prosper <input type="checkbox"/> owner of CNA school Bergan Home Care 4. Current staffing bonus incentives 5. Referral for nurses bonus 6. Career Fair on 4/4/2022 7. New Hire Breakfast on 5/4/2022 8. LPN Fair Virtual and In Person Events 9. Advertisement on CNA websites 10. Various Social media websites 2. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; a. For any and all residents that have the potential to be affected by the same deficient practice, 1b-1q above will also be followed. 3. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and; The following measures and systemic changes will be put in place to ensure the deficient practice does not reoccur: a. Staffing coordinators will all follow the staffing plan listed in 1b-1p to ensure appropriated staffing of CNAs on all shifts. b. Administration and Human Resources will utilize the following tactics to attract	

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S 560	Continued From page 4	S 560	<p>certified nurse aids to work at the facility:</p> <ol style="list-style-type: none"> Use of agency staff Word of mouth Sign on bonus Referral bonus Offer of CNA school training program Recruiting other department staff Advertisement Bi-Weekly Bonuses Open houses for staffing recruitment <p>4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.</p> <ol style="list-style-type: none"> HR and staffing coordinator will report all tactics used on a weekly basis to Administrator. HR and staffing coordinator will advise administrator on a weekly basis of all CNA staffing in accordance with regulatory requirements 4a and 4b will be reported by HR director to QAPI on a monthly basis Staffing ratios for certified nurse aides will remain within regulatory compliance <p>5. Date by which corrective action will be completed 7/22/2022</p>	

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 060202	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/2/2022
NAME OF FACILITY EMERSON HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 100 KINDERKAMACK ROAD EMERSON, NJ 07630	

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	07/22/2022	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	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 6/2/2022		<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			