

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

PRINTED: 10/04/2023
FORM APPROVED
OMB NO. 0938-0391

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|--|---|--|--|----------------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315164 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 08/13/2021 |
| NAME OF PROVIDER OR SUPPLIER FAMILY OF CARING HEALTHCARE AT TENAFLY, LLC | | | STREET ADDRESS, CITY, STATE, ZIP CODE 133 COUNTY ROAD TENAFLY, NJ 07670 | | |
| (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>STANDARD SURVEY: 8/13/21</p> <p>CENSUS: 53</p> <p>SAMPLE SIZE: 14</p> <p>The facility is in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities.</p> | F 000 | | | |

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

TITLE

(X6) DATE

Electronically Signed

08/17/2021

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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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060206 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED C 08/13/2021 |
| NAME OF PROVIDER OR SUPPLIER FAMILY OF CARING HEALTHCARE AT TENAFLY, LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 133 COUNTY ROAD TENAFLY, NJ 07670 | | |
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| 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 observation, interview, and review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios for the day shift, as mandated by the state of New Jersey. This was evident for 7 of 42 shifts reviewed. Findings include: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) | S 560 | 1)The Administrator and Director of Nursing immediately reviewed staffing schedules and modified accordingly to capture all nurses that worked in the Certified Nursing Assistant (CNA) role. 2)All residents have the potential to be affected. 3)The Administrator and Director of Nursing shall continue to review the daily Certified Nursing Assistant (CNA) staffing schedules to ensure compliance with the state's minimum CNA staffing requirement. Furthermore, the facility will | 10/8/21 |

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| S 560 | <p>Continued From page 1</p> <p>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>As per the "Nursing Staffing Report" completed by the facility for weeks 7/25/21-7/31/21 and 8/1/21-8/7/21, the staffing to residents ratios that did not meet the minimum requirement of 1 CNA to 8 resident for the day shift as documented below:</p> <ul style="list-style-type: none"> - 7/25/21 had 6 CNAs for 49 residents 49/6= 8.17 (not met) - 7/26/21 had 6 CNAs for 49 residents 49/6 = 8.17 (not met) - 7/30/21 had 4 CNAs for 48 residents. 48/4 = 12 (not met) - 7/31/21 had 6 CNAs for 49 residents. 49/6 = 8.17(not met) - 8/2/21 had 5 CNAs for 49 residents. 49/5 = 9.8 (not met) - 8/3/21 had 6 CNAs for 49 residents. 49/6 = | S 560 | <p>review CNAs current rates, the facility shall continue its recruitment program and hiring efforts to attract and hire CNAs. The center shall offer overtime, incentive pay, and bonuses to current staff when a staffing shortage is identified or occurs throughout the day and/or week. Facility staffing coordinator will work with sister facilities staffing coordinator for CNAs/license nurses for daily backup when call outs occurs. Facility will offer overtime, bonuses, or incentives to licensed nurses to work as Nursing Assistant when warranted. The facility also maintain an agreement with nursing staffing agencies in the event of any staffing shortage.</p> <p>4)The Administrator and Director of Nursing or designee shall review/audit the Certified Nursing Assistant (CNA) staffing schedule daily for 4 weeks, then monthly x 3 months and then quarterly to determine compliance with the state's minimum CNA staffing requirement. The Administrator shall 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.</p> | |

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| NAME OF PROVIDER OR SUPPLIER FAMILY OF CARING HEALTHCARE AT TENAFLY, LLC | | | STREET ADDRESS, CITY, STATE, ZIP CODE 133 COUNTY ROAD TENAFLY, NJ 07670 | | |
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| S 560 | <p>Continued From page 2</p> <p>8.17 (not met) - 8/7/21 had 5 CNAs for 51 residents. 51/5 = 10.2 (not met)</p> <p>The surveyor reviewed staffing for the two weeks prior to the survey date, 7/25/21-7/31/21 and 8/1/21-8/7/21. On 7/25/21, the day shift staffing ratio was one CNA to 8.17 residents. On 7/26/21, the day shift staffing ratio was one CNA to 8.17 residents. On 7/30/21, the day shift staffing ratio was one CNA to 12 residents. On 7/31/21, the day shift staffing ratio was one CNA to 8.17 residents. On 8/2/21, the day shift staffing ratio was one CNA to 9.8 residents. On 8/3/21, the day shift staffing ratio was one CNA to 8.17 residents. On 8/7/21, the day shift staffing ratio was one CNA to 10.2 residents. The minimum state staffing ratio for day shift is one CNA to eight residents.</p> <p>On 8/13/21 at 11:35 AM, the surveyor interviewed the Human Resources / Staffing Coordinator (HR/SC). The HR/SC informed the surveyor that she was aware of the ratio of CNA to residents, 1:8 on the 7 to 3 shifts. The HR/SC explained that the facility tries to staff accordingly and add extra staff, even utilizing agency staffing. The HR/SC stated "with the pandemic, we are having problems hiring staffing due to the fear of working in a nursing home. Fear of the risk factor." The HR/SC added, "the facility has been working hard with incentives to attract new staffing. We Offer gift cards to work extra shifts. We offer bonuses for referrals to current staff in recommending new hires."</p> <p>NJAC 8:39-5.1(a)</p> | S 560 | | | |

STATE FORM: REVISIT REPORT

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|---|---|-------------------------------|
| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 060206 | MULTIPLE CONSTRUCTION A. Building B. Wing | DATE OF REVISIT 10/13/2021 |
| NAME OF FACILITY FAMILY OF CARING HEALTHCARE AT TENAFLY, LLC | STREET ADDRESS, CITY, STATE, ZIP CODE 133 COUNTY ROAD TENAFLY, NJ 07670 | |

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 | 10/13/2021 | 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 | |
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| Reg. # | Completed | Reg. # | Completed | Reg. # | Completed |
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| LSC | | LSC | | LSC | |

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| REVIEWED BY STATE AGENCY | REVIEWED BY (INITIALS) | DATE | SIGNATURE OF SURVEYOR | DATE |
| REVIEWED BY CMS RO | REVIEWED BY (INITIALS) | DATE | TITLE | DATE |

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| FOLLOWUP TO SURVEY COMPLETED ON 8/13/2021 | <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 |
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315164 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | | (X3) DATE SURVEY COMPLETED 08/13/2021 |
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| E 000 | Initial Comments | E 000 | | | |
| K 000 | <p>INITIAL COMMENTS</p> <p>A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 08/10/21 and Family of Caring at Tenafly was found to be in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy</p> <p>Family of Caring at Tenafly is a 2-story building that was built in 60s. It is composed of Type III(211) protected construction. The facility is divided into 6 smoke zones.</p> | K 000 | | | |

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