

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

PRINTED: 07/27/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315129</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/04/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>DELLRIDGE HEALTH &amp; REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>532 FARVIEW AVE PARAMUS, NJ 07652</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) COMPLETION DATE	
F 000	<p>INITIAL COMMENTS</p> <p>Survey date: 05/04/2022</p> <p>Census: 85</p> <p>Sample: 6 residents/6 staff</p> <p>A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19.</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

05/16/2022

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>060207</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>05/04/2022</b>
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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 interviews and review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff-to-shift ratios as mandated by the state of New Jersey for 8 of 14 day shifts reviewed.  This deficient practice was evidenced by the following:  Reference: New Jersey Department of Health (NJDOH) memo, dated 1/28/21, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for	S 560	1) How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.  The Administrator and Director of Nursing immediately reviewed staffing schedules and modified accordingly to capture all nurses that worked in the Certified Nursing Assistant (C.N.A) role.  2) How the facility will identify other residents having the potential to be	6/20/22

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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. "Direct care staff member" means any registered professional nurse, licensed practical nurse, or certified nurse aide who is acting in accordance with that individual's authorized scope of practice and pursuant to documented employee time schedules. 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.</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 04/24/22-04/30/22 and 04/17/22-04/23/22, the staffing-to-resident ratios that did not meet the minimum requirement of 1 CNA to 8 residents for the day shift are documented below:</p> <p>The facility was deficient in CNA staffing for residents on 8 of 14 day shifts as follows:</p> <p>04/17/22 had 10 CNAs for 83 residents on the day shift, required 11 CNAs.</p> <p>04/18/22 had 10 CNAs for 83 residents on the</p>	S 560	<p>affected by the same deficient practice.</p> <p>All residents have the potential to be effected by the deficient practice. Therefore, this applies to all residents (current and future).</p> <p>3) What measures will be put into place or systematic changes to ensure that the deficient practice would not recur</p> <p>The Administrator and Director of Nursing shall continue to review the daily Certified Nursing Assistant (C.N.A) staffing schedules to ensure compliance with the states minimum C.N.A staffing ratio requirement.</p> <p>Furthermore, The facility will review CNA's current rates, continue its recruitment program and hiring efforts to attract and hire C.N.As, as evidenced by placing advertisements on Indeed, contacting recruitment agencies, and offering referral bonuses to current staff for securing additional staff</p> <p>The center shall offer overtime, incentive pay, and bonuses to current staff when a staffing shortage is identified or occurs through the day and or week. Facility staffing coordinator will work with sister facilities' staffing coordinator for CNAs / Licensed Nurses for daily backup when call outs occurs. CNAs will receive free meals and incentives on top of their regular pay.</p> <p>Facility will offer overtime, bonuses or</p>	

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S 560	<p>Continued From page 2</p> <p>day shift, required 11 CNAs. 04/19/22 had 10 CNAs for 83 residents on the day shift, required 11 CNAs. 04/20/22 had 10 CNAs for 83 residents on the day shift, required 11 CNAs. 04/21/22 had 10 CNAs for 81 residents on the day shift, required 11 CNAs. 04/28/22 had 10 CNAs for 84 residents on the day shift, required 11 CNAs. 04/29/22 had 10 CNAs for 82 residents on the day shift, required 11 CNAs. 04/30/22 had 10 CNAs for 82 residents on the day shift, required 11 CNAs.</p> <p>During an interview with the surveyor on 05/04/22 at 02:14 PM, the Staffing Coordinator (SC) stated that the required staff ratios were 1:8 on days, 1:10 on evenings and 1:17 on nights and that he staffed appropriately. The SC further stated that sometimes they were short staffed due to call outs, no call no shows, unreliable agencies or that he was unable to get coverage.</p> <p>During an interview with the surveyor on 05/04/22 at 02:55 PM, the Licensed Nursing Home Administrator (LNHA) stated that the required staff ratios were 1:8 on days, 1:10 on evenings and 1:15 on nights and that administration met every day to discuss staffing and that there were no issues. The LNHA further stated that in order to increase staffing the facility would offer overtime pay, bonuses, food incentives to staff, and that they would utilize agency staff if needed.</p> <p>NJAC 8:39-5.1(a)</p>	S 560	<p>incentives to Licensed Nurses to work as Nursing Assistants when warranted. The facility also maintains several agreements with nursing staffing agencies in the event of any staffing shortage.</p> <p>Flyers are posted in the breakroom regarding referral bonuses, overtime pay for staffing call outs, and staffing needs.</p> <p>4) How the facility will monitor its corrective actions to ensure that 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 change.</p> <p>The Administrator and Director of Nursing or designee will review and audit the Certified Nursing Assistant (C.N.A) staffing schedule and staffing ratios daily for 4 weeks, then monthly for 3 months, and then quarterly to determine compliance with the states minimum C.N.A. staffing ratio requirement. The Administrator will 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 needed</p>	