

New Jersey Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060215 | (X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/11/2022 |
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| NAME OF PROVIDER OR SUPPLIER RIDGEWOOD CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 330 FRANKLIN TPK RIDGEWOOD, NJ 07450 |
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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 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 day shifts as mandated by the State of New Jersey. This was evident for 14 out of 14-day shifts. Findings include: 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 | S 560 | 1) How the Corrective action will be accomplished for the residents found to have been affected All residents present in the facility were affected by the deficient practice on the dates and shifts noted. The Center will maintain the NJ minimum direct care staff -to- resident ratios 2)How the facility will identify other residents having the potential to be affected | 4/29/22 |

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

TITLE

(X6) DATE

Electronically Signed

03/30/22

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| S 560 | <p>Continued From page 1</p> <p>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>As per the "Nurse Staffing Report" completed by the facility for the weeks of 2/13/22 to 2/19/22 and 2/20/22 to 2/26/22, the staffing to resident ratios that did not meet the minimum requirement of 1 CNA to 8 residents for the day shift as documented below:</p> <p>The facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows:</p> <ul style="list-style-type: none"> - 02/13/22 had 5 CNAs for 68 residents on the day shift, required 9 CNAs. - 02/14/22 had 6 CNAs for 68 residents on the day shift, required 9 CNAs. - 02/15/22 had 7 CNAs for 66 residents on the day shift, required 9 CNAs. - 02/16/22 had 8 CNAs for 66 residents on the day shift, required 9 CNAs. - 02/17/22 had 8 CNAs for 65 residents on the day shift, required 9 CNAs. - 02/18/22 had 5 CNAs for 65 residents on the day shift, required 9 CNAs. - 02/19/22 had 7 CNAs for 65 residents on the day shift, required 9 CNAs. - 02/20/22 had 6 CNAs for 65 residents on the day shift, required 9 CNAs. - 02/21/22 had 5 CNAs for 66 residents on the day shift, required 9 CNAs. - 02/22/22 had 6 CNAs for 66 residents on the day shift, required 9 CNAs. - 02/23/22 had 6 CNAs for 66 residents on the | S 560 | <p>All residents have the potential to be affected by this deficient practice</p> <p>3) What measures will be put into place or systematic changes made to ensure the deficient practice will not recur</p> <p>Agency staff is currently being utilized to help maintain staff-to-resident ratios.</p> <ul style="list-style-type: none"> -The Administrator, Director of Nursing and Staffing Coordinator were re-educated on the NJ minimum staffing mandate. -The Center will continue its recruiting efforts using various forms of media to increase the number of applicants. The Center will convert temporary CNAs into permanent CNAs. -agency contracts will be posted to bring in outside staff. - The Center will also have weekly staffing calls with the regional support team and as needed. <p>4) How the facility will monitor its corrective actions to ensure compliance</p> <p>THE Human Resources Manager, Staffing Coordinator and Director of Nursing will manage a list of on-going recruiting efforts and document the results of these attempts five days a week.</p> <p>The Administrator will audit daily staffing sheets to determine if Center is meeting the minimum staff-to -residents ratios.</p> <p>The Administrator /Director of Nursing or Designee will report findings to the Performance Improvement Committee</p> | |

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| S 560 | <p>Continued From page 2</p> <p>day shift, required 9 CNAs.</p> <ul style="list-style-type: none"> - 02/24/22 had 8 CNAs for 66 residents on the day shift, required 9 CNAs. - 02/25/22 had 7 CNAs for 66 residents on the day shift, required 9 CNAs. - 02/26/22 had 5 CNAs for 68 residents on the day shift, required 9 CNAs. <p>On 03/8/22 at 11:15 AM, the surveyor team informed the Clinical Lead Specialist Registered Nurse (CLSRN) that the facility was unable to meet the sufficient staffing levels per the State of New Jersey. The CLSRN was unaware of the staffing shortages and accepted the surveyor team findings.</p> <p>A review of the facility's policy titled Staffing/Center Plan dated 7/16/19 and was provided by the CLSRN indicated the following: "Centers will provide qualified and appropriate staffing levels to meet the needs of the patient population. The staffing plan will include all shifts, seven days per week." "The center meets or exceeds the staffing levels mandated by state and federal staffing requirements."</p> | S 560 | monthly for three months. The Performance Improvement Committee will evaluate and determine the effectiveness of the plan to ensure substantial compliance is achieved and determine if further monitoring and evaluation is required. | |
| S1405 | <p>8:39-19.5(a) Mandatory Infection Control and Sanitation</p> <p>a) The facility shall require all new employees to complete a health history and to receive an examination performed by a physician or advanced practice nurse, or New Jersey licensed physician assistant, within two weeks prior to the first day of employment or upon employment. If the new employee receives a nursing assessment by a registered professional nurse upon employment, the physician's or advanced practice nurse's examination may be deferred for</p> | S1405 | | 4/29/22 |

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| S1405 | <p>Continued From page 3</p> <p>up to 30 days from the first day of employment. The facility shall establish criteria for determining the completeness of physical examinations for employees.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and review of 5 newly hired employee files, it was determined that the facility failed to ensure that 3 out of 5 newly hired employees completed a health history and received an examination by a Physician, an Advanced Practice Nurse, or a licensed Physician Assistant within two weeks prior to employment or upon employment as evidenced by the following:</p> <p>On 3/7/22, the surveyor reviewed employee files for 3 newly hired employees. The files revealed the following:</p> <ol style="list-style-type: none"> 1. A Maintenance Technician was hired on 1/7/22 and did not have a physical exam by a physician until 3/1/22. 2. A Certified Nursing Assistant was hired on 1/3/22 and did not have a physical exam by a physician until 1/10/22. 3. A Licensed Practical Nurse was hired on 10/29/21 and had a physical exam by a physician two months before the hire date on 8/6/21. <p>On 3/8/22 at 11:45 AM, the surveyor met with the Clinical Lead Specialist Registered Nurse</p> | S1405 | <p>How the Corrective action will be accomplished for the residents found to have been affected</p> <ul style="list-style-type: none"> -Human resources manager and Director of Nursing was re educated on requirements for all new employees to complete a health history and to receive an examination performed by a physician or advanced practice nurse, or New Jersey licensed physician assistant, within two weeks prior to the first day of employment or upon employment. - LPN removed from the schedule until an up to date physical is completed <p>)How the facility will identify other residents having the potential to be affected</p> <p>All residents have the potential to be affected by this deficient practice</p> <p>3. What measures will be put into place or systematic changes made to ensure the deficient practice will not recur</p> | |

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| S1405 | <p>Continued From page 4</p> <p>(CLSRN) who stated that the Director of Nursing or a designee who is a nurse and the Human Resource Manager (HRM) are responsible for tracking to ensure that PE's for newly hired employees are completed timely.</p> <p>On 3/8/22 at 12:00 PM, the surveyor met with Human Resource Manager (HRM) who stated that she just started working for the facility a few months ago and is unsure who keeps track of the Physical Exam (PE) requirements but will verify with the CLSRN. The HRM later stated that after verifying with CLSRN, she is now aware that the tracking of PE is a shared responsibility with the designee to ensure that the PE of a newly hired employee is completed within the timeframe.</p> <p>On 3/9/22 at 10:40 AM, the surveyor met with the CLSRN to review the findings of the employee files. The CLSRN acknowledged that 3 of the 5 newly hired employee's did not have a history and physical exam completed within the required time two weeks prior to employment or upon employment and there was no assessment done by a registered nurse on the day of employment. She further stated that moving forward, the facility will designate a nurse who will work with the HRM to ensure that PE's for the newly hired employees are completed timely.</p> <p>A review of policy titled " Employee Health Screening Medical Requirements" under "Policy" indicated that " Employees in states where pre-employment physical is required will be provided with and return a completed Statement of Health form prior to providing patient/resident care."</p> <p>On 3/9/22 at 11:30 AM, there was no additional documentation was provided to the survey team</p> | S1405 | <p>-Human resource manager and Director of Nursing was educated on the NJ employee physical examination requirements</p> <p>Human resources all audit new hires within the past 30 days to ensure compliance of employee physicals</p> <p>4. How the facility will monitor its corrective actions to ensure compliance Human resource manager or designee will audit employee physicals for all new hires monthly x 3 months.</p> <p>Human resources manager or Designee will report findings to the Performance Improvement Committee monthly for three months. The Performance Improvement Committee will evaluate and determine the effectiveness of the plan to ensure substantial compliance is achieved and determine if further monitoring and evaluation is required.</p> | |

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| S1405 | Continued From page 5 during the survey. | S1405 | | |
| S2785 | <p>8:39-39.4(a) Mandatory Social Work</p> <p>(a) A social worker shall interview the resident and family within 14 days before or after admission to the facility to identify any social work needs or problems, and to take a social history that includes family, education, and occupational background, adjustment and level of functioning, interests, support systems, and observations.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of facility documents, it was determined that the facility failed to ensure that social worker services were rendered in accordance with state regulations and facility policy for 3 of 3 residents, Resident [REDACTED], [REDACTED], and [REDACTED]. This deficient practice was evidenced by:</p> <p>1. On 2/28/22 at 12:02 PM, the surveyor observed Resident [REDACTED] in bed, alert and willing to be interviewed. The resident stated that he/she was receiving was [REDACTED]</p> <p>A review of the Admission Record revealed Resident [REDACTED] was admitted with diagnoses that included but not limited to; [REDACTED]</p> | S2785 | <p>[REDACTED] the Corrective action will be accomplished for the residents found to have been affected</p> <p>Center continues to recruit for a permanent Social Worker. Agency Social worker started on 4/12/22</p> <p>2. How the facility will identify other residents having the potential to be affected</p> <p>all residents have potential to be affected.</p> <p>3.What measures will be put into place or systematic changes made to ensure the deficient practice will not recur</p> <p>Center will contract with a Social Worker until a permanent Employees hired.</p> <p>4. How the facility will monitor its corrective actions to ensure compliance</p> <p>Administrator or designee will monitor</p> | 4/29/22 |

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| S2785 | <p>Continued From page 6</p> <p>A review of Significant Change Minimum Data Set (MDS) dated 12/2/21, an assessment tool used to facilitate the management of care, reflected a Brief Interview for Mental Status (BIMS) score of [REDACTED].</p> <p>A review of the initial "Social Services Assessment and Documentation" dated 12/7/20 revealed that prior to hospitalization the resident lived alone. It also reflected that the resident's discharge plan was to be discharged home alone with skilled home care. Additionally, it reflected that discharge plans were uncertain at that time and that the resident was hopeful to recover quickly and to return home, to work and to an independent lifestyle upon completion of skilled services.</p> <p>A review of the "Social Services Assessment and Documentation" dated 12/3/21 revealed that there was no plan to discharge the resident from the facility at that time. It also reflected that the resident was hopeful to return to the community with [significant other] into an apartment.</p> <p>There was no further evidence of social services documentation. To complete Section Q "Participation in Assessment and Goal Setting", which encompasses a "Discharge Plan" for the 3/4/22 Quarterly MDS, a Social Service assessment would be used for reference in accordance to the Assessment Reference Date (ARD) per regulation.</p> <p>A review of the Care Plan did not reflect a care plan for discharge planning for Resident [REDACTED] 6.</p> <p>The facility was unable to provide a policy related to Social Worker assessments and time frames related to the MDS.</p> | S2785 | <p>hiring process for a permanent social worker monthly x 3 months</p> <p>Administrator will report hiring progress to QAPI committee x 3 months or until substantial compliance is achieved</p> | |

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| S2785 | <p>Continued From page 7</p> <p>A review of the facilities Job Description for the Social Services Director dated 1/15/02 and signed by the previous Licensed Social Worker on 3/27/08, reflected that "Written documentation, at least quarterly, is required for each customer." 2. On 3/2/22 at 2:48 PM, the surveyor interviewed the Licensed Nursing Home Administrator/Center Executive Director (CED) in the presence of the survey team. The Workforce Center Manager provided the surveyor with a copy of the social worker's Paid Time Off During Continuous Medical Leave of Absence form, signed by the social worker on 1/19/22 which indicated that exhaustion of leave would be in 30 days. The surveyor inquired why the social worker did not return in that time frame and what was the CEDs plan for coverage. The CED stated that the social worker requested an extension, and he was not sure when she would be returning. The CED further stated that a job was posted online to hire a social worker part time and could not provide a copy of the posting.</p> <p>A review of the New Jersey Department of Health State Regulation S2785 8:39-39.4 (a) titled "Mandatory Social Work" reflected the regulation defined as "A social worker shall interview the resident and family within 14 days before or after admission to the facility to identify any social work needs or problems, and to take a social history that includes family, education, and occupational background, adjustment and level of functioning, interests, support systems, and observations."</p> <p>A review of facility policy titled "SS100 Assessment" revised on 1/15/21 reflected that the initial social services assessment and documentation will be performed for all patients upon admission. It also reflected to complete the</p> | S2785 | | |

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| S2785 | <p>Continued From page 8</p> <p>initial Social Service Assessment and Documentation within 5 days of admission.</p> <p>A review of Resident [REDACTED] Admission Record reflected that the resident was admitted in the facility with diagnosis which included but not limited to [REDACTED]).</p> <p>A review of the 2/8/22 Admission Minimum Data Set (MDS), indicated that the resident had [REDACTED]</p> <p>A review of electronic medical records showed a delayed completion of an initial "Social Services Assessment and Documentation" for the resident, which was initiated on 3/1/22.</p> <p>Further review of Resident [REDACTED] medical records reflected no evidence that the resident's family was interviewed by the social worker within 14 days after resident's admission to the facility to identify any social work needs or problems, and to take a social history that includes family, education, and occupational background, adjustment and level of functioning, interests, support systems, and observations.</p> <p>3. A review of Resident [REDACTED] Admission Record reflected that the resident was admitted in the facility and had diagnoses which included but not limited to [REDACTED] Alzheimer's disease unspecified.</p> <p>A review of the 2/18/22 Admission MDS indicated that the resident was rarely/never understood.</p> | S2785 | | |

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| S2785 | <p>Continued From page 9</p> <p>A review of electronic medical records showed no evidence that an initial "Social Services Assessment and Documentation" was completed for the resident.</p> <p>Further review of Resident [REDACTED] medical records reflected no evidence that the resident's family was interviewed by the social worker within 14 days after resident's admission to the facility to identify any social work needs or problems, and to take a social history that includes family, education, and occupational background, adjustment and level of functioning, interests, support systems, and observations.</p> <p>On 3/7/22 at 12:10 PM, the CED provided the print out of the pay period documentation from 2/20/22 through 3/5/22, which revealed that the social worker had not worked during this time frame.</p> <p>On 3/7/22 at 12:35 PM, the survey team met with the facility CED Director of Nursing (DON) and Assistant Director of Nursing (ADON) from another facility, and Clinical Lead Specialist Registered Nurse (CLSRN). The surveyor discussed to the administrative team concerning no evidence of initial Social Services Assessment and Documentation found in Resident [REDACTED] medical records. It was also discussed to them that there was a delayed in completing the Social Services Assessment and Documentation for Resident [REDACTED]. The administrative team could not provide further information.</p> <p>Durian an interview on 3/8/22 at 1:10 PM, the CLSRN acknowledged the delay of completing an initial Social Services Assessment and Documentation for Resident [REDACTED] and no completion of an initial Social Services</p> | S2785 | | |

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| S2785 | <p>Continued From page 10</p> <p>Assessment and Documentation for Resident [REDACTED] until the surveyor's inquiry. She also stated that there were no family interviews by the social worker within 14 days after Resident [REDACTED] and Resident [REDACTED]'s admission to the facility because there was "no social worker" in the facility.</p> <p>On 3/9/22 at 11:30 AM, there was no additional documentation was provided to the survey team at the survey exit.</p> | S2785 | | |