

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060232	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/05/2022
NAME OF PROVIDER OR SUPPLIER BUCKINGHAM AT NORWOOD, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 100 MCCLELLAN STREET NORWOOD, NJ 07648		
(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 560	<p>8:39-5.1(a) Mandatory Access to Care</p> <p>(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00158099</p> <p>Based on interviews and review of pertinent facility documentation on 12/1/22, 12/2/22/ and 12/5/22, it was determined that the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey for 28 of 28 days reviewed. This deficient practice was evidenced by the following:</p> <p>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 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. 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</p>	S 560	<p>The facility continues to follow a recruitment plan to attract Certified Nurse assistants <input type="checkbox"/> staff and licensed nurses to meet the ratio requirement. Leadership has met and will continue to meet on an ongoing basis to identify staffing challenges and areas of improvement for licensed certified nursing needs. All residents in the facility have the potential to be affected by the deficient practice</p> <p>Ongoing efforts to recruit and retain staff are in place: Bonus shifts, referral bonus program and CNA school programs. The facility continues to conduct job fairs with immediate interviews and contingency offers. The facility will began expedited but robust onboarding process to new hires.</p> <p>The DON/designee meets with the staffing coordinator daily to review call outs and facility census vs staffing needs. The DON/designee will monitor ratios weekly until the requirement is met. The results of the audits will be forwarded to the facility administrator and monthly QAPI committee for further recommendations</p>	1/30/23

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

TITLE

(X6) DATE

Electronically Signed

01/14/23

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S 560	<p>Continued From page 1</p> <p>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>The "Nurse Staffing Report" completed by the facility for the weeks of 9/11/22 to 9/17/22, 9/18/22 to 9/24/22, and 11/13/22 to 11/19/22, the staffing to resident ratios that did not meet the minimum requirement of 1 CNA to 8 residents for the day shift and total of 10 residents for the evening shift as documented below:</p> <p>For the day shift staff:</p> <p>09/11/2022 had 11 CNAs for 167 residents, required 21</p> <p>09/12/2022 had 11 CNAs for 167 residents, required 21</p> <p>09/13/2022 had 9 CNAs for 167 residents, required 21</p> <p>09/14/2022 had 12 CNAs for 167 residents, required 21</p> <p>09/15/2022 had 8 CNAs for 167 residents, required 21</p> <p>09/16/2022 had 11 CNAs for 169 residents, required 21</p> <p>09/17/2022 had 7 CNAs for 170 residents, required 21</p> <p>09/18/2022 had 8 CNAs for 170 residents, required 21</p> <p>09/19/2022 had 9 CNAs for 170 residents, required 21</p> <p>09/20/2022 had 11 CNAs for 171 residents, required 21</p> <p>09/21/2022 had 12 CNAs for 171 residents, required 21</p> <p>09/22/2022 had 8 CNAs for 171 residents, required 21</p> <p>09/23/2022 had 12 CNAs for 171 residents, required 21</p>	S 560			

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S 560	Continued From page 2 09/24/2022 had 11 CNAs for 172 residents, required 21 11/13/2022 had 11 CNAs for 165 residents, required 21 11/14/2022 had 11 CNAs for 165 residents, required 21 11/15/2022 had 11 CNAs for 165 residents, required 21 11/16/2022 had 10 CNAs for 165 residents, required 21 11/17/2022 had 11 CNAs for 164 residents, required 20 11/18/2022 had 12 CNAs for 161 residents, required 20 11/19/2022 had 12 CNAs for 161 residents, required 20 11/20/2022 had 10 CNAs for 160 residents, required 20 11/21/2022 had 13 CNAs for 159 residents, required 20 11/22/2022 had 13 CNAs for 157 residents, required 20 11/23/2022 had 10 CNAs for 152 residents, required 19 11/24/2022 had 14 CNAs for 152 residents, required 19 11/25/2022 had 15 CNAs for 152 residents, required 19 11/26/2022 had 11 CNAs for 152 residents, required 19 For the evening staff: 09/17/2022 had 15 CNAs for 170 residents, required 17 09/18/2022 had 16 CNAs for 170 residents, required 17 09/23/2022 had 16 CNAs for 171 residents, required 17	S 560		

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S 560	Continued From page 3 During an interview with the Administrator and the Staffing Coordinator (SC) on 12/05/22 at 9:01 am, they stated that the facility was aware of the staffing ratios and they were trying to meet the requirements. NJAC 8:39-5.1(a)	S 560			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 060232	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 2/3/2023
NAME OF FACILITY BUCKINGHAM AT NORWOOD, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 100 MCCLELLAN STREET NORWOOD, NJ 07648	

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	01/30/2023	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 <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 12/5/2022		<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			