

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

PRINTED: 05/03/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/24/2022
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NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT BURLINGTON WOODS, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 115 SUNSET ROAD BURLINGTON, NJ 08016
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(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
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F 000	<p>INITIAL COMMENTS</p> <p>Survey date: 08/24/22</p> <p>Census: 140</p> <p>Sample: 8</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		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 08/30/2022
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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: 060301	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/24/2022
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S 000	Initial Comments A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found not to be in compliance with the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities, infection control regulations and has implemented Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.	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-resident ratios for the day shifts. This was evident for 13 of 14 day 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) 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. "Direct care staff member"	S 560	1. The facility actively seeks to hire CNAs, ensure that all shifts are scheduled to comply with State-mandated ratios, and make sure that any callouts or no-shows result in calls being made by the Staffing Coordinator or Nursing supervisor to fill the shift. Recruitment efforts by the facility to hire CNAs include the following: Aggressively running ads through various social media platforms; Utilization of employment application websites and internal peer to peer recruitment. No residents have been adversely affected by the deficient practice. 2. All residents have the potential to be	9/30/22

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

Electronically Signed

TITLE

(X6) DATE

08/30/22

New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>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 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 "Nurse Staffing Report" completed by the facility for the weeks of 08/07/22-08/13/22 and 08/14/22-08/20/22, the staffing-to-resident ratios that did not meet the minimum requirement of one CNA to eight residents for the day shift are documented below:</p> <p>The facility was deficient in CNA staffing for residents on 13 of 14 day shifts as follows:</p> <ul style="list-style-type: none"> -08/07/22 had 16 CNAs for 141 residents on the day shift, required 18 CNAs. -08/08/22 had 16 CNAs for 140 residents on the day shift, required 17 CNAs. -08/09/22 had 15 CNAs for 140 residents on the day shift, required 17 CNAs. -08/11/22 had 16 CNAs for 139 residents on the day shift, required 17 CNAs. 	S 560	<p>affected by this deficient practice.</p> <p>3. Facility's Recruitment and Retention Strategies and Efforts have been in progress, which include but are not limited to the following:</p> <ul style="list-style-type: none"> o Aggressively run ads in various social media platforms and employment application websites o Contract with staffing agencies o Offer Sign on bonuses to attract staff o Recruitment bonus to encourage referrals from current staff o Offer daily and weekend bonuses (gift cards) to attract overtime or PRN staff shifts o Regularly meet with Staff to boost morale o Conduct Staff Appreciation programs and activities to promote Staff Retention <p>4. Staffing Coordinator or designee will submit monthly reports to the QAPI (Quality Assurance and Performance Improvement) Committee X 6 months, regarding all efforts made to try to comply with the State's Staffing Ratios. Reports will include the status of all recruitment and retention efforts. The QAPI (Quality Assurance and Performance Improvement) Committee will determine the need for further action plans.</p>	

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S 560	<p>Continued From page 2</p> <p>-08/12/22 had 16 CNAs for 139 residents on the day shift, required 17 CNAs.</p> <p>-08/13/22 had 16 CNAs for 139 residents on the day shift, required 17 CNAs.</p> <p>-08/14/22 had 9 CNAs for 143 resident on the day shift, required 18 CNAs. (15.88 residents per CNA)</p> <p>-08/15/22 had 14 CNAs for 143 residents on the day shift, required 18 CNAs.</p> <p>-08/16/22 had 15 CNAs for 141 residents on the day shift, required 18 CNAs.</p> <p>-08/17/22 had 13 CNAs for 141 residents on the day shift, required 18 CNAs.</p> <p>-08/18/22 had 14 CNAs for 141 residents on the day shift, required 18 CNAs.</p> <p>-08/19/22 had 11 CNAs for 141 residents on the day shift, required 18 CNAs.</p> <p>-08/20/22 had 14 CNAs for 141 residents on the day shift, required 18 CNAs.</p> <p>During an interview with the surveyor on 08/24/22 at 1:14 PM, the Human Resource Director stated that the staff-to-resident ratios were 1:8 on day shift, 1:10 on evenings and 1:14 on night shift.</p>	S 560		