

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060314	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/30/2021
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NAME OF PROVIDER OR SUPPLIER WYNWOOD REHABILITATION AND HEALTHCA	STREET ADDRESS, CITY, STATE, ZIP CODE 1700 WYNWOOD DRIVE CINNAMINSON, NJ 08077
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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) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>Complaint#: NJ146833, NJ147678, NJ147541 Census: 105 Sample Size: 4</p> <p>TYPE OF SURVEY: Complaint Survey</p> <p>The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:39, Standards for Licensure of Long-Term Care Facilities.</p> <p>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 provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p>	S 000		
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 Intake NJ146833</p> <p>Based on interviews, facility document review, and New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, it was determined the facility failed to maintain direct care staff-to-resident ratios as mandated by New Jersey State Law. This was evident for 48 out of 66 shifts reviewed. This had the potential to affect all residents.</p>	S 560	<p>Submission of this Plan of Correction does not constitute an admission or agreement by the provider on the statement of deficiencies. This plan of Correction is prepared and submitted because of requirements under State and Federal law. Please accept this plan of correction as our credible allegation of compliance.</p> <p>No resident care issues were noted on these shifts.</p>	10/30/21

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

TITLE

(X6) DATE

Electronically Signed

10/28/21

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S 560	<p>Continued From page 1</p> <p>Findings included:</p> <p>Reference: 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 aid 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 certified nurse aides, and each direct staff member shall be signed in to work as a certified nurse aide 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 certified nurse aide and perform certified nurse aide duties.</p> <p>1. A review of the "Nurse Staffing Report," completed by the facility for the weeks of 07/04/2021 through 07/21/2021 and 09/19/2021 through 09/30/2021, revealed staff-to-resident ratios that did not meet the minimum requirements as listed below:</p> <p>07/04/2021 - 9 CNAs to 103 residents on the day shift and 6 CNAs to 103 residents on the evening shift.</p>	S 560	<p>All residents have the potential to be affected.</p> <p>New Staffing Coordinator was hired and educated on the new mandated staffing ratios. Facility is continuously actively seeking and hiring nursing staff and is contracted with a number of staffing agencies to ensure adequate staffing. Administrator/Designee and Staffing Coordinator/Designee to have weekly meetings to review staffing schedules, needs, and possible applicants.</p> <p>Monthly audits X4 will be conducted by Administrator/Designee and reviewed during Quarterly QAPI.</p>	

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S 560	<p>Continued From page 2</p> <p>07/05/2021 - 7 CNAs to 103 residents on the day shift and 7 CNAs to 103 residents on the evening shift.</p> <p>07/06/2021 - 12 CNAs to 100 residents on the day shift and 8 CNAs to 100 residents on the evening shift.</p> <p>07/07/2021 - 7 CNAs to 100 residents on the day shift and 7 CNAs to 100 residents on the evening shift.</p> <p>07/08/2021 - 7 CNAs to 100 residents on the day shift.</p> <p>07/09/2021 - 7 CNAs to 97 residents on the day shift.</p> <p>07/10/2021 - 8 CNAs to 97 residents on the day shift.</p> <p>07/11/2021 - 7 CNAs to 97 residents on the day shift and 7 CNAs to 97 residents on the evening shift.</p> <p>07/12/2021 - 7 CNAs to 97 residents on the day shift.</p> <p>07/13/2021 - 8 CNAs to 100 residents on the day shift and 7 CNAs to 100 residents on the night shift.</p> <p>07/14/2021 - 8 CNAs to 100 residents on the day shift.</p> <p>07/15/2021 - 7 CNAs to 100 residents on the day shift.</p> <p>07/16/2021 - 8 CNAs to 104 residents on the day shift and 6 CNAs to 104 residents on the evening</p>	S 560		

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S 560	<p>Continued From page 3</p> <p>shift.</p> <p>07/17/2021 - 9 CNAs to 104 residents on the day shift.</p> <p>07/18/2021 - 9 CNAs to 104 residents on the day shift, 6 CNAs to 104 residents on the evening shift, 7 CNAs to 104 residents on the night shift.</p> <p>07/19/2021 - 7 CNAs to 105 residents on the day shift, 7 CNAs to 105 residents on the evening shift, and 7 CNAs to 105 residents on the night shift.</p> <p>07/20/2021 - 9 CNAs to 105 residents on the day shift, 7 CNAs to 105 residents on the evening shift, and 7 CNAs to 105 residents on the night shift.</p> <p>07/21/2021 - 8 CNAs to 105 residents on the day shift.</p> <p>07/22/2021 - 9 CNAs to 105 residents on the day shift.</p> <p>07/23/2021 - 7 CNAs to 108 residents on the day shift.</p> <p>07/24/2021 - 8 CNAs to 108 residents on the day shift.</p> <p>09/19/2021 - 9 CNAs to 109 residents on the day shift.</p> <p>09/20/2021 - 9 CNAs to 108 residents on the day shift.</p> <p>09/21/2021 - 9 CNAs to 108 residents on the day shift.</p>	S 560		

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S 560	<p>Continued From page 4</p> <p>09/22/2021 - 9 CNAs to 107 residents on the day shift.</p> <p>09/23/2021 - 9 CNAs to 107 residents on the day shift.</p> <p>09/24/2021 - 9 CNAs to 106 residents on the day shift.</p> <p>09/25/2021 - 8 CNAs to 106 residents on the day shift.</p> <p>09/26/2021 - 9 CNAs to 106 residents on the day shift.</p> <p>09/27/2021 - 11 CNAs to 105 residents on the day shift.</p> <p>09/28/2021 - 12 CNAs to 105 residents on the day shift.</p> <p>09/29/2021 - 11 CNAs to 105 residents on the day shift.</p> <p>09/30/2021 - 11 CNAs to 105 residents on the day shift.</p> <p>10/01/2021 - 12 CNAs to 105 residents on the day shift.</p> <p>10/02/2021 - 12 CNAs to 106 residents on the day shift.</p> <p>During an interview on 09/30/2021 at 7:48 PM, the Administrator and the Director of Nursing (DON) both stated that during the 3:00 PM to 11:00 PM shift and the 11:00 PM to 7:00 AM shift, they were allowed to count licensed nurses to "fill the gap" towards the breakdown of the CNA staffing ratio. They both stated that they had</p>	S 560		

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S 560	Continued From page 5 made numerous attempts to hire new staff, including providing hiring bonuses and attendance bonuses. The Administrator stated they were trying to set up a CNA school at the facility. The Administrator stated that for CNAs, there should be 1 CNA per 8 residents on day shift, one CNA per 10 residents on evening shift, and once CNA per 14 residents on night shift.	S 560		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 060314	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 11/3/2021
NAME OF FACILITY WYNWOOD REHABILITATION AND HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1700 WYNWOOD DRIVE CINNAMINSON, NJ 08077	

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	10/30/2021	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	
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 9/30/2021		<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		