

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060315	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/15/2021
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NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT MARCELLA, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2305 RANOCAS 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) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>Complaint #: NJ149211 and NJ148670 Census: 125 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 #NJ148670</p> <p>Based on interviews, facility document review, and New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, it was determined that the facility failed to ensure staffing ratios were met for 13 of 14 shifts reviewed. This deficient practice had the potential to affect all residents.</p> <p>Findings included:</p>	S 560	<p>1 CORRECTIVE ACTIONS ACCOMPLISHED FOR RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE:</p> <p>The facility actively seeks to hire CNAs, that all shifts are scheduled to comply with ratios, that any callouts or no-shows result in calls being made by the shift supervisor to fill the shift. Facility has documented</p>	11/29/21

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

TITLE

(X6) DATE

Electronically Signed

12/06/21

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S 560	<p>Continued From page 1</p> <p>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 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 10/24/2021 through 11/06/2021, revealed staff-to-resident ratios that did not meet the minimum requirements as listed below:</p> <p>10/24/2021 had 10 CNAs for 90 residents on the day shift, required 12 CNAs. 10/25/2021 had 6 CNAs for 90 residents on the day shift, required 12 CNAs.</p>	S 560	<p>evidence to reflect facility's Recruitment and Retention Efforts in its relentless attempts to comply with the staffing ratios. No residents have been adversely affected.</p> <p>2 IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE</p> <p>All residents have the potential to be affected by this situation.</p> <p>3 SYSTEMIC CHANGES TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR</p> <p>Facility's Recruitment and Retention Strategies and Efforts to comply with the State's Staffing Ratios have been in progress, which include but are not limited to the following:</p> <ul style="list-style-type: none"> Offering Sign on bonuses to attract staff Recruitment bonus to encourage referrals from current staff Offering daily and weekend bonuses to attract overtime or PRN staff shifts Aggressively running ads in various social media Flexible shifts and schedules Increased wages to be well above state minimum Increased expedience getting staff on board by offering Orientation every week with a schedule utilizing other sister facilities Working with C.N.A. schools to recruit new grads and to send temp N.A. □s for 	

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S 560	<p>Continued From page 2</p> <p>10/26/2021 had 10 CNAs for 90 residents on the day shift, required 12 CNAs. 10/27/2021 had 11 CNAs for 90 residents on the day shift, required 12 CNAs. 10/28/2021 had 11 CNAs for 90 residents on the day shift, required 12 CNAs. 10/29/2021 had 11 CNAs for 90 residents on the day shift, required 12 CNAs. 10/30/2021 had 10.5 CNAs for 90 residents on the day shift, required 12 CNAs. 10/31/2021 had 10 CNAs for 90 residents on the day shift, required 12 CNAs. 11/01/2021 had 7.5 CNAs for 90 residents on the day shift, required 12 CNAs. 11/03/2021 had 11 CNAs for 90 residents on the day shift, required 12 CNAs. 11/04/2021 had 9.5 CNAs for 90 residents on the day shift, required 12 CNAs. 11/05/2021 had 11 CNAs for 91 residents on the day shift, required 12 CNAs. 11/06/2021 had 11 CNAs for 91 residents on the day shift, required 12 CNAs.</p> <p>During an interview on 11/14/2021 at 10:34 AM, the Director of Nursing (DON) stated she had only been in the facility for 12 days. At this point she had not had any staffing concerns.</p> <p>During an interview on 11/15/2021 at 11:00 AM, the Administrator stated that there were measures that they had put in place to help with staffing in the facility. The Administrator stated that they offered sign-on bonuses to attract staff and recruitment bonuses to encourage referrals from current staff. They offered daily and weekend bonuses to attract overtime or PRN (as needed) staff shifts. The Administrator stated that for the requested time (referring to 10/24/2021-11/06/2021) the facility gave out over \$5,000 in</p>	S 560	<p>certification Initiating Temp Aides Currently have contracts with 5 staffing agencies which will be utilized in the event they are needed.</p> <p>4 MONITORING OF CORRECTIVE ACTIONS Staffing Coordinator or designee will provide Monthly reports to the Director of Nursing and Administrator regarding all efforts made to try to comply with the States Staffing Ratios. Reports will be submitted to the QA Committee monthly which meets each month X 3 months then quarterly thereafter. Director of HR will submit monthly reports to document status of all recruitment efforts. Director of HR will report monthly to the QA Committee which meets each month X 3 months then quarterly thereafter. The administrator or designee will review it to see if an changes are needed.</p>	

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S 560	Continued From page 3 bonuses. The facility was aggressively running ads in various social media. The facility had flexible shifts and schedules for staff. They increased wages to be well above the state minimum. They increased expedience getting staff on board by offering orientation every week with a schedule utilizing other sister facilities. The Administrator also stated that they were working with certified nursing assistant schools to recruit new grads and to send temporary nurse assistants (NAs) for certification. He stated that currently they had contracts with six staffing agencies, and they were constantly looking for new ones.	S 560		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 060315	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 12/7/2021	Y3
NAME OF FACILITY COMPLETE CARE AT MARCELLA, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2305 RANOCAS ROAD BURLINGTON, NJ 08016		

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 _____	11/29/2021	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 _____	
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Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
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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 11/15/2021		<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		