

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 08/11/2021
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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	Initial Comments The facility is 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 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 shift as mandated by the State of New Jersey. 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	S 560	1 CORRECTIVE ACTIONS ACCOMPLISHED FOR RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE: 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 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.	11/1/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 08/31/21
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S 560	<p>Continued From page 1</p> <p>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>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 07/18/21-07/24/21 and 07/25/21-07/31/21, the staffing to residents ratios that did not meet the minimum requirement of 1 CNA to 8 residents for the day shift as documented below:</p> <p>7/18 - 9 CNAs for 92 residents 7/19 - 8 CNAs for 92 residents 7/20 - 10 CNAs for 92 residents 7/22 - 10 CNAs for 91 residents 7/23 - 10 CNAs for 91 residents 7/24 - 9 CNAs for 91 residents 7/25 - 9 CNAs for 92 residents 7/26 - 7 CNAs for 92 residents 7/27 - 8 CNAs for 92 residents 7/28 - 9 CNAs for 92 residents 7/29 - 11 CNAs for 94 residents 7/30 - 9 CNAs for 94 residents 7/31 - 9 CNAs for 92 residents</p>	S 560	<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 certification Initiating Temp Aides Currently have contracts with 5 staffing agencies which will be utilized in the event they are needed. 	

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S 560	<p>Continued From page 2</p> <p>During an interview with the surveyor, Administrator, Director of Nursing (DON) and Assistant Director of Nursing on 08/11/21 at 11:22 AM, the Administrator stated that the facility gave \$100.00 bonuses to CNAs who signed up for an extra shift and \$200.00 bonuses to nurses who signed up for an extra shift. Over the last two weeks, the facility gave over \$10,000.00 in bonuses to CNAs and nurses. The DON stated that the facility had been using agency staffing; and the managers had administered medications to residents and acted as CNAs. The Administrator further stated that the facility had a contract with a training institute, where the facility pays the tuition in full for the CNA, provided that the CNA will work with the facility; and two CNAs are starting in the next couple of weeks. The DON further stated that the facility had placed a lot of paid ads on employee websites.</p> <p>NJAC 8:39-5.1(a)</p>	S 560	<p>4 MONITORING OF CORRECTIVE ACTIONS</p> <p>Staffing Coordinator or designee will provide weekly 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.</p> <p>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.</p> <p>The administrator or designee will review it to see if an changes are needed.</p>	
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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 060315	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 11/1/2021	Y3
NAME OF FACILITY COMPLETE CARE AT MARCELLA, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2305 RANCOCAS 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 _____	11/01/2021	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
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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 8/11/2021		<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		