

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

PRINTED: 11/20/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315159</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/12/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ELMWOOD HILLS HEALTHCARE CENTER LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>425 WOODBURY-TURNERSVILLE ROAD BLACKWOOD, NJ 08012</b>
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F 000	<p>INITIAL COMMENTS</p> <p>COMPLAINT #: NJ174159</p> <p>CENSUS: 276</p> <p>SAMPLE SIZE: 3</p> <p>THE FACILITY IS IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <b>Electronically Signed</b>	TITLE	(X6) DATE <b>10/10/2024</b>
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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:  <b>060411</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/12/2024</b>
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S 000	<p>Initial Comments</p> <p>Complaint #: NJ174159</p> <p>Survey Date: 09/12/2024</p> <p>Census: 276</p> <p>Sample: 3</p> <p>The facility was not in compliance with the standards in the New Jersey Administrative code, 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.</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 #: NJ00174159</p> <p>Based on interviews and review of facility documents on 09/16/2024, it was determined that the facility failed to ensure staffing ratios were met for 10 of 14 day shifts, and 1 of 14 overnight shifts reviewed. This deficient practice had the potential to affect all residents.</p>	S 560	<p>Elmwood Hills Healthcare</p> <p>I. Corrective Action accomplished for Resident(s) affected:</p> <p>Director of Nursing/Designee meets daily and before weekends with staffing coordinator to review staff sufficiency.</p>	10/10/24

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TITLE

(X6) DATE

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S 560	<p>Continued From page 1</p> <p>Findings include:</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 as 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 of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and 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>For the two weeks of staffing prior to complaint survey from 08/25/2024 to 09/07/2024, the facility was deficient in CNA staffing for residents on 10 of 14 day shifts and deficient in total staff for residents on 1 of 14 overnight shifts as follows:</p> <p>On 08/25/24 had 31 CNAs for 284 residents on the day shift, required at least 35 CNAs.</p> <p>On 08/25/24 had 19 total staff for 284 residents on the overnight shift, required at least 20 total staff.</p> <p>On 08/26/24 had 31 CNAs for 283 residents on the day shift, required at least 35 CNAs.</p>	S 560	<p>Staffing coordinators will send daily emails with the staffing number to the Administrator and Director of Nursing and ADON's and Nursing Supervisor.</p> <p>II. Residents identified having the Potential to be affected and corrective action taken:</p> <p>All residents residing in the facility had the potential to be affected. A random sample of Twenty alert and oriented residents were interviewed regarding staff response times to requests for assistance with concerns reported to the Director of Nursing for rectification.</p> <p>III. Measures to be put in place to ensure the deficient practice will not recur:</p> <p>The Call Out Policy was reviewed by the facility administration and staff have been reeducated by the Facility Educator on the policy.</p> <p>Referral and Sign-on Bonuses are offered for both Licensed and Certified Nursing Staff.</p> <p>The Retention and Recruitment Coordinator and Nurse Educator meet at area Nursing and CNA Schools and host job fairs. Interviews are done on the spot.</p> <p>Staffing needs for the day are assessed daily and evaluated if the Nursing Management (Unit Managers, ADON, and Facility Educator) needs to assist with resident care.</p>	
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S 560	<p>Continued From page 2</p> <p>On 08/27/24 had 33 CNAs for 283 residents on the day shift, required at least 35 CNAs.</p> <p>On 08/30/24 had 33 CNAs for 283 residents on the day shift, required at least 35 CNAs.</p> <p>On 08/31/24 had 26 CNAs for 283 residents on the day shift, required at least 35 CNAs.</p> <p>On 09/01/24 had 25 CNAs for 281 residents on the day shift, required at least 35 CNAs.</p> <p>On 09/02/24 had 31 CNAs for 280 residents on the day shift, required at least 35 CNAs.</p> <p>On 09/03/24 had 33 CNAs for 279 residents on the day shift, required at least 35 CNAs.</p> <p>On 09/04/24 had 33 CNAs for 278 residents on the day shift, required at least 35 CNAs.</p> <p>On 09/06/24 had 33 CNAs for 276 residents on the day shift, required at least 34 CNAs.</p>	S 560	<p>Staff recognition is done monthly, a monthly incentive is offered for staff that do not call out. Elmwood Hills established a recruitment and retention committee.</p> <p>Elmwood Hills hired a recruitment and retention employee. Elmwood Hills does weekly Orientation.</p> <p>Elmwood Hills uses multiple employment search engines and multiple social media platforms.</p> <p>Elmwood Hills does recruitment events at area CNA schools; interviews are done on the spot.</p> <p>Elmwood Hills continues to offer flexible schedules to staff.</p> <p>Alert and Oriented residents will be interviewed regarding the timeliness of staff response when requesting help as part of their Quarterly care conference meetings. This date will be reported to Social Services quarterly to the QA Committee for the next two meetings, which will evaluate that the deficiency remains corrected and in compliance with regulatory requirements.</p> <p>IV. Corrective Action will be monitored to ensure the deficient practice will not recur:</p> <p>The Director of Nursing (DON)/Designee will conduct daily Certified Nursing (CNA) staffing schedule audits for the next six months. The DON/designee will report audit findings to the Administrator for analysis, tracking and trending.</p>	

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S 560	Continued From page 3	S 560	<p>The Administrator will report the findings of the Certified Nursing Assistant staffing audits to the Quality Assessment and Assurance (QAA) Committee for the next two quarters. The QAA committee will determine the need for any additional monitoring of Certified Nursing Assistant staffing after the 2nd quarterly meeting.</p> <p>V. Date of Compliance: 10/10/2024</p>	

**STATE FORM: REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 060411	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/10/2024
NAME OF FACILITY ELMWOOD HILLS HEALTHCARE CENTER LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 425 WOODBURY-TURNERSVILLE ROAD BLACKWOOD, NJ 08012

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	10/10/2024	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 9/12/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <span style="float:right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		