

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

PRINTED: 02/27/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315159	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/28/2024
NAME OF PROVIDER OR SUPPLIER ELMWOOD HILLS HEALTHCARE CENTER LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 425 WOODBURY-TURNERSVILLE ROAD BLACKWOOD, NJ 08012		
(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	
F 000	<p>INITIAL COMMENTS</p> <p>A Complaint Survey was conducted on behalf of the New Jersey Department of Health.</p> <p>Complaint #: NJ00164407, NJ00165930, NJ00166250, NJ00168595, NJ00169030, NJ00175092, NJ00176126, NJ00177489, NJ00179988, and NJ00179310.</p> <p>Survey Dates: 12/27/24 - 12/28/24.</p> <p>Survey Census: 276</p> <p>Sample Size: 12</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 RECERTIFICATION AND COMPLAINT VISIT.</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

01/17/2025

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: 060411	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/28/2024
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S 000	Initial Comments The facility was 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 The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Based on review of pertinent facility documentation, on 12/28/2024, it was determined that the facility failed to ensure staffing ratios were met for 10 weeks of day shifts reviewed. This deficient practice had the potential to affect all residents. The deficient practice was evidenced by the following: 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,	S 560	I. Corrective Action accomplished for Resident(s) affected: Director of Nursing/Designee meets daily and before weekends with staffing coordinator to review staff sufficiency. Staffing coordinators will send daily emails with the staffing number to the Administrator and Director of Nursing and ADON's and Nursing Supervisor. II. Residents identified having the Potential to be affected and corrective action taken: All residents residing in the facility had the	1/17/25

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S 560	<p>Continued From page 1</p> <p>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 10 weeks of AAS-11 staffing, the facility was deficient in staffing as follows:</p> <p>1. For the week of Complaint staffing from 05/21/2023 to 05/27/2023, the facility was deficient in CNA staffing for residents on 2 of 7 day shifts as follows:</p> <p>-05/21/23 had 28 CNAs for 280 residents on the day shift, required at least 25 CNAs. -05/27/23 had 33 CNAs for 288 residents on the day shift, required at least 36 CNAs.</p> <p>2. For the 2 weeks of Complaint staffing from 07/23/2023 to 08/05/2023, the facility was deficient in CNA staffing for residents on 13 of 14-day shifts, deficient in CNAs to total staff on 1 of 14 evening shifts and deficient in total staff for residents on 1 of 14 overnight shifts as follows:</p> <p>-07/23/23 had 21 CNAs for 276 residents on the day shift, required at least 34 CNAs.</p>	S 560	<p>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> <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</p>	
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S 560	<p>Continued From page 2</p> <p>-07/24/23 had 23 CNAs for 272 residents on the day shift, required at least 34 CNAs.</p> <p>-07/25/23 had 32 CNAs for 272 residents on the day shift, required at least 34 CNAs.</p> <p>-07/26/23 had 31 CNAs for 272 residents on the day shift, required at least 34 CNAs.</p> <p>-07/27/23 had 30 CNAs for 272 residents on the day shift, required at least 34 CNAs.</p> <p>-07/27/23 had 18 total staff for 272 residents on the overnight shift, required at least 19 total staff.</p> <p>-07/28/23 had 27 CNAs for 278 residents on the day shift, required at least 35 CNAs.</p> <p>-07/29/23 had 31 CNAs for 278 residents on the day shift, required at least 35 CNAs.</p> <p>-07/30/23 had 27 CNAs for 278 residents on the day shift, required at least 35 CNAs.</p> <p>-07/31/23 had 31 CNAs for 278 residents on the day shift, required at least 35 CNAs.</p> <p>-08/02/23 had 33 CNAs for 278 residents on the day shift, required at least 35 CNAs.</p> <p>-08/03/23 had 33 CNAs for 281 residents on the day shift, required at least 35 CNAs.</p> <p>-08/03/23 had 24 CNAs to 60 total staff on the evening shift, required at least 30 CNAs.</p> <p>-08/04/23 had 31 CNAs for 281 residents on the day shift, required at least 35 CNAs.</p> <p>-08/05/23 had 25 CNAs for 281 residents on the day shift, required at least 35 CNAs.</p> <p>3. For the week of Complaint staffing from 10/22/2023 to 10/28/2023, the facility was deficient in CNA staffing for residents on 5 of 7 day shifts as follows:</p> <p>-10/22/23 had 24 CNAs for 268 residents on the day shift, required at least 33 CNAs.</p> <p>-10/23/23 had 31 CNAs for 265 residents on the day shift, required at least 33 CNAs.</p> <p>-10/24/23 had 31 CNAs for 265 residents on the</p>	S 560	<p>search engines and multiple social media platforms.</p> <p>Elmwood Hills does recruitment events at area CNA schools; interviews are done on the spot at the area schools. In addition, two employees are on the Camden County College Advisory Committee and encourage new students and graduating students to apply at Elmwood Hills.</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> <p>The Administrator will report on 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</p>	

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S 560	<p>Continued From page 3</p> <p>day shift, required at least 33 CNAs. -10/26/23 had 27 CNAs for 265 residents on the day shift, required at least 33 CNAs. -10/28/23 had 30 CNAs for 268 residents on the day shift, required at least 33 CNAs.</p> <p>4. For the week of Complaint staffing from 06/23/2024 to 06/29/2024, the facility was deficient in CNA staffing for residents on 5 of 7-day shifts and deficient in total staff for residents on 1 of 7 overnight shifts as follows:</p> <p>-06/23/24 had 31 CNAs for 272 residents on the day shift, required at least 34 CNAs. -06/23/24 had 18 total staff for 272 residents on the overnight shift, required at least 19 total staff. -06/24/24 had 32 CNAs for 272 residents on the day shift, required at least 34 CNAs. -06/25/24 had 32 CNAs for 271 residents on the day shift, required at least 34 CNAs. -06/26/24 had 31 CNAs for 271 residents on the day shift, required at least 34 CNAs. -06/29/24 had 33 CNAs for 271 residents on the day shift, required at least 34 CNAs.</p> <p>5. For the week of Complaint staffing from 08/25/2024 to 08/31/2024, the facility was deficient in CNA staffing for residents on 4 of 7 day shifts as follows:</p> <p>-08/25/24 had 27 CNAs for 284 residents on the day shift, required at least 35 CNAs. -08/28/24 had 30 CNAs for 283 residents on the day shift, required at least 35 CNAs. -08/30/24 had 31 CNAs for 283 residents on the day shift, required at least 35 CNAs. -08/31/24 had 32 CNAs for 283 residents on the day shift, required at least 35 CNAs.</p> <p>6. For the week of Complaint staffing from</p>	S 560	<p>determine the need for any additional monitoring of Certified Nursing Assistant staffing after the 2nd quarterly meeting.</p> <p>V. Date of Compliance: 1/17/25</p>	

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S 560	<p>Continued From page 4</p> <p>11/03/2024 to 11/09/2024, the facility was deficient in CNA staffing for residents on 6 of 7-day shifts and deficient in total staff for residents on 1 of 7 overnight shifts as follows:</p> <ul style="list-style-type: none"> -11/03/24 had 26 CNAs for 292 residents on the day shift, required at least 36 CNAs. -11/03/24 had 19 total staff for 292 residents on the overnight shift, required at least 21 total staff. -11/04/24 had 32 CNAs for 292 residents on the day shift, required at least 36 CNAs. -11/05/24 had 35 CNAs for 291 residents on the day shift, required at least 36 CNAs. -11/06/24 had 29 CNAs for 291 residents on the day shift, required at least 36 CNAs. -11/07/24 had 31 CNAs for 291 residents on the day shift, required at least 36 CNAs. -11/09/24 had 30 CNAs for 291 residents on the day shift, required at least 36 CNAs. <p>7. For the week of Complaint staffing from 11/17/2024 to 11/23/2024, the facility was deficient in CNA staffing for residents on 4 of 7 day shifts as follows:</p> <ul style="list-style-type: none"> -11/17/24 had 26 CNAs for 283 residents on the day shift, required at least 35 CNAs. -11/18/24 had 34 CNAs for 282 residents on the day shift, required at least 35 CNAs. -11/29/24 had 34 CNAs for 282 residents on the day shift, required at least 34 CNAs. -11/23/24 had 32 CNAs for 278 residents on the day shift, required at least 35 CNAs. <p>8. For the 2 weeks of Complaint staffing from 12/08/2024 to 12/21/2024, the facility was deficient in CNA staffing for residents on 12 of 14 day shifts as follows:</p> <ul style="list-style-type: none"> -12/08/24 had 26 CNAs for 284 residents on the 	S 560		

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S 560	<p>Continued From page 5</p> <p>day shift, required at least 35 CNAs.</p> <p>-12/09/24 had 31 CNAs for 281 residents on the day shift, required at least 35 CNAs.</p> <p>-12/10/24 had 34 CNAs for 281 residents on the day shift, required at least 35 CNAs.</p> <p>-12/11/24 had 28 CNAs for 281 residents on the day shift, required at least 35 CNAs.</p> <p>-12/12/24 had 32 CNAs for 281 residents on the day shift, required at least 35 CNAs.</p> <p>-12/13/24 had 34 CNAs for 286 residents on the day shift, required at least 36 CNAs.</p> <p>-12/14/24 had 34 CNAs for 286 residents on the day shift, required at least 36 CNAs.</p> <p>-12/15/24 had 25 CNAs for 285 residents on the day shift, required at least 36 CNAs.</p> <p>-12/16/24 had 32 CNAs for 284 residents on the day shift, required at least 35 CNAs.</p> <p>-12/17/24 had 34 CNAs for 282 residents on the day shift, required at least 35 CNAs.</p> <p>-12/18/24 had 34 CNAs for 282 residents on the day shift, required at least 35 CNAs.</p> <p>-12/21/24 had 33 CNAs for 281 residents on the day shift, required at least 35 CNAs.</p>	S 560		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 060411	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/24/2025
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 _____	01/17/2025	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 12/28/2024		<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 		