

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060412	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/22/2021
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NAME OF PROVIDER OR SUPPLIER MAJESTIC CENTER FOR REHAB & SUB-ACUT	STREET ADDRESS, CITY, STATE, ZIP CODE TWO COOPER PLAZA CAMDEN, NJ 08103
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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 #: NJ144796, NJ145043, NJ145408, NJ145791 and NJ146803 Census: 103 Sample Size: 14</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: NJ144796</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 15 of 42 shifts reviewed. This deficient practice had the potential to affect all residents.</p>	S 560	<p>Element 1 The facility Administrator put into motion corrective measures for meeting the minimal direct care staff to resident ratios as mandated by the state of New jersey. These measures included but were not limited to the following: •Re-in servicing of the Staffing</p>	10/15/21

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

TITLE

(X6) DATE

Electronically Signed

10/15/21

New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>Findings included:</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.</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 04/11/2021 - 04/17/2021 and 09/12/2021 - 09/18/2021, revealed staff-to-resident ratios that did not meet the minimum requirements as listed below:</p> <p>04/11/2021 - 9 CNAs to 98 residents on day shift. 04/12/2021 - 9 CNAs to 98 residents on day shift.</p>	S 560	<p>Coordinator and the Director of Nursing of the minimum staffing ratio requirements.</p> <ul style="list-style-type: none"> •Hiring efforts were increased on a local and regional level. 7 Full time CNA's have been hired •Pay rates have been significantly increased for CNA's and Nurses to improve hiring efforts. •Partnered with three staffing agencies to increase staffing levels. •Monthly job fairs have been planned. <p>Element 2 The Director of Nursing/Assistant Director of Nursing or their designee and Staffing Coordinator are having weekly meetings to determine upcoming schedules and anticipate needs. The Director of Nursing/Assistant Director of Nursing or their designee will report findings to the Nursing Home Administrator and an action plan will be formulated regarding offering incentives, use of agency and overtime to meet facilities staffing needs based on State guidelines.</p> <p>Element 3 The Director of Nursing and Assistant Director of Nursing were in serviced by the Nursing Home Administrator and Regional Director of Nursing of the minimum staffing requirements and notified of the incorporation of the following measures to rectify this deficiency:</p> <ul style="list-style-type: none"> •Daily Staffing Sheets will be reviewed daily by Director Of Nursing or her designee to ensure that minimum staffing ratios are met. •Hiring efforts were increased on a local and regional level. 7 Full time CNA's have 	
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S 560	<p>Continued From page 2</p> <p>04/13/2021 - 12 CNAs to 98 residents on day shift and 8 CNAs for 98 residents on evening shift.</p> <p>04/14/2021 - 10 CNAs to 97 residents on day shift.</p> <p>04/15/2021 - 9 CNAs to 97 residents on day shift.</p> <p>04/16/2021 - 11 CNAs to 97 residents on day shift.</p> <p>09/12/2021 - 9 CNAs to 104 residents on day shift.</p> <p>09/13/2021 - 10 CNAs to 102 residents on day shift.</p> <p>09/15/2021 - 9 CNAs to 100 residents on day shift.</p> <p>09/16/2021 - 9 CNAs to 100 residents on day shift and 6 CNAs to 100 residents on night shift.</p> <p>09/17/2021 - 11 CNAs to 100 residents on day shift.</p> <p>09/18/2021 - 10 CNAs to 100 residents on day shift and 7 CNAs to 100 residents on night shift.</p> <p>On 09/23/2021 at 3:35 PM, the Director of Nursing (DON) stated she felt she staffed the facility based on the acuity of the residents they had. She said most of their residents required less assistance with activities of daily living (ADLs) and more medication management from the nurses. She said she tried to schedule more staff than they needed in case someone called off. She said she did not send anyone home if they were over-staffed, so that those individuals could assist getting extra work done or showers that might have been missed by the previous shift. She did not feel that the facility was understaffed, and that the facility met staffing ratios.</p>	S 560	<p>been hired</p> <ul style="list-style-type: none"> •Pay rates have been significantly increased for CNA's and Nurses to improve hiring efforts. •Partnered with three staffing agencies to increase staffing levels. •Monthly job fairs have been planned. •Agency staff is utilized to fill open positions in staffing. •Facility to continue to ensure that quality of care is provided to the residents. <p>Element 4 The Director of Nursing/Assistant Director of Nursing or their designee and Staffing Coordinator are having weekly meetings to determine upcoming schedules and anticipate needs. The Director of Nursing/Assistant Director of Nursing or their designee will report findings to the Nursing Home Administrator and an action plan will be formulated regarding offering incentives, use of agency and overtime to meet facilities staffing needs based on State guidelines. The Director of Nursing/Assistant Director of Nursing or their designee will provide a report of their findings to the QAPI committee for action as appropriate.</p>	
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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 060412	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing		DATE OF REVISIT 10/15/2021	Y3
NAME OF FACILITY MAJESTIC CENTER FOR REHAB & SUB-ACUTE CARE			STREET ADDRESS, CITY, STATE, ZIP CODE TWO COOPER PLAZA CAMDEN, NJ 08103		

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 _____	10/15/2021	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 9/22/2021		<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		