New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	060413		09/07/2021

NAME OF PROVIDER OR SUPPLIER
COMPLETE CARE AT KRESSON VIEW, LLC

STREET ADDRESS, CITY, STATE, ZIP CODE
2601 EVESHAM ROAD
VOORHEES, NJ 08043

(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 14 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 established minimum staffing requirements in nursing homes. The following ratio(s) were	S 560	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the Provider of the truth of the facts alleged or conclusion set forth in the Statement of Deficiencies. This plan of correction is prepared and/or executed because they require it. Complete Care at Kressonview -S560 Mandatory Access to Care Residents affected by deficient practice: 1. The facility continues to recruit new staff and use agency staff to meet staffing standards. Identifying other Residents who could be	9/28/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Electronically Signed — 09/29/21

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S 560	Continued From page 1 effective on 02/01/2021: 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 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 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. As per the "Nurse Staffing Report" completed by the facility for the weeks of 07/25/21-07/31/21 and 08/01/21-08/07/21, the staffing to resident ratios that did not meet the minimum requirement of 1 CNA to 8 residents for the day shift as documented below: 08/08/21 - 12 CNAs to 166 residents 08/09/21 - 12 CNAs to 165 residents 08/10/21 - 16 CNAs to 165 residents 08/11/21 - 15 CNAs to 165 residents 08/12/21 - 13 CNAs to 165 residents 08/13/21 - 16 CNAs to 164 residents 08/14/21 - 12 CNAs to 164 residents 08/15/21 - 12 CNAs to 164 residents 08/16/21 - 13 CNAs to 164 residents 08/17/21 - 15 CNAs to 165 residents 08/18/21 - 16 CNAs to 165 residents 08/19/21 - 16 CNAs to 165 residents 08/20/21 - 14 CNAs to 165 residents 08/21/21 - 14 CNAs to 165 residents During an interview with the surveyor on 09/07/21	S 560	affected by the deficient practices: 2. All residents have the possibility to be affected. Measures or systemic changes to ensure that the deficiencies will not recur: 3. The facility has put in place the following: a. Increased wage rates for CNA's and nurses b. Attendance bonuses c. Recruitment sign on bonuses for new staff d. The facility has started an employee morale/recruitment and retention committee e. Employee of the month program f. Gotcha (Rewards)Program g. Web based advertisement h. Facility monthly appreciation celebrations I. Facility is starting its own CNA training course j. Have reached out to prior employees to see if they will come back k. The facility will monitor staffing rations in QAPI reporting for 3 months l. Contractual agreements with outside vendors to recruit certified and licensed staff. Monitoring the continued effectiveness of the systemic change: 4. DON/Designee will audit schedule daily to proactively secure staff. Results of audits will be submitted to QAPI monthly x	

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S 560	Continued From page 2 at 01:09 PM, the Director of Nursing (DON) stated the facility was actively recruiting on websites and called employees who worked there before and offered re-employment. The facility started recruiting and retaining events such as ice cream socials, BBQ's, t-shirts, etc. The facility started a recruitment and retention committee and contacted institutions to recruit new graduates. The Administrator stated that they had adjusted all the rates for CNA's and nursing staff. The DON further stated that the facility was working on restarting a CNA class. The Administrator stated that the facility started a referral and sign on bonuses for the staff and incentives for no call outs. NJAC 8:39-5.1(a)	S 560	3 to ensure compliance and reassessed for further action. All findings will be reported quarterly to the QAPI committee.	