

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

PRINTED: 09/26/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315207</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/22/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>COMPLETE CARE AT KRESSON VIEW, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2601 EVESHAM ROAD</b> <b>VOORHEES, NJ 08043</b>		
(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>Complaint #: NJ00175034</p> <p>Census: 220</p> <p>Sample Size: 3</p> <p>The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

09/07/2024

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>060413</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/22/2024</b>
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S 000	Initial Comments  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.	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 review of pertinent facility documentation, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratios as mandated by the state of New Jersey for 28 day shifts and 2 evening shifts. The deficient practice was evidenced by the following:  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	S 560	The facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratio, as mandated by the State of New Jersey.  All residents have the potential to be affected by the deficient practice. The residents affected were monitored for any adverse effects of the deficient practice with none noted.  The facility continues to actively fill open CNA (Certified Nursing Assistant) shifts to comply with New Jersey State mandated ratios. Minimum staffing requirements are reviewed daily at morning Labor Management Meetings, whose attendance	9/8/24

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S 560	<p>Continued From page 1</p> <p>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>1. The surveyor requested staffing for the weeks of 06/16/2024 to 06/29/2024, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts, and deficient in total staff for residents on 1 of 14 evening shifts as follows:</p> <p>-06/16/24 had 16 CNAs for 224 residents on the day shift, required at least 28 CNAs.                      -06/16/24 had 15 total staff for 224 residents on the evening shift, required at least 22 total staff.                      -06/17/24 had 19 CNAs for 222 residents on the day shift, required at least 28 CNAs.                      -06/18/24 had 21 CNAs for 221 residents on the day shift, required at least 28 CNAs.                      -06/19/24 had 25 CNAs for 218 residents on the day shift, required at least 27 CNAs.                      -06/20/24 had 23 CNAs for 218 residents on the day shift, required at least 27 CNAs.                      -06/21/24 had 22 CNAs for 218 residents on the day shift, required at least 27 CNAs.                      -06/22/24 had 12 CNAs for 218 residents on the day shift, required at least 27 CNAs.                      -06/23/24 had 21 CNAs for 222 residents on the</p>	S 560	<p>includes; Administrator, Director of Nursing, Assistant Director of Nursing, Human Resources Manager and Scheduling Manager. The facility offers flex schedules; and new wages have been recently offered. Ongoing Job Fairs take place within the center for external recruitment. Director of Nursing, Assistant Director of Nursing, Unit Managers, RN Supervisors, and Licensed Nurses fill open C.N.A. shifts as indicated to meet standards.</p> <p>Administrator/designee to audit effectiveness of the facility's hiring strategies to include open C.N.A. and Licensed Nurse positions vs. new hires, reporting on successful strategies to hire based on percentages and turnover rates, during monthly Quality Assurance Improvement Meetings.</p>	

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S 560	<p>Continued From page 2</p> <p>day shift, required at least 28 CNAs. -06/24/24 had 19 CNAs for 221 residents on the day shift, required at least 28 CNAs. -06/25/24 had 21 CNAs for 217 residents on the day shift, required at least 27 CNAs. -06/26/24 had 23 CNAs for 216 residents on the day shift, required at least 27 CNAs. -06/27/24 had 22 CNAs for 215 residents on the day shift, required at least 27 CNAs. -06/28/24 had 20 CNAs for 214 residents on the day shift, required at least 27 CNAs. -06/29/24 had 17 CNAs for 214 residents on the day shift, required at least 27 CNAs.</p> <p>2. The surveyor requested staffing for the weeks of 08/04/2024 to 08/17/2024, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts, and deficient in CNAs to total staff on 1 of 14 evening shifts as follows:</p> <p>-08/04/24 had 21 CNAs for 218 residents on the day shift, required at least 27 CNAs. -08/05/24 had 19 CNAs for 218 residents on the day shift, required at least 27 CNAs. -08/06/24 had 20 CNAs for 218 residents on the day shift, required at least 27 CNAs. -08/07/24 had 21 CNAs for 218 residents on the day shift, required at least 27 CNAs. -08/08/24 had 22 CNAs for 222 residents on the day shift, required at least 28 CNAs. -08/09/24 had 23 CNAs for 222 residents on the day shift, required at least 28 CNAs. -08/10/24 had 21 CNAs for 221 residents on the day shift, required at least 28 CNAs.</p> <p>-08/11/24 had 19 CNAs for 220 residents on the day shift, required at least 27 CNAs. -08/11/24 had 13 CNAs to 30 total staff on the evening shift, required at least 15 CNAs.</p>	S 560		

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S 560	Continued From page 3  -08/12/23 had 18 CNAs for 220 residents on the day shift, required at least 27 CNAs. -08/13/24 had 20 CNAs for 219 residents on the day shift, required at least 27 CNAs. -08/14/24 had 23 CNAs for 219 residents on the day shift, required at least 27 CNAs. -08/15/24 had 25 CNAs for 219 residents on the day shift, required at least 27 CNAs. -08/16/24 had 21 CNAs for 219 residents on the day shift, required at least 27 CNAs. -08/17/24 had 17 CNAs for 219 residents on the day shift, required at least 27 CNAs.	S 560		

**STATE FORM: REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 060413	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 9/10/2024
Y1	Y2	Y3
NAME OF FACILITY COMPLETE CARE AT KRESSON VIEW, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2601 EVESHAM ROAD VOORHEES, NJ 08043

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	DATE	ITEM	DATE
Y4	Y5	Y4	Y5
ID Prefix S0560	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed
LSC	09/09/2024	LSC	
ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed
LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed
LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed
LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed
LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed
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 8/22/2024

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?  YES  NO