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		C 11/21/2021

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 Complaint #: NJ144984, NJ146175, NJ148578, NJ146923, NJ148191 Census: 172 Sample Size: 8 TYPE OF SURVEY: Complaint Survey and Focused Infection Control Survey The facility is not in substantial compliance with all 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 provisions of 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: Complaint Intake NJ148578 Based on interviews, facility document review, and New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, it was determined the facility failed to ensure staffing ratios were met for 31 out of 35 shifts reviewed. This deficient practice had the potential to affect all residents.	S 560	S-560: 8:39-5.1(a) Mandatory Access to Care □ STATE□S STAFFING RATIOS I. CORRECTIVE ACTION S ACCOMPLISHED FOR RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE: ¿ The facility actively seeks to hire CNAs, that all shifts are scheduled to comply with ratios, and that any callouts or	12/29/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed

TITLE

(X6) DATE: 01/03/22

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S 560	Continued From page 1 Findings included: Reference: 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: One certified nurse aid 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 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; 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 certified nurse aide and perform certified nurse aide duties. 1. A review of the "Nurse Staffing Report," completed by the facility for the weeks of 06/27/2021 - 07/10/2021, revealed staff-to-resident ratios that did not meet the minimum requirements as listed below: 06/27/2021 had 13 CNAs for 159 residents on the day shift, required 20 CNAs. 06/28/2021 had 15 CNAs for 159 residents on the day shift, required 20 CNAs. 07/02/2021 had 17 CNAs for 158 residents on the day shift, required 20 CNAs.	S 560	no-shows result in calls being made to fill the shift. Facility has documented evidence to reflect facility□s Recruitment and Retention Efforts in its relentless attempts to comply with the staffing ratios. No residents have been adversely affected. II. IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE ¿ All residents have the potential to be affected by this deficient practice. III. SYSTEMIC CHANGES TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR ¿ Facility□s Recruitment and Retention Strategies and Efforts to comply with the State□s Staffing Ratios have been in progress, which include but are not limited to the following: o Increased wage rates for CNA's o Attendance bonuses o Recruitment sign on bonuses for new staff o The facility has started an employee morale/recruitment and retention committee o Employee of the Month Program o Gotcha (Rewards) Program o Web-based advertisement o Facility Monthly Appreciation Celebrations o Facility is starting its own CNA training course o Have reached out to prior employees to see if they will come back o The facility will monitor staffing rations	

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S 560	Continued From page 2 07/03/2021 had 16 CNAs for 158 residents on the day shift, required 20 CNAs. 07/05/2021 had 11 CNAs for 161 residents on the day shift, required 21 CNAs. 07/06/2021 had 19 CNAs for 161 residents on the day shift, required 21 CNAs. 07/07/2021 had 16 CNAs for 161 residents on the day shift, required 21 CNAs. 07/10/2021 had 17 CNAs for 160 residents on the day shift, required 20 CNAs. 2. A review of the "Nurse Staffing Report," completed by the facility for the weeks of 08/29/2021 - 09/11/2021, revealed staff-to-resident ratios that did not meet the minimum requirements as listed below: 08/29/2021 had 9 CNAs for 173 residents on the day shift, required 22 CNAs. 08/30/2021 had 16 CNAs for 170 residents on the day shift, required 22 CNAs. 08/31/2021 had 18 CNAs for 170 residents on the day shift, required 22 CNAs. 09/01/2021 had 13 CNAs for 169 residents on the day shift, required 22 CNAs. 09/02/2021 had 17 CNAs for 169 residents on the day shift, required 22 CNAs. 09/03/2021 had 18 CNAs for 169 residents on the day shift, required 22 CNAs. 09/04/2021 had 11 total staff for 168 residents on the overnight shift, required 12 total staff. 09/05/2021 had 11 CNAs for 167 residents on the day shift, required 21 CNAs. 09/05/2021 had 9 CNAs to 19 total staff on the evening shift, required 10 CNAs. 09/06/2021 had 19 CNAs for 167 residents on the day shift, required 21 CNAs. 09/07/2021 had 12 CNAs for 167 residents on the day shift, required 21 CNAs. 09/08/2021 had 15 CNAs for 167 residents on the day shift, required 21 CNAs.	S 560	in QAPI reporting for 3 months o Contractual agreements with outside vendors to recruit certified and licensed staff IV. MONITORING OF CORRECTIVE ACTIONS ¿ Staffing Coordinator or designee will provide weekly reports to the Director of Nursing and Administrator regarding all efforts made to try to comply with the State□s Staffing Ratios. Reports will be submitted to the QAPI Committee monthly X 3 months then quarterly thereafter x 6 months.	

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S 560	Continued From page 3 09/09/2021 had 18 CNAs for 165 residents on the day shift, required 21 CNAs. 09/10/2021 had 19 CNAs for 164 residents on the day shift, required 21 CNAs. 09/11/2021 had 15 CNAs for 164 residents on the day shift, required 21 CNAs. 09/11/2021 had 11 CNAs to 23 total staff on the evening shift, required 12 CNAs. 3. A review of the "Nurse Staffing Report," completed by the facility for the week of 11/07/2021 - 11/13/2021, revealed staff-to-resident ratios that did not meet the minimum requirements as listed below: 11/07/2021 had 10 CNAs for 160 residents on the day shift, required 20 CNAs. 11/08/2021 had 15 CNAs for 159 residents on the day shift, required 20 CNAs. 11/09/2021 had 16 CNAs for 159 residents on the day shift, required 20 CNAs. 11/10/2021 had 16 CNAs for 169 residents on the day shift, required 20 CNAs. 11/11/2021 had 13 CNAs for 158 residents on the day shift, required 20 CNAs. 11/12/2021 had 14 CNAs for 158 residents on the day shift, required 20 CNAs. 11/13/2021 had 19 CNAs for 158 residents on the day shift, required 20 CNAs. In an interview on 11/21/2021 at 12:47 PM, staffing was discussed with the Director of Nursing (DON). The DON stated that the facility had been cited for staffing with the last annual survey. The DON stated that the administrative staff were working to increase staff. The DON stated that there had been a loss of staff due to the pandemic, and it was their intention to recruit and retain employees. The DON stated a CNA class was scheduled to begin in December which was expected to increase the number of CNAs	S 560		

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S 560	Continued From page 4 available. The DON stated that the company was offering bonuses for referrals as well as sign-on bonuses.	S 560		