

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

PRINTED: 08/04/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315297	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/12/2022
NAME OF PROVIDER OR SUPPLIER ALLEGRIA AT THE FOUNTAINS			STREET ADDRESS, CITY, STATE, ZIP CODE 114 HAYES MILL ROAD ATCO, NJ 08004		
(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#: NJ150666</p> <p>Census: 47</p> <p>Sample: 4</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 VISIT.</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

02/09/2022

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: 060419	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/12/2022
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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: C#: NJ150666</p> <p>Based on facility document review on 1/11/2022, 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 11 of 14 day shifts for CNAs, reviewed. This deficient practice had the potential to affect all residents.</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 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>	S 560	<p>S560- 8:39-5.1 (a) Mandatory Access to Care</p> <p>The facility shall comply with applicable Federal, State and local laws, rules, and regulations.</p> <p>1. Corrective Action: Efforts to hire facility staff will continue until there is adequate staff to serve all residents. Until that time, the facility will utilize staffing agencies to fill any open spots in the schedule.</p> <p>2. Identification of other residents or areas having the potential to be affected: Due to the nature of the deficiency, all residents have the potential to be affected by this practice.</p> <p>3. Measures put into Place: Contracts with additional staffing agencies have been secured to supplement facility staff. Hiring and recruitment efforts including wage analysis and adjustments, pay for experience, online job listings, job fairs, shift differentials and referral bonuses are being utilized to become more competitive in the marketplace. Administrator or designee will document all recruitment efforts.</p> <p>4. The Administrator or designee will review staffing schedules weekly to ensure adequate staffing for all shifts. The results of these reviews will be submitted</p>	2/11/22

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S 560	<p>Continued From page 1</p> <p>Findings include:</p> <p>The facility was deficient in CNA staffing for residents on 11 of 14 day shifts as follows:</p> <p>On 12/26/21 the facility had 5 CNAs for 51 residents on the day shift, and required 7 CNAs. On 12/27/21 the facility had 3 CNAs for 51 residents on the day shift, and required 7 CNAs. On 12/28/21 the facility had 5 CNAs for 51 residents on the day shift, and required 7 CNAs. On 12/29/21 the facility had 6 CNAs for 51 residents on the day shift, and required 7 CNAs. On 12/30/21 the facility had 6 CNAs for 49 residents on the day shift, and required 7 CNAs. On 01/02/22 the facility had 5 CNAs for 49 residents on the day shift, and required 7 CNAs. On 01/03/22 the facility had 4 CNAs for 51 residents on the day shift, and required 7 CNAs. On 01/04/22 the facility had 4 CNAs for 50 residents on the day shift, and required 7 CNAs. On 01/05/22 the facility had 6 CNAs for 50 residents on the day shift, and required 7 CNAs. On 01/06/22 the facility had 5 CNAs for 48 residents on the day shift, and required 6 CNAs. On 01/07/22 the facility had 3 CNAs for 48 residents on the day shift, and required 6 CNAs.</p>	S 560	<p>to the Quality Assurance Process Improvement Committee Meeting for 6 months. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.</p>	