STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315294	A. BUILDING _____ B. WING _____	C 07/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREST HAVEN NURSING AND REHABILITATION CENTER	**4 MOORE ROAD CAPE MAY COURT HOUSE, NJ 08210**

(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	INITIAL COMMENTS NJ Complaint # 150223 Census: 90 Sample size: 5 THE FACILITY IS IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART483, SUBPART B, FOR LONG TERM CARE FACILITIES, BASED ON THIS COMPLAINT VISIT.	F 000		

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

Electronically Signed | 08/08/2022

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	060501	A. BUILDING: _____ B. WING _____	C 07/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREST HAVEN NURSING AND REHABILITATION CEN	4 MOORE ROAD CAPE MAY COURT HOUSE, NJ 08210

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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 deficieny 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: Complaint # 150223 Base on interview and review of other facility documentation , it was determined that the facility failed to maintain the required minimum direct care staff-to-resident ratios for the day shift. This was evident for 6 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	S 560	1. The corrective action taken based on the new policy will asssure that resident are provided with ample care with certified nurse aide to resident ratio as follows; 1 certified nurse aide to 8 residents during the 7-3 shift, 1 certified nurse aide or other direct licensed healthcare professional assigned as a certified nurse aide for up to 10 residents during the 3-11 shift, and 1 certified nurse aide or other direct licensed healthcare professional assigned for up to 14 residents during the 11 to 7 shift. We currently have contracts with 6 agencies and our utilized on a daily basis by a staffing coordinater. The use of overtime and agency staff is permissable per facility policy. The facility will use an on-line	9/30/22

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

Electronically Signed | 08/08/22

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	060501	A. BUILDING: _____ B. WING _____	C 07/28/2022

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S 560	Continued From page 1 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. "Direct care staff member" means any registered professional nurse, licensed practical nurse, or certified nurse aide who is acting in accordance with that individual's authorized scope of practice and pursuant to documented employee time schedules. The following ratio(s) were effective on 02/01/2021: One 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. For the week of 11/14/2021 to 11/20/21, the facility was deficient in CNA staffing for residents on 4 of 7 day shifts as follows: -11/17/21 had 10 CNAs for 89 residents on the day shift, required 11 CNAs. -11/18/21 had 10 CNAs for 89 residents on the day shift, required 11 CNAs. -11/19/21 had 10 CNAs for 89 residents on the day shift, required 11 CNAs. -11/20/21 had 9 CNAs for 87 residents on the day shift, required 11 CNAs. For the week of 07/17/2022 to 07/23/2022, the	S 560	website to advertise for direct care assistance. The county maintains a website containing job openings for the facility. The county technical center will meet with Director of Nursing as semesters come to completion. The Director of Nursing met with another county techincal center during the end of the semester to recruit direct care staff. The facility is in the process of contracting an on-site certified nurse aide class. One of the six observed days, 7/19/2022, had the wrong number transcribed on our report. The actual number of certified nurse aides on duty 07/19/22 day shift was eleven (11) not one (1). 2. All residents have the potential to be affected. Staffing practices could effect all three nursing units. 3. Staffing Policy was written to include specific certified nurse aide to resident ratios. Policy also includes method to dispatch nurses to certified nurse aide assignments. Director of Nurses and Assistant Director of Nurses will in-service/reeducate direct care staff of Crest Haven regarding the staffing policy. The direct care staff will be in-serviced/reeducated during the completion date period. Prior to the end of business each day the Director of Nurses, Assistant Director of Nurses, and Staffing Coordinater will review/monitor the staffing schedule and contact all available nurses, certified nurse aides, and agency personel to procure staff if/as needed. Nursing staff will be reassigned to certified nursing aide assignments when necessary. If the	

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S 560	Continued From page 2 facility was deficient in CNA staffing for residents on 2 of 7 day shifts as follows: -07/19/22 had 1 CNA for 85 residents on the day shift, required 11 CNAs. -07/23/22 had 9 CNAs for 86 residents on the day shift, required 11 CNAs. During an interview with the surveyor on 7/28/2022 at 2:21 PM, the Director of Nursing (DON) said she is aware of the state staffing requirements. The DON also said that most of the time the facility meet the staffing requirements. On 7/28/2022 at 1:52 PM, the Administrator said we have no staffing policy but we follow the governors rules. The facility was unable to provide a staffing policy that included the minimum staffing requirements.	S 560	facility is unable supply required staff to meet resident care needs, on-call nursing management will be notified. Recruitment ads on the websites will be ongoing. Recruitment from the Cape May County technical school will be ongoing. 4. Monitoring mechanisms to assure compliance. The supervisors will daily check staffing for the upcoming 3 shifts. The supervisors on off shifts will check daily staffing at the beginning of each shift. The staffing coordinator will continue to schedule/monitor all shifts on a daily basis. The staffing coordinator will report deficient needs to nurse management to activate further assistance. The Director of Nursing or designee will meet with the staffing coorinator daily and report all findings to the QAPI committee with monthly results for a period of 6 months. Based on the results the monitoring mechanisms may be adjusted.	

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
060501 Y1	A. Building B. Wing Y2	10/3/2022 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CREST HAVEN NURSING AND REHABILITATION CENTER	4 MOORE ROAD CAPE MAY COURT HOUSE, NJ 08210

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	09/30/2022	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 ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
7/28/2022	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO