

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/15/2021
NAME OF PROVIDER OR SUPPLIER BISHOP MCCARTHY CENTER FOR REHAB & I		STREET ADDRESS, CITY, STATE, ZIP CODE 1045 E CHESTNUT AVE VINELAND, NJ 08360		
(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 #: NJ148972 and NJ144935 Census: 130 Sample Size: 5 TYPE OF SURVEY: Complaint 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: 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 21 out of 21 day shifts reviewed. This had the potential to affect all residents. Findings included: Reference: NJDOH memo, dated 01/28/2021,	S 560	S560 8:39-5.1(a) Mandatory Access to Care I. Corrective action(s) accomplished for resident(s) affected: • No residents were identified II. Residents identified having the potential to be affected and corrective action taken:	12/10/21

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

TITLE

(X6) DATE

Electronically Signed

12/08/21

New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>"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:</p> <p>One certified nurse aide to every eight residents for the day shift.</p> <p>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 care staff member shall be signed in to work as a certified nurse aide and perform certified nurse aide duties; and</p> <p>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.</p> <p>1. A review of the "Nursing Staff Report," completed by the facility for the weeks of 04/11/2021 through 04/24/2021, revealed staff-to-resident ratios that did not meet the minimum requirements as listed below:</p> <p>04/11/2021 had 11 CNAs for 133 residents on the day shift, required 17 CNAs 04/12/2021 had 12 CNAs for 133 residents on the day shift, required 17 CNAs. 04/13/2021 had 15 CNAs for 133 residents on the day shift, required 17 CNAs. 04/14/2021 had 15 CNAs for 133 residents on</p>	S 560	<ul style="list-style-type: none"> The deficient practice has the potential to affect all residents residing in the facility. <p>III. Measures will be put into place to ensure the deficient practice will not recur:</p> <ul style="list-style-type: none"> Bonuses are offered for double shifts, extra shifts, weekend shifts and perfect attendance. The staff has been re-educated on the call out and lateness policy by Nursing Management and Nurse Educator. Advertisements signs for open CNA positions are placed in front of the building. The facility is recruiting on multiple employment search engines and multiple social media platforms for CNA's. Depending on the needs of the day Nursing management to include Unit Mangers, Supervisors and ADON will be evaluated to assist with resident care Staffing Coord will call, text, email CNA's to take a shift as needed. We offer sign on bonuses and competitive rates for CNA's. We have contracts with multiple agencies to assist us as needed and continue to contract with the new agencies. We have converted many of our existing staff from other departments into nursing as a promotion. We have a referral program that offers a referral bonus to encourage our staff to recruit CNA's to join us. We have staff appreciation parties, as well as giveaways to help with staff retainment. 	

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S 560	<p>Continued From page 2</p> <p>the day shift, required 17 CNAs. 04/15/2021 had 15 CNAs for 134 residents on the day shift, required 17 CNAs. 04/16/2021 had 13 CNAs for 134 residents on the day shift, required 17 CNAs. 04/17/2021 had 14 CNAs for 134 residents on the day shift, required 17 CNAs. 04/18/2021 had 13 CNAs for 135 residents on the day shift, required 17 CNAs. 04/19/2021 had 13 CNAs for 134 residents on the day shift, required 17 CNAs. 04/20/2021 had 15 CNAs for 134 residents on the day shift, required 17 CNAs. 04/21/2021 had 15 CNAs for 133 residents on the day shift, required 17 CNAs. 04/22/2021 had 13 CNAs for 129 residents on the day shift, required 17 CNAs. 04/23/2021 had 12 CNAs for 128 residents on the day shift, required 16 CNAs. 04/24/2021 had 12 CNAs for 128 residents on the day shift, required 16 CNAs.</p> <p>A review of the "Nursing Staff Report," completed by the facility for the weeks of 11/07/2021 through 11/13/2021, revealed staff-to-resident ratios that did not meet the minimum requirements as listed below:</p> <p>11/07/2021 had 12 CNAs for 134 residents on the day shift, required 17 CNAs. 11/08/2021 had 12 CNAs for 132 residents on the day shift, required 17 CNAs. 11/09/2021 had 12 CNAs for 132 residents on the day shift, required 17 CNAs. 11/10/2021 had 14 CNAs for 128 residents on the day shift, required 16 CNAs. 11/11/2021 had 12 CNAs for 128 residents on the day shift, required 16 CNAs. 11/12/2021 had 11 CNAs for 128 residents on the</p>	S 560	<ul style="list-style-type: none"> We try to keep a close relationship with each and every employee to ensure they have the tools necessary to succeed. <p>IV. Corrective actions will be monitored to ensure the deficient practice will not recur:</p> <ul style="list-style-type: none"> The DON/Designee will conduct weekly C.N.A. staffing schedule audits. The DON/Designee will report audit findings to the Administrator. The Administrator/Designee will analyze and trend findings and report outcomes to the QA Committee quarterly with follow up to recommendations, as necessary. <p>Completion date: December 10, 2021</p>		

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S 560	<p>Continued From page 3</p> <p>day shift, required 16 CNAs. 11/13/2021 had 14 CNAs for 128 residents on the day shift, required 16 CNAs.</p> <p>In an interview on 11/15/2021 at 4:12 PM, the Director of Nursing (DON) stated that she was aware of the mandate for staffing ratios. The DON stated that during the pandemic, staff members had left and the facility had been working to find new staff. She stated that all medical facilities in the area were having problems and it was hard to compete with agencies or facilities that were offering large sign-on bonuses.</p> <p>In an interview on 11/15/2021 at 4:51 PM, the Nursing Home Administrator (NHA) stated that although they were searching for new employees, the response was not great. The NHA stated that she realized that there were many factors that were impacting the staffing issues, including current staff callouts, competition with other medical facilities who were also needing medical staff, and the quality of the current pool of applicants.</p>	S 560			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 060601	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/13/2021
NAME OF FACILITY BISHOP MCCARTHY CENTER FOR REHAB & HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1045 E CHESTNUT AVE VINELAND, NJ 08360	

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	12/10/2021	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	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		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 11/15/2021		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			