New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED						
	060603		B. WING		11/12/2021							
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
CUMBERLAND MANOR NURSING AND REHAE 154 SUNNY SLOPE DRIVE BRIDGETON, NJ 08302												
(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 SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	N SHOULD BE COMPL						
S 000	000 Initial Comments			S 000								
S 560	Standards in the No Code, Chapter 8:39 Long Term Care Fa submit a plan of co completion date, fo that the plan is imp deficiencies may reaccordance with the Administrative Cod	compliance with the ew Jersey Administrate. Standards for Lice acilities. The facility nurection, including a reach deficiency and lemented. Failure to esult in enforcement are Provisions of the Ne, Title 8, Chapter 43 ensure Regulations.	ative Insure of Insure	S 560			12/3/21					
	(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.											
	by: Based on interview facility documentati facility failed to mai direct care staff to ras mandated by the	NT is not met as evi s, and review of pert on, it was determine ntain the required m resident ratios for the e State of New Jerse f 14 day shifts review	inent d that the inimum e day shift ey. This		1) All residents are potentially affer this practice. 2) Rates were increased and adset to reflect increases allowing us to to meet the required ratio. In addit facility will use agency staff when the need to meet the required staffing.	updated hire staff ion, the there is						
	(NJDOH) memo, do with N.J.S.A. (New 30:13-18, new mini nursing homes," ind Governor signed in codified at N.J.S.A. established minimu	rsey Department of lated 01/28/2021, "Co Jersey Statutes Ann mum staffing required dicated the New Jers to law P.L. 2020 c 17 30:13-18 (the Act), with staffing requirement e following ratio(s) w	ompliance lotated) ements for sey 12, which ents in		 3)The DON/Director of Nursing to weekly meetings to determine upon schedules and anticipate needs. 4) The DON/Director of Nursing of designee will conduct monthly and the staffing patterns and ratios and findings to the Administrator. In addition the DON/designee will notify the results. 	oming flits of d report dition,						

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

TITLE

(X6) DATE

Electronically Signed

11/26/21

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED						
		060603		B. WING		11/1	2/2021					
NAME OF	PROVIDER OR SUPPLIER		STREET ADI	DRESS CITY S	STATE, ZIP CODE							
154 SUNNY SI OPE DRIVE												
CUMBERLAND MANOR NURSING AND REHAE BRIDGETON, NJ 08302												
(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 CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE COMPLETE							
S 560	Continued From page 1			S 560								
	effective on 02/01/2021:				the QA committee monthly for acti	on as						
	residents for the da One direct care star residents for the ev fewer than half of a CNAs, and each dir signed in to work as nurse aide duties: a One direct care star residents for the nig direct care staff me CNA and perform CNA to 8 reside documented below: 10/17/21 had 17 CN day shift, required 110/23/21 had 16 CN day shift, required 110/30/21 had 16 CN day shift	iff member to every 1 ening shift, provided II staff members sharect staff member sharect staff member shared and shall peand of the shift, provided that the shift, provided that mber shall sign in to CNA duties. Staffing Report" completes of 10/17/21-10/0/21, the staffing to repeat the minimum recents for the day shift in the shall sign in the staffing to repeat the minimum recents for the day shift in the staffing to repeat the minimum recents for the day shift in the staffing to repeat the minimum recents for the day shift in the staffing to residents in the staffing the	0 that no II be all be all be erform 4 at each work as a pleted by /22/21 esident quirement as s on the s on the s on the a 11/09/21 t, to meet conitored laced ads		appropriate.							