

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

PRINTED: 11/15/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315396	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/01/2023
NAME OF PROVIDER OR SUPPLIER PREFERRED CARE AT CUMBERLAND			STREET ADDRESS, CITY, STATE, ZIP CODE 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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	<p>INITIAL COMMENTS</p> <p>COMPLAINT#: NJ166796</p> <p>CENSUS: 138</p> <p>SAMPLE SIZE: 8</p> <p>THE FACILITY IS IN SUBSTANTIAL 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

09/17/2023

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: 060603	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/01/2023
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S 000	Initial Comments The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 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 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#: NJ166796 Based on facility document review on 08/29/23, 08/31/23 and 09/01/23, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratio as mandated by the State of New Jersey for 10 of 14 day shifts. This deficient practice was evidenced by the following: 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	S 560	1. There were no care concerns reported on the shifts that were identified. 2. All residents have the potential to be affected by this deficient practice. The Director of Nursing reviewed the last 30 days of the CNA staffing report. The IDC team reviewed facility grievance log and no care concerns were identified. 3. Facility Staffing Coordinator was in serviced on 09/14/2023 on the requirements for proper CNA staffing and ratios and the need to review and address the staffing needs daily to meet the state requirements. Recruitment efforts are in place to assist the facility in hiring staff. CNA's receive	9/18/23

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S 560	<p>Continued From page 1</p> <p>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 (CNA) 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 CNAs, and each direct staff member shall be signed in to work as a certified nurse aide and shall perform 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 CNA and perform CNA duties.</p> <p>The surveyor requested staffing for the weeks of 08/13/2023 to 08/19/2023 and 08/20/2023 to 08/26/2023.</p> <p>The facility was deficient in CNA staffing for residents on 10 of 14 day shifts as follows:</p> <ul style="list-style-type: none"> -08/13/23 had 10 CNAs for 134 residents on the day shift, required at least 17 CNAs. -08/14/23 had 12 CNAs for 134 residents on the day shift, required at least 17 CNAs. -08/15/23 had 14 CNAs for 134 residents on the day shift, required at least 17 CNAs. -08/16/23 had 16 CNAs for 134 residents on the day shift, required at least 17 CNAs. -08/17/23 had 16 CNAs for 135 residents on the day shift, required at least 17 CNAs. -08/18/23 had 16 CNAs for 135 residents on 	S 560	<p>sign on bonuses, referral bonuses and tuition aid for CNA classes at times. The facility also has contracts with staffing agencies as well as paid advertisements to help with our recruitment effort. The Staffing Coordinator or designee also reviews staff attendance records to ensure that excessive callouts are addressed.</p> <p>4. The Facility Administrator, Director of Nursing and the Staffing Coordinator will conduct weekly meetings x4 then monthly x 6 to review staffing schedules, upcoming needs, and the efficacy of the systems in place to fill the facility needs. The findings will be reported at the quarterly QAPI Committee meetings x3 quarters.</p>	

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S 560	Continued From page 2 the day shift, required at least 17 CNAs. -08/19/23 had 11 CNAs for 135 residents on the day shift, required at least 17 CNAs. -08/20/23 had 9 CNAs for 135 residents on the day shift, required at least 17 CNAs. -08/22/23 had 15 CNAs for 136 residents on the day shift, required at least 17 CNAs. -08/26/23 had 13 CNAs for 140 residents on the day shift, required at least 17 CNAs.	S 560		