

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

PRINTED: 03/21/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315243	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/06/2023
NAME OF PROVIDER OR SUPPLIER MILLVILLE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 54 N SHARP STREET MILLVILLE, NJ 08332		
(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 # NJ00152417, NJ00154425, NJ00165234</p> <p>Census: 139</p> <p>Sample Size: 11</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 survey.</p>	F 000		

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

TITLE

(X6) DATE

Electronically Signed

08/21/2023

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: 060608	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/06/2023
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NAME OF PROVIDER OR SUPPLIER MILLVILLE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 54 N SHARP STREET MILLVILLE, NJ 08332
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S 000	<p>Initial Comments</p> <p>Complaint #: NJ00152417, NJ00154425, NJ00165234</p> <p>Census: 139</p> <p>Sample: 11</p> <p>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.</p>	S 000		
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: Complaint #: NJ00154425, NJ00165234</p> <p>Based on review of facility documents, it was determined that the facility failed to maintain the required minimum direct care staff-to-resident ratios for the day shift as mandated by the State of New Jersey. The facility was deficient in Certified Nursing Assistants (CNA) staffing for residents on 17 of 21day shifts. This deficient</p>	S 560	<p>I. How the Corrective action will be accomplished for the residents found to have been affected All residents have the potential to be affected by this deficient practice . Center is currently employing sign on bonuses, referral bonuses, and various other incentives for current staff to meet staffing standards. Nursing employees are</p>	8/21/23

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S 560	<p>Continued From page 1</p> <p>practice had the potential to affect all residents.</p> <p>Findings include:</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 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 (1) Certified Nurse Aide (CNA) to every eight (8) residents for the day shift.</p> <p>One (1) 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</p> <p>One (1) 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>1. As per the "Nurse Staffing Report" completed by the facility for the week of staffing from 06/04/2023 through 06/10/2023, the staffing-to-resident ratio did not meet the minimum requirements and is documented below:</p> <p>The facility was deficient in CNA staffing for residents on 3 of 7 day shifts as follows:</p>	S 560	<p>currently amongst the top 95 percentile in hourly wages for this region/area.</p> <p>II. How the facility will identify other residents having the potential to be affected All residents have the potential to be affected by this deficient practice</p> <p>III. What measures will be put into place or systematic changes made to ensure the deficient practice will not recur New Staffing coordinator was hired in July and was trained on the staffing ratios mandate. Center will continue recruiting functions, which drive various forms of media to increase the number of applicants Continue to establish external partnerships with schools to train Students and transition them into CNAs. Weekly labor management calls with regional support team</p> <p>IV. How the facility will monitor its corrective actions to ensure compliance The staffing coordinator and HR coordinator/designee will maintain a listing of current recruiting efforts, and document 3 days a week the results of these efforts.</p> <p>The Administrator and DON or designee will audit these efforts twice weekly x 4 weeks, weekly x2 weeks then monthly x 2 to ensure the Center team is following up on all recruitment tasks.</p>	

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S 560	<p>Continued From page 2</p> <p>-06/05/23 had 16 CNAs for 136 residents on the day shift, required 17 CNAs. -06/08/23 had 14 CNAs for 132 residents on the day shift, required 16 CNAs. -06/09/23 had 14 CNAs for 132 residents on the day shift, required 16 CNAs.</p> <p>2. As per the "Nurse Staffing Report" completed by the facility for the 2 weeks of staffing from 06/18/2023 through 07/01/2023, the staffing-to-resident ratio did not meet the minimum requirements and is documented below:</p> <p>The facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows:</p> <p>-06/18/23 had 13 CNAs for 136 residents on the day shift, required 17 CNAs. -06/19/23 had 11 CNAs for 135 residents on the day shift, required 17 CNAs. -06/20/23 had 15 CNAs for 135 residents on the day shift, required 17 CNAs. -06/21/23 had 16 CNAs for 135 residents on the day shift, required 17 CNAs. -06/22/23 had 15 CNAs for 135 residents on the day shift, required 17 CNAs. -06/23/23 had 14 CNAs for 136 residents on the day shift, required 17 CNAs. -06/24/23 had 15 CNAs for 134 residents on the day shift, required 17 CNAs. -06/25/23 had 14 CNAs for 134 residents on the day shift, required 17 CNAs. -06/26/23 had 12 CNAs for 134 residents on the day shift, required 17 CNAs. -06/27/23 had 16 CNAs for 134 residents on the day shift, required 17 CNAs.</p>	S 560	<p>The Administrator /DON or Designee will report findings to the Performance Improvement Committee monthly for three months. The Performance Improvement Committee will evaluate and determine the effectiveness of the plan to ensure substantial compliance is achieved and determine if further monitoring and evaluation is required.</p>	
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S 560	Continued From page 3 -06/28/23 had 16 CNAs for 134 residents on the day shift, required 17 CNAs. -06/29/23 had 14 CNAs for 137 residents on the day shift, required 17 CNAs. -06/30/23 had 14 CNAs for 137 residents on the day shift, required 17 CNAs. -07/01/23 had 14 CNAs for 137 residents on the day shift, required 17 CNAs.	S 560		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 060608	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 8/22/2023	Y3
NAME OF FACILITY MILLVILLE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 54 N SHARP STREET MILLVILLE, NJ 08332		

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 _____	08/21/2023	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 7/6/2023		<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		