STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE 060714		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		060714	B. WING	0	1/21/2022	
	ROVIDER OR SUPPLIER	ILITATION AND C 787 NOR	DRESS, CITY, S THFIELD AV RANGE, NJ	STATE, ZIP CODE E		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE	
S 000	Standards in the Ne Code, Chapter 8:39 Long Term Care Fa submit a plan of co completion date, fo that the plan is imp deficiencies may re accordance with the Jersey Administrati	compliance with the ew Jersey Administrative 9, Standards for Licensure of acilities. The facility must rrection, including a r each deficiency and ensure lemented. Failure to correct esult in enforcement action in e Provisions of the New ve Code, Title 8, Chapter 43E, ensure Regulations.	S 000			
S 560		ory Access to Care I comply with applicable local laws, rules, and	S 560		3/27/22	
	by: Based on interview facility documentati facility failed to a.) in minimum direct car the day shift and b. half of all staff mem Nursing Assistants as mandated by the was evident for 13 for 2 of 14 overnigh Findings include: Reference: New Je (NJDOH) memo, da with N.J.S.A. (New	NT is not met as evidenced s, and review of pertinent on, it was determined that the maintain the required e staff-to-resident ratios for) provide that no fewer than obers shall be Certified (CNA) on the overnight shifts e State of New Jersey. This of 14 day shifts reviewed and at shifts reviewed.		Stratford Manor Rehabilitation and Care Center Plan of Correction 		

Electronically Signed

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If continuation sheet 1 of 4

02/10/22

New Jersey Department of Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060714		(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 01/21/2022	
STRATE	ORD MANOR REHAB	ILITATION AND C	HFIELD AV		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLE
S 560	Continued From pa	age 1	S 560		
	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:			by the deficient practice?	
				 The staffing coordinator was educed on the minimum direct care staff to resident ratios as mandated by the of New Jersey. The facility will continue to reach 	e state
	One CNA to every shift.	eight residents for the day		current staff to determine if they ar interested in picking up overtime s	e
	residents for the ev fewer than half of a CNAs, and each di	ff member to every 10 vening shift, provided that no Il staff members shall be rect staff member shall be s a CNA and shall perform		2. How you will identify other reside having the potential to be affected same deficient practice and what corrective action will be taken?	
	residents for the nig	ff member to every 14 ght shift, provided that each mber shall sign in to work as		~All residents have the potential to affected by the facility failing to ma the required minimum direct care s resident ratios as mandated by the of New Jersey.	intain staff to
	As per the "Nurse S the facility for the w and 01/02/22-01/15	Staffing Report" completed by veeks of 01/02/22-01/08/22 5/22, the staffing-to-resident neet the minimum requirement		3. What measures will be put into p what systemic changes you will ma ensure the deficient practice will no recur?	ake to
	of 1 CNA to 8 resid documented below	ents for the day shift are :		~The facility will continue to post jo openings on job sites to promote C openings.	CNA
	day shift, required	NAs for 118 residents on the		 The facility will place signs as need front of the building advertising our staffing needs. The facility has contracted with statements. 	r
	day shift, required	NAs for 118 residents on the		agencies to assist with our staffing ~The staffing coordinator will offer the ability to pick up more shifts. ~The facility is partnered with a CN	staff
		NAs for 118 residents on the		school to use the facility as a traini and to recruit new graduates.	

NMY311

	THFIELD AVI	STATE, ZIP CODE	01/21/2022
ATION AND C 787 NORT WEST OR	THFIELD AVI	STATE, ZIP CODE	
ATION AND C WEST OR			
	RANGE, NJ (
DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
2 s for 121 residents on the CNAs. s for 120 residents on the CNAs. s for 120 residents on the CNAs. s for 120 residents on the CNAs. s for 119 residents on the CNAs. s for 119 residents on the CNAs. fing Report" completed by c of 01/09/22-01/15/22, the tos that did not meet the of no fewer than half of all c CNAs on the overnight staff for 121 residents on uired 9 total staff. staff for 121 residents on uired 9 total staff. the surveyor on the Administrator stated ed staffing ratios, the with several staffing	S 560	 ~The administrator/designee will revealing the daily staffing sheets weekly for 4 weeks and monthly for 3 months and quarterly thereafter. 4. How the corrective action will be monitored to ensure the deficient prawill not recur, i.e., what quality assurp program will be put into place? ~The administrator/designee will reveany findings of these audits and present them quarterly with the QAPI comming determine frequency of future audits Date of Compliance: 3/27/2022 	d actice rance iew sent ttee to
	s for 121 residents on the CNAs. s for 120 residents on the CNAs. s for 120 residents on the CNAs. s for 120 residents on the CNAs. s for 119 residents on the CNAs. fing Report" completed by c of 01/09/22-01/15/22, the ps that did not meet the of no fewer than half of all CNAs on the overnight taff for 121 residents on uired 9 total staff. taff for 121 residents on uired 9 total staff.	a for 121 residents on the CNAs. s for 120 residents on the CNAs. s for 120 residents on the CNAs. s for 119 residents on the CNAs. fing Report" completed by s of 01/09/22-01/15/22, the ps that did not meet the of no fewer than half of all CNAs on the overnight taff for 121 residents on uired 9 total staff. taff for 121 residents on uired 9 total staff. the surveyor on the Administrator stated ed staffing ratios, the with several staffing y are struggling to send	 The administrator/designee will rev the daily staffing sheets weekly for 4 weeks and monthly for 3 months and quarterly thereafter. The administrator/designee will rev the daily staffing sheets weekly for 4 weeks and monthly for 3 months and quarterly thereafter. The administrator/designee will rev any findings of these audits and presidents on the 2NAs. s for 120 residents on the 2NAs. s for 119 residents on the 2NAs. s for 119 residents on the 2NAs. s for 119 residents on the 2NAs. c fo 10/09/22-01/15/22, the 2NAs. Date of Compliance: 3/27/2022 The administrator stated ed staffing ratios, the with several staffing y are struggling to send

NMY311

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
	060714			01/	01/21/2022
AME OF PROVIDER OR SUPPLIER		DDRESS, CITY, ST	ATE, ZIP CODE		
TRATFORD MANOR REHAE	RILITATION AND C	THFIELD AVE RANGE, NJ 07	7052		
		ID	PROVIDER'S PLAN OF		(X5)
	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
S 560 Continued From pa	age 3	S 560			
new employee is h	ired.				
During an interview	v with the surveyor on				
	AM, the Staffing Coordinator				
	rked with the facility for three building and was also assigned	1			
other human resou	urces duties. The Staffing				
	that she does not know the n the top of her head" and				
stated that she util	ized the facility census to				
	on the units. The Staffing				
	r stated that usually for the would schedule seven to eigh	t			
CNAs for days, five	e CNAs for evenings and three	•			
	nd for the long term care units, le seven CNAs for days, five				
	and three CNAs for nights.				
NJAC 8:39-5.1(a)					

NMY311