

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

PRINTED: 07/02/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315435</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/30/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>FAMILY OF CARING HEALTHCARE AT MONTCLAIR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>42 NORTH MOUNTAIN AVE MONTCLAIR, NJ 07042</b>		
(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>Survey date: 12/30/2022</p> <p>Census: 64</p> <p>Sample: 5</p> <p>A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19.</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

01/12/2023

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:  <b>060719</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>12/30/2022</b>
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

**FAMILY OF CARING HEALTHCARE AT MONTCLAIR 42 NORTH MOUNTAIN AVE  
MONTCLAIR, NJ 07042**

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S 000	Initial Comments  The facility was not in compliance with 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 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: Based on observation, interview, and review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey. This deficient practice was evidenced by the following:  Reference: NJ State requirement, CHAPTER 112. An Act concerning staffing requirements for nursing homes and supplementing Title 30 of the Revised Statutes.  Be It Enacted by the Senate and General Assembly of the State of New Jersey: C.30:13-18 Minimum staffing requirements for nursing homes effective 2/1/21.	S 560	How the corrective action will be accomplished for those residents found to be affected by the deficient practice?  S560  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 observation, interview, and review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the	1/6/23

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S 560	Continued From page 1  1. a. Notwithstanding any other staffing requirements as may be established by law, every nursing home as defined in section 2 of P.L.1976, c.120 (C.30:13-2) or licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall maintain the following minimum direct care staff -to-resident ratios: (1) one certified nurse aide to every eight residents for the day shift. (2) 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 staff member shall be signed in to work as a certified nurse aide and shall perform certified nurse aide duties: and (3) 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 b. Upon any expansion of resident census by the nursing home, the nursing home shall be exempt from any increase in direct care staffing ratios for a period of nine consecutive shifts from the date of the expansion of the resident census. c. (1) The computation of minimum direct care staffing ratios shall be carried to the hundredth place. (2) If the application of the ratios listed in subsection a. of this section results in other than a whole number of direct care staff, including certified nurse aides, for a shift, the number of required direct care staff members shall be rounded to the next higher whole number when the resulting ratio, carried to the hundredth place, is fifty-one hundredths or higher. (3) All computations shall be based on the midnight census for the day in which the shift begins.	S 560	state of New Jersey. This deficient practice was evidenced by the following:  a. Notwithstanding any other staffing requirements as may be established by law, every nursing home as defined in section 2 of P.L.1976, c.120 (C.30:13-2) or licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall maintain the following minimum direct care staff -to-resident ratios: (1) one certified nurse aide to every eight residents for the day shift. (2) 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 staff member shall be signed in to work as a certified nurse aide and shall perform certified nurse aide duties: and (3) 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 b. Upon any expansion of resident census by the nursing home, the nursing home shall be exempt from any increase in direct care staffing ratios for a period of nine consecutive shifts from the date of the expansion of the resident census .c. A review of the "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report" for the two weeks beginning 12/11/22 and ending 12/24/22 revealed that the facility was not in compliance with the State of New Jersey minimum staffing requirement.  The facility was deficient in CNA staffing	

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S 560	<p>Continued From page 2</p> <p>d. Nothing in this section shall be construed to affect any minimum staffing requirements for nursing homes as may be required by the Commissioner of Health for staff other than direct care staff, including certified nurse aides, or to restrict the ability of a nursing home to increase staffing levels, at any time, beyond the established minimum ...</p> <p>A review of the "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report" for the two weeks beginning 12/11/22 and ending 12/24/22 revealed that the facility was not in compliance with the State of New Jersey minimum staffing requirement.</p> <p>The facility was deficient in CNA staffing for residents on 2 of 14 day shifts and 1 of 14 overnight shifts as follows:</p> <p>-12/11/22 had 7 CNAs for 67 residents on the day shift, required 8 CNAs. -12/16/22 had 7 CNAs for 67 residents on the day shift, required 8 CNAs. -12/19/22 had 4 total staff for 65 residents on the overnight shift, required 5 total staff</p> <p>On 12/30/22 at 11:12 AM, the surveyor interviewed the facility's staffing coordinator (SC) who acknowledged that the facility were short of staff on the dates mentioned above. The SC further stated that the facility's Licensed Nursing Home Administrator (LNHA) and Director of Nursing (DON) were both made aware of the short in staff.</p> <p>On 12/30/22 at 1:00 PM, the survey team met with the facility administration team that included the LNHA and DON. The administration staff</p>	S 560	<p>for residents on 2 of 14 day shifts and 1 of 14overnight shifts as follows:-12/11/22 had 7 CNAs for 67 residents on the day shift, required 8 CNAs.-12/16/22 had 7 CNAs for 67 residents on the day shift, required 8 CNAs.-12/19/22 had 4 total staff for 65 residents on the overnight shift, required 5 total staff</p> <p>Administrator, Director of Nursing and Staffing Coordinator immediately reviewed staffing schedules and modified accordingly to meet the minimum staffing requirements as required.</p> <p>This deficient practice did not result any harm.</p> <p>How will the facility identify other residents having the potential to be affected by the deficient practice?</p> <p>All residents in the Facility have the potential to be affected by the deficient practice. Therefore, this applies to all residents (current and future).</p> <p>What measures will be put in place or systemic changes made to ensure that the deficient practice will not recur?</p> <p>The Administrator and Director of Nursing shall continue to review the daily Certified Nursing Assistant (CNA) staffing schedules to ensure compliance with the state's minimum CNA staffing requirement.</p> <p>Furthermore, the facility will review CNAs current rates, the facility shall continue its</p>	

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S 560	Continued From page 3  were informed that the facility did not meet the State of New Jersey minimum staffing for the period of 12/11/22 to 12/24/22. No further information was provided to the surveyor team.	S 560	<p>recruitment program and hiring efforts to attract and hire CNAs, as evidenced by placing advertisements on Indeed, contacting recruitment agencies, and offering referral bonuses to current staff for securing additional staff.</p> <p>The center shall offer overtime, incentive pay, and bonuses to current staff when a staffing shortage is identified or occurs throughout the day and/or week. Facility staffing coordinator will work with sister facilities staffing coordinator for CNAs/License Nurses for daily backup when call outs occurs. CNAs will received free meals and incentives on top of their regular pay.</p> <p>Facility will offer overtime, bonuses or incentives to Licensed Nurses to work as Nursing Assistant when warranted. The facility also maintain an agreement with nursing staffing agencies in the event of any staffing shortage.</p> <p>Flyers posted in the breakroom regarding referral bonuses, overtime pay for staffing call outs and staffing needs.</p> <p>How the facility will monitor its corrective action to ensure that the deficient practice is being corrected and not recur?</p> <p>The Administrator and Director of Nursing or designee shall review/audit the Certified Nursing Assistant (CNA) staffing schedule daily for 4 weeks, then monthly x 3 months and then quarterly to determine compliance with the state's minimum CNA staffing requirement. The Administrator</p>	

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S 560	Continued From page 4	S 560	shall continue to monitor the facility's recruitment and retention practices to identify potential areas of improvement. The results of these audits will be submitted to the Quality Assurance and Performance Improvement (QAPI) committee monthly for review and determination of further action.	

# STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 060719	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 2/10/2023
NAME OF FACILITY FAMILY OF CARING HEALTHCARE AT MONTCLAIR	STREET ADDRESS, CITY, STATE, ZIP CODE 42 NORTH MOUNTAIN AVE MONTCLAIR, NJ 07042	

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	01/06/2023	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	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 12/30/2022	<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
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