

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060720	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/03/2021
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

COMPLETE CARE AT CEDAR GROVE

**536 RIDGE ROAD
CEDAR GROVE, NJ 07009**

(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) COMPLETE DATE
S 000	Initial Comments THE FACILITY WAS 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: Based on interview and review of pertinent facility documentation, 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. This was evident for 17 out of 42 shifts reviewed. Findings include: 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	On 9/3/2021, the Director of Nursing (DON) reviewed the next 4 weeks schedule with the staffing coordinator to identify specific dates and shifts staff are needed to meet the required minimum direct care staff- to- resident ratios. These interventions are in place to address the facilities staffing needs: 1. Department Heads and all Licensed personnel participate in All Hands-on Deck to assist in providing care as needed. 2. The facility has contracted with 5	9/20/21

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

TITLE

(X6) DATE

Electronically Signed

09/17/21

New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT CEDAR GROVE		STREET ADDRESS, CITY, STATE, ZIP CODE 536 RIDGE ROAD CEDAR GROVE, NJ 07009		
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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 CNA 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>As per the "Nurse Staffing Report" completed by the facility for the weeks of 8/8/21 to 8/14/21 and 8/15/21 to 8/21/21, the staffing to resident ratios that did not meet the minimum requirement of 1 CNA to 8 residents for the day shift; 1 CNA to 10 residents on the evening shift; 1 CNA to 14 residents on the night shift as documented below:</p> <p>8/8/21 had 8.5 CNAs for 118 residents for the day shift 8/8/21 had 6 CNAs for 118 residents for the evening shift 8/9/21 had 11 CNAs for 118 residents for the day shift 8/10/21 had 8 CNAs for 118 residents for the day shift</p>	S 560	<p>Supplemental Staffing Agencies to assist the facility to meet the required minimum direct care staff- to- resident ratios.</p> <p>3. The facility has contracted with 2 recruitment agencies to assist in filling vacant positions.</p> <p>4. Shift bonuses offered to encourage staff to work extra shifts.</p> <p>5. Referral bonuses offered to staff to assist with recruitment efforts.</p> <p>6. The Union members have recently ratified a contract which increased staff hourly wages.</p> <p>7. The staffing coordinator will submit the schedules to the DON/designee every 4 weeks to review and identify specific dates and shifts staff are needed.</p> <p>8. The staffing coordinator will submit the staffing needs to the contracted agencies every 4 weeks.</p> <p>10. The staffing coordinator will post the specific dates and shifts that staff are needed in a central location to allow staff to sign up for the shifts needed.</p> <p>10. The staffing coordinator will communicate with the staffing agencies daily to receive daily updates.</p> <p>12. The staffing coordinator will submit daily updates to the DON/designee.</p> <p>12. The staffing coordinator will submit the prior months staffing report to the DON/designee on a monthly basis. DON/Designee will report findings to the QAPI Committee monthly for 3 months, then quarterly x 3 quarters. The QAPI Committee will evaluate and determine effectiveness of the plan to ensure substantial compliance is achieved and to determine if further monitoring and</p>	

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NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT CEDAR GROVE		STREET ADDRESS, CITY, STATE, ZIP CODE 536 RIDGE ROAD CEDAR GROVE, NJ 07009		
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S 560	<p>Continued From page 2</p> <p>8/11/21 had 10 CNAs for 117 residents for the day shift 8/12/21 had 11 CNAs for 117 residents for the day shift 8/13/21 had 11 CNAs for 117 residents for the day shift 8/14/21 had 10 CNAs for 117 residents for the day shift 8/15/21 had 11 CNAs for 117 residents for the day shift 8/16/21 had 9 CNAs for 117 residents for the day shift 8/17/21 had 13 CNAs for 117 residents for the day shift 8/18/21 had 13 CNAs for 117 residents for the day shift 8/19/21 had 10 CNAs for 116 residents for the day shift 8/20/21 had 10 CNAs for 116 residents for the day shift 8/21/21 had 9 CNAs for 116 residents for the day shift 8/21/21 had 6 CNAs for 116 residents for the evening shift 8/21/21 had 3 CNAs for 116 residents on the night shift</p> <p>On 09/03/21 at 10:20 AM, the surveyor interviewed the Licensed Nursing Home Administrator (LNHA) who stated that she was aware of the staffing shortage at the facility. The LNHA stated that the facility was utilizing five different staffing agencies and recently contracted with a sixth. In addition, shift bonuses were offered from \$75 to \$100 for CNAs. The LNHA stated that they were working with the union to hold CNA classes in the building and hired new staff with an orientation date of 9/7/21. The LNHA stated that the facility had increased</p>	S 560	<p>evaluation is required.</p> <p>13. Corrective action will be completed by 9/20/2021.</p>	

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S 560	Continued From page 3 salaries since the change in ownership. NJAC 8:39-5.1(a)	S 560			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 060720	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 11/12/2021
NAME OF FACILITY COMPLETE CARE AT CEDAR GROVE	STREET ADDRESS, CITY, STATE, ZIP CODE 536 RIDGE ROAD CEDAR GROVE, NJ 07009	

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	09/20/2021	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	
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 9/3/2021		<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			