

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

PRINTED: 12/02/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315204</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/17/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CANTERBURY AT CEDAR GROVE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>398 POMPTON AVENUE CEDAR GROVE, NJ 07009</b>
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(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
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F 000	INITIAL COMMENTS  Complaint #s: NJ00174733, NJ00176119, NJ00176368  Census: 152 Sample: 5  THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000		
F 725 SS=D	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2)  §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.71.  §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides.	F 725		10/9/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE <b>10/09/2024</b>
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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.

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NAME OF PROVIDER OR SUPPLIER  <b>CANTERBURY AT CEDAR GROVE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>398 POMPTON AVENUE CEDAR GROVE, NJ 07009</b>	
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F 725	<p>Continued From page 1</p> <p>§483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and review of pertinent facility documentation, it was determined that the facility failed to ensure sufficient and competent staff were available to provide timely and appropriate NJ Ex Order 26.4(b)(1) for Resident #5 who was NJ Ex Order 26.4(b)(1) for their Activities of Daily Living (ADLs) care. This was observed on 09/16/2024 during the surveyor's NJ Ex Order 26.4(b)(1) rounds on the NJ Ex Order 26.4(b)(1) floor nursing unit. The deficient practice had the potential to affect all residents and was evidenced by the following:</p> <p>According to the facility's Transfer/Discharge Report (TDR), resident information revealed Resident #5 had diagnoses of but not limited to NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1). Resident #5's TDR further entailed his/her list of medications which indicated should be administered via NJ Ex Order 26.4(b)(1)</p> <p>According to Resident #5 Minimum Data Set (MDS), an assessment tool that provides a comprehensive assessment of each resident's functional capabilities and helps the facility identify residents' health problems, dated NJ Ex Order 26.4(b)(1) revealed that Resident #5 Brief Interview for Mental Status (BIMS) NJ Ex Order 26.4(b)(1) is NJ Ex Order 26.4(b)(1). Resident #5's MDS further indicated in Section NJ Ex Order 26.4(b)(1)</p>	F 725	<p>1. Corrective Action:</p> <p>(a) Staffing Agency was engaged and contract signed on 10/08/24. Agency will provide additional staff to building whenever the need arises.</p> <p>(b) Resident #5 was immediately NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) on 9/16/24.</p> <p>(C) A review of all like residents in the facility showed no other resident in NJ Ex Order 26.4(b)(1)</p> <p>(b) Staffing was reviewed by the Director of Nursing and Administrator; no other residents were affected negatively by the deficient practice.</p> <p>2. Residents with potentials to be affected by alleged deficient practice.</p> <p>(a) All residents can potentially be affected by alleged deficient practice.</p> <p>3. Systemic change/s to ensure alleged deficient practice doe not recur.</p> <p>(a) All nursing staff were educated by DON and designee on frequency of inspection of incontinent residents as follows "incontinent residents to be checked every 2 hours for soiled diapers - feaces or urine"</p> <p>(b) Incontinent care plan of all incontinent residents were reviewed and updated by DON/designee</p> <p>(c) The Director of Human Resources (HR) initiated an expedited on-boarding</p>	

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NAME OF PROVIDER OR SUPPLIER  <b>CANTERBURY AT CEDAR GROVE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>398 POMPTON AVENUE CEDAR GROVE, NJ 07009</b>	
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F 725	<p>Continued From page 2</p> <p>Abilities and Goals that Resident is <sup>NJ Ex Order 26.4b1</sup> staff for the completion of his/her ADLs.</p> <p>On 09/16/2024 at 12:17 pm [afternoon], the surveyor toured the <sup>NJ Ex Order</sup> floor nursing unit in the presence of the <b>U.S. FOIA (b) (6)</b> Licensed Practical Nurse (LPN #1). The <sup>U.S. FC</sup> stated her Unit has two wings and the census was 55. The <sup>U.S. FC</sup> further stated there were two nurses and three Certified Nursing Assistants (CNA)s assigned to the residents. The surveyor with the <sup>U.S. FC</sup> observed Resident #5 in bed. <sup>U.S. FC</sup> stated Resident #5 was <sup>NJ Ex Order 26.4(b)(1)</sup> and had <sup>NJ Ex Order 26.4(b)(1)</sup>. The <sup>U.S. FC</sup> further stated Resident #5 was <sup>NJ Ex Order 26.4b1</sup> staff for his/her ADLs.</p> <p>On 09/16/2024 at 12:43 pm, CNA #1 was observed going in to the Resident's room. The surveyor then asked CNA #1 if she was assigned to Resident #5 to which the CNA affirmed she was. At that point, the surveyor requested to observe CNA #1. CNA #1 proceeded after donning on <sup>NJ Ex Order 26.4</sup> and putting on a mask and a pair of gloves, lowered the head of bed of the Resident and opened <sup>NJ Ex Order 26.4f</sup> of Resident's <sup>NJ Ex Order 26.4</sup> while Resident was <sup>NJ Ex Order 26.4(b)(1)</sup>. Surveyor then asked CNA #1 <sup>NJ Ex Order 26.4</sup> the Resident <sup>NJ Ex Order 26.4(b)(1)</sup> and <sup>NJ Ex Order 26.4(b)(1)</sup> the Resident's <sup>NJ Ex Order 26.4</sup>. In the presence of the <b>U.S. FOIA (b) (6)</b> and CNA #1, the surveyor observed the Resident's <sup>NJ Ex Order 26.4(b)(1)</sup> to be covered with <sup>NJ Ex Order 26.4(b)(1)</sup> and was <sup>NJ Ex Order 26.4(b)(1)</sup> in <sup>NJ Ex Order 26.4(b)(1)</sup>. When asked by the surveyor, CNA #1 stated "I have a lot of patients" and when asked how often she would <sup>NJ Ex Order 26.4</sup> residents assigned to her, CNA #1 stated "I would check on them frequently and <sup>NJ Ex Order 26.4</sup> at least once a shift". At this point, the <sup>U.S. FC</sup> stated, "CNAs would check and change</p>	F 725	<p>process for all new hires.</p> <p>(d) Interviews will be conducted on the spot with job offer (contingent of criminal background check).</p> <p>(e) Job openings are posted on all recruitment cites and facility bulletins.</p> <p>(f) Meeting with DON/designee will review staffing with staffing coordinator and collectively work to fill out any open shifts and callouts.</p> <p>(g) Bonuses are offered to staff as needed.</p> <p>(h) HR manager will contact and work with nursing and CNA schools within the area to recruit staff.</p> <p>(g) Building has partnered with Nursing school - <sup>NJ Ex Order 26.4b1</sup> - and provided building for clinical rotation to foster recruitment of graduates.</p> <p>(i) Director of Nursing will continue to contact more nursing schools to partner to be a training facility for nursing school and CNA and offer positions once students graduate.</p> <p>(j) facility is paying upfront for staff to go to nursing school.</p> <p>4. How to monitor corrective actions</p> <p>(a) The DON/Designee will monitor staffing ratios daily and document a review of staffing weekly for 2 months.</p> <p>(b)DON/designee will audit incontinence care plan of all incontinent residents once weekly for 4 weeks, bi-weekly for 1 month and once monthly for 2 months</p> <p>5. Audits will be presented to the Administrator weekly.</p> <p>Audits will be discussed at the monthly</p>	

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NAME OF PROVIDER OR SUPPLIER  <b>CANTERBURY AT CEDAR GROVE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>398 POMPTON AVENUE CEDAR GROVE, NJ 07009</b>		
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F 725	<p>Continued From page 3 residents at least once a shift".</p> <p>A review of the 7-3 CNA Assignment Sheet for 09/16/2024 on [REDACTED] floor nursing unit, revealed that for the resident census of 55, there were three CNAs assigned. One CNA for Assignment 1 had nineteen residents to care of, CNA with Assignment 2 had nineteen residents to care of, and CNA with Assignment 3 had seventeen residents for care.</p> <p>On 09/16/2024 at 12:53 pm, the surveyor interviewed CNA #2 (who had Assignment 2) stated she had nineteen residents to care of today. She further stated, "it is always under staff everyday".</p> <p>On 09/16/2024 at 4:28 pm, surveyor interviewed [REDACTED] U.S. FOIA (b) (6) and the [REDACTED] U.S. FOIA (b) (6). The [REDACTED] U.S. FOIA and [REDACTED] U.S. FOIA were made aware of the [REDACTED] NJ Ex Order 26.4b1 observation in [REDACTED] floor nursing unit and the staffing ratio. The [REDACTED] U.S. FOIA stated she was fully aware of the staffing deficits and the facility was working on the staffing problems were in progress. The [REDACTED] U.S. FOIA acknowledged of the lack of [REDACTED] NJ Ex Order 26.4(b)(1) and was working on it as well.</p> <p>Review of the facility's policy on INCONTINENCE CARE revised on 09/2024, "Policy: Based on the resident's comprehensive assessment, all residents who are incontinent will receive appropriate treatment and services; Policy Explanation and Compliance Guidelines: ... (4) Residents that are incontinent of bladder or bowel will receive appropriate treatment to prevent infections and to restore continence to the extent possible."</p>	F 725	<p>QAPI meetings to determine if continued auditing is needed.</p> <p>Once compliance is achieved for 2 consecutive months, the plan will be amended as needed.</p>		

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F 725	Continued From page 4  NJ 8:39-25.2 (a)	F 725			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>060729</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/17/2024</b>
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S 000	<p>Initial Comments</p> <p>Complaint #: NJ00174733, NJ00176119, NJ00176368</p> <p>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.</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: Based on facility document review on 09/17/2024, 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 14 of 14 day shifts, deficient in total staff for residents on 4 of 14 evening shifts, and deficient in total staff for residents on 4 of 14 overnight shifts.</p> <p>This deficient practice was evidenced by the following:</p> <p>Reference: New Jersey Department of Health</p>	S 560	<p>1. Corrective Action: (a) Staffing Agency was engaged and contract signed on 10/08/24. Agency will provide additional staff to building whenever the need arises. (b) Staffing was reviewed by the Director of Nursing and Administrator; no residents were affected negatively by the deficient practice.</p> <p>2. Residents with potentials to be affected by alleged deficient practice. (a) All residents can potentially be affected</p>	10/9/24

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

TITLE

(X6) DATE

Electronically Signed

10/09/24

New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>(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 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 09/01/24 to 09/07/24 and 09/08/24 to 09/14/24.</p> <p>The facility was deficient in CNA staffing for residents on 14 of 14 day shifts, deficient in total staff for residents on 4 of 14 evening shifts, and deficient in total staff for residents on 4 of 14 overnight shifts as follows:</p> <p>-09/01/24 had 7 CNAs for 152 residents on the day shift, required at least 19 CNAs. -09/01/24 had 10 total staff for 152 residents on the evening shift, required at least 15 total staff. -09/01/24 had 9 total staff for 152 residents on the overnight shift, required at least 11 total staff.</p>	S 560	<p>by alleged deficient practice.</p> <p>3. Systemic change/s to ensure alleged deficient practice doe not recur.</p> <p>(a) The Director of Human Resources (HR) initiated an expedited on-boarding process for all new hires.</p> <p>(b) Interviews will be conducted on the spot with job offer (contingent of criminal background check).</p> <p>(c) Job openings are posted on all recruitment cites and facility bulletins.</p> <p>(d) Meeting with DON/designee will review staffing with staffing coordinator and collectively work to fill out any open shifts and callouts.</p> <p>(e) Bonuses are offered to staff as needed.</p> <p>(f) HR manager will contact and work with nursing and CNA schools within the area to recruit staff.</p> <p>(g) Building has partnered with Nursing school - <b>NJ Ex Order 26.4b1</b> - and provided building for clinical rotation to foster recruitment of graduates.</p> <p>(h) Director of Nursing will continue to contact more nursing schools to partner to be a training facility for nursing school and CNA and offer positions once students graduate.</p> <p>(i) facility is paying upfront for staff to go to nursing school.</p> <p>4. How to monitor corrective actions</p> <p>(a) The DON/Designee will monitor staffing ratios daily and document a review of staffing weekly for 2 months.</p> <p>5. Audits will be presented to the Administrator weekly.</p>	
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New Jersey Department of Health

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S 560	<p>Continued From page 2</p> <p>-09/02/24 had 8 CNAs for 151 residents on the day shift, required at least 19 CNAs.</p> <p>-09/02/24 had 9 total staff for 151 residents on the overnight shift, required at least 11 total staff.</p> <p>-09/03/24 had 10 CNAs for 151 residents on the day shift, required at least 19 CNAs.</p> <p>-09/03/24 had 14 total staff for 151 residents on the evening shift, required at least 15 total staff.</p> <p>-09/04/24 had 11 CNAs for 149 residents on the day shift, required at least 19 CNAs.</p> <p>-09/04/24 had 13 total staff for 149 residents on the overnight shift, required at least 15 total staff.</p> <p>-09/05/24 had 11 CNAs for 149 residents on the day shift, required at least 19 CNAs.</p> <p>-09/05/24 had 14 total staff for 149 residents on the evening shift, required at least 15 total staff.</p> <p>-09/06/24 had 13 CNAs for 149 residents on the day shift, required at least 19 CNAs.</p> <p>09/07/24 had 8 CNAs for 149 residents on the day shift, required at least 19 CNAs.</p> <p>-09/08/24 had 9 CNAs for 149 residents on the day shift, required at least 19 CNAs.</p> <p>-09/08/24 had 13 total staff for 149 residents on the evening shift, required at least 15 total staff.</p> <p>-09/08/24 had 10 total staff for 149 residents on the overnight shift, required at least 11 total staff.</p> <p>-09/09/24 had 10 CNAs for 149 residents on the day shift, required at least 19 CNAs.</p> <p>-09/10/24 had 11 CNAs for 151 residents on the day shift, required at least 19 CNAs.</p> <p>-09/11/24 had 11 CNAs for 150 residents on the day shift, required at least 19 CNAs.</p> <p>-09/12/24 had 9 CNAs for 150 residents on the day shift, required at least 19 CNAs.</p> <p>-09/13/24 had 9 CNAs for 150 residents on the day shift, required at least 19 CNAs.</p> <p>-09/14/24 had 10 CNAs for 150 residents on the day shift, required at least 19 CNAs.</p>	S 560	<p>Audits will be discussed at the monthly QAPI meetings to determine if continued auditing is needed.</p> <p>Once compliance is achieved for 2 consecutive months, the plan will be amended as needed.</p>	

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315204	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 10/16/2024	Y3
NAME OF FACILITY CANTERBURY AT CEDAR GROVE			STREET ADDRESS, CITY, STATE, ZIP CODE 398 POMPTON AVENUE CEDAR GROVE, NJ 07009		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, 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 CMS-2567 (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 F0725	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.35(a)(1)(2)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	10/09/2024	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 9/17/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		

**STATE FORM: REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 060729	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/16/2024
NAME OF FACILITY CANTERBURY AT CEDAR GROVE		STREET ADDRESS, CITY, STATE, ZIP CODE 398 POMPTON AVENUE 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	10/09/2024	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 9/17/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <span style="float:right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		