STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315393	A. BUILDING _____ B. WING _____	C 12/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW COMMUNITY EXTENDED CARE FACILITY	**266 S ORANGE AVE NEWARK, NJ 07103**

(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	INITIAL COMMENTS Complaint #: NJ#169394 Census: 86 Sample Size: 3 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.	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 12/21/2023

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	060731	A. BUILDING: _____ B. WING _____	C 12/05/2023

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NEW COMMUNITY EXTENDED CARE FACILITY	266 S ORANGE AVE NEWARK, NJ 07103

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S 000	Initial Comments Complaint#: NJ#169394 CENSUS: 86 SAMPLE SIZE: 3 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 deficieny 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: NJ#169394 Based on interview and review of pertinent facility documentation on 12/5/23, it was determined that the facility failed to maintain the required minimum direct care staff to resident ratios as mandated by the State of New Jersey. This was evident for 6 out of 14 day shifts reviewed. Findings include:	S 560	PART A S560 1. RESIDENT AFFECTED BY THE DEFICIENT PRACTICE. No resident was affected by this deficient practice. Cause of problem identification A review of New Community Extended Care staffing ratio conducted by the Administrator, Director of Human Resources and Director of Nursing	12/20/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 12/21/23

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S 560	Continued From page 1 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: One Certified Nurse Aide (CNA) to every eight residents for the day shift. 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 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. The surveyor requested staffing for the weeks of 11/19/23 to 11/25/23 and 11/26/23 to 12/02/23. As per the "Nurse Staffing Report," completed by the facility for the weeks of 11/19/23 to 12/02/23, the facility was deficient in CNA staffing for residents on 6 of 14 day shifts as follows: -11/19/23 had 8 CNAs for 86 residents on the day shift, required at least 11 CNAs. -11/24/23 had 9 CNAs for 88 residents on the day shift, required at least 11 CNAs.	S 560	concurred with the findings that we did not meet the required State of New Jersey Certified Nursing Assistant staffing ratio on a consistent basis. It also confirmed that more need to be done to improve our current recruitment standard. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? Action taken: Though no residents were affected by this deficient practice it has potential to affect all residents. The Administrator, Director of Nursing, Director of Human Resources, Chief Financial Officer and Chief Executive Office held a meeting to review and revise the facility position control, as well as consolidate units from three to two for better efficiency of staffing while intensifying effort to improve recruitment. Completion: 12/20/2023 2. IDENTIFYING OTHER RESIDENTS WHO COULD BE AFFECTED BY THE DEFICIENT PRACTICE: We will continue to utilize Quality Assurance Daily Morning Meeting attendance log/Nursing Home Resident Care Staffing Report tools by New Community Extended Care Dept Heads to monitor and track as well as review the plan for Department Daily Staffing needs will continue. This report will continue to be presented to Administrator, Human Resources and Executive branch of New Community.	

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S 560	Continued From page 2 -11/25/23 had 7 CNAs for 88 residents on the day shift, required at least 11 CNAs. -11/26/23 had 7 CNAs for 88 residents on the day shift, required at least 11 CNAs. -12/01/23 had 10 CNAs for 88 residents on the day shift, required at least 11 CNAs. -11/02/23 had 9 CNAs for 88 residents on the day shift, required at least 11 CNAs.	S 560	Completed: 12/20/2023 3. MEASURES OF SYSTEMIC CHANGES TO ENSURE THAT THE DEFICIENCIES WILL NOT OCCUR: 1. The facility policy on staffing was revised by the Administrator, Director of Human Resources, Chief Financial Officer, and Chief Executive Officer to expand current recruitment methods to include area training schools, Indeed both sponsored /Non sponsored, LinkedIn, Nurserecruiter.com, Zip recruiter, Glassdoor, Peerless.com, Residents and family newsletter, Health care consultant Company(New Era group), NCC Clarion as well as local poster posting around surrounding areas, and word of mouth to staff and other communities members. 2. Administrator, Director of Human Resources in collaboration with upper management and Board of Directors of New Community Corporation raised CNA's salary from $18.00 and $19.00 to $18.54 and $19.79 including 401K with 3% match. 3. Director of Nursing will continue to review and submit staffing monthly to Administrator for Executive Branch review and this report will also be presented during quarterly QAPI meeting times 1 year. Completed: 12/20/2023 and ongoing. 4. MONITORING THE CONTINUED EFFECTIVENESS OF THE SYSTEMIC CHANGE: The Administrator and the Director of Nursing will continue to use the Quality	

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S 560	Continued From page 3	S 560	Assurance Daily Morning Meeting attendance log and the Nursing Home Resident Care Staffing Report tools already in place and will present report to the Upper management and NCC Board monthly including QAPI team quarterly to ensure continuous improvement. Completed: Ongoing	

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
060731 Y1	A. Building B. Wing Y2	12/18/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW COMMUNITY EXTENDED CARE FACILITY	266 S ORANGE AVE NEWARK, NJ 07103

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	12/28/2023	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	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
12/5/2023	☐ YES ☐ NO