| 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 _____ | 07/06/2022 |

| 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<br><br>Survey date: 7/6/2022<br><br>Census: 107<br><br>Sample: 6<br><br>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 as it relates to the implementation of the CMS and Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19. | F 000 | | |

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

Electronically Signed | 08/04/2022

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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| | 060731 | A. BUILDING: _____ B. WING _____ | 07/06/2022 |

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

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| S 000 | Initial Comments<br><br>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<br><br>(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.<br><br>This REQUIREMENT is not met as evidenced by:<br>Part A:<br>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:<br><br>Findings include:<br><br>Reference: NJ State requirement, CHAPTER 112. An Act concerning staffing requirements for | S 560 | PART A<br>S560 1. RESIDENT AFFECTED BY THE DEFICIENT PRACTICE.<br>No resident was affected by this deficient practice.<br>Cause of problem identification<br><br>The Director of Nursing, Administrator, and Human Resource Director reviewed New community extended care staffing ratio and confirmed it did not meet the State of New Jersey required daily staffing ratio on consistent basis. It was also | 7/8/22 |

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

Electronically Signed | 08/04/22

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

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| S 560 | Continued From page 1<br>nursing homes and supplementing Title 30 of the Revised Statutes.<br>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.<br>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:<br>(1) one certified nurse aide to every eight residents for the day shift;<br>(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<br>(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<br>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.<br>c. (1) The computation of minimum direct care staffing ratios shall be carried to the hundredth place.<br>(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 | S 560 | identified that our current plan of recruitment efforts required some adjustments.<br><br>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?<br><br>Action taken:<br><br>The Administrator immediately arranged a meeting which included the Director of Nursing, Director of Human Resources, Chief Operating Officer and Chief Executive Officer and a review and revision of facility position control and recruitment methods were discussed.<br>Completion: 7/8/2022<br><br>2. IDENTIFYING OTHER RESIDENTS WHO COULD BE AFFECTED BY THE DEFICIENT PRACTICE:<br><br>New Community Extended Care Director of Nursing utilized the Quality Assurance Daily Morning Meeting attendance log/Nursing Home Resident Care Staffing Report tools to monitor, track as well as review the plan for the department's Daily Staffing needs. This report was presented to Administrator, Human Resources and Executive branch of New Community Corporation.<br>Completed: 7/8/2022<br><br>3. MEASURES OF SYSTEMIC CHANGES TO ENSURE THAT THE DEFICIENCIES WILL NOT OCCUR: | |

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

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| S 560 | Continued From page 2<br>rounded to the next higher whole number when the resulting ratio, carried to the hundredth place, is fifty-one hundredths or higher.<br>(3) All computations shall be based on the midnight census for the day in which the shift begins.<br>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 ...<br>A review of "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report" that was completed by the facility for the weeks of 6/19/22 and 7/2/22 revealed the following:<br><br>The facility was not in compliance with the State of New Jersey minimum CNA staffing requirements for 15 of 42 shifts reviewed as follows:<br><br>-06/19/22 had 6 CNA's for 107 residents on the day shift, required 13 CNA's.<br>-06/20/22 had 8 CNA's for 107 residents on the day shift, required 13 CNA's.<br>-06/20/22 had 10 total staff for 110 residents on the evening shift, required 11 total staff.<br>-06/22/22 had 12 CNA's for 107 residents on the day shift, required 13 CNA's.<br>-06/22/22 had 10 total staff for 107 residents on the evening shift, required 11 total staff.<br>-06/23/22 had 12 CNA's for 107 residents on the day shift, required 13 CNA's.<br>-06/24/22 had 11 CNA's for 107 residents on the day shift, required 13 CNA's.<br>-06/25/22 had 10 CNA's for 110 residents on the | S 560 | 1. Based on the staffing review communicated to administrator and upper management staff by the Director of nursing, the facility policy on staffing was revised by the Administrator, Director of Human Resources, Chief Operation Officer and Chief Executive Officer to expand current recruitment efforts and methods.<br><br>2. Administrator, Director of Human Resources in collaboration with Executive Management and Board of Directors of New Community Corporation agreed to raised CNA□s salary from $17.00/hr. to $18.00/hr. In addition, they are considering adding a sign on bonus of $1000.00.<br>Completion: 7/8/22<br><br>3. Director of Nursing will continue to review and submit nursing staffing monthly to Administrator and Executive Branch for their review and this report will also be presented during quarterly Quality Assurance Performance Improvement (QAPI) meeting times 1 year.<br>Ongoing.<br><br>4. MONITORING THE CONTINUED EFFECTIVENESS OF THE SYSTEMIC CHANGE:<br>The Administrator will continue to review the daily staffing report presented by Director of nursing during daily morning care team meeting and will communicate any CNA shortages to the Executive Management and New Community Corporation Board of directors monthly as well as the QAPI team quarterly for their review to ensure continuous improvement. | |

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| S 560 | Continued From page 3<br>day shift, required 14 CNA's.<br>-06/26/22 had 7 CNA's for 109 residents on the day shift, required 14 CNA's.<br>-06/27/22 had 8 CNA's for 109 residents on the day shift, required 14 CNA's.<br>-06/28/22 had 13 CNA's for 109 residents on the day shift, required 14 CNA's.<br>-06/29/22 had 9 CNA's for 108 residents on the day shift, required 13 CNA's.<br>-06/30/22 had 9 CNA's for 108 residents on the day shift, required 13 CNA's.<br>-07/01/22 had 7 CNA's for 107 residents on the day shift, required 13 CNA's.<br>-07/02/22 had 8 CNA's for 107 residents on the day shift, required 13 CNA's.<br><br>Part B:<br><br>Based on interview and review of pertinent facility documentation, it was determined that the facility failed to ensure that the Infection Preventionist who was assigned to oversee their infection control program had no other responsibilities as mandated by the State of New Jersey. This deficient practice was identified, and the findings were as followed:<br><br>Reference: New Jersey Executive Directive 20-026 "Directive for the Resumption of Services in all Long-Term Care Facilities" dated 1/6/21, directs the following: "iv: Facilities with no Ventilator Beds<br><br>a. Facilities with 100 beds or more beds or on-site hemodialysis services must:<br><br>1.) Hire a full-time employee in the infection prevention role, with no other responsibilities and must attest to hiring no later than August 10, | S 560 | Ongoing<br><br>Part B<br>S560 1. RESIDENT AFFECTED BY THE DEFICIENT PRACTICE.<br>No resident was affected by this deficient practice.<br>Cause of problem identification<br><br>The Director of Nursing, Administrator, and Human Resource Director reviewed New Community Extended Care staffing and confirmed it did not meet the State of New Jersey required criteria for a full time Infection Preventionist on a consistent basis. It was also identified that our current recruitment efforts required some adjustments.<br><br>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?<br><br>Action taken:<br><br>The Administrator called a meeting which involved Director of Nursing, Director of Human Resources, Chief Operating Officer and Chief Executive Officer and a review and revision of facility position control and recruitment methods took place.<br>Completion: 7/8/2022<br><br>2. IDENTIFYING OTHER RESIDENTS WHO COULD BE AFFECTED BY THE DEFICIENT PRACTICE:<br>New Community Extended Care Director | |

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| S 560 | Continued From page 4<br>2021." (*extended to February 1, 2022)<br><br>During entrance conference on 7/6/22 at 10:00 AM, the surveyor asked the facility's US FOIA (b)(6) ) in the presence of the US FOIA (b)(6) , who was responsible for the facility's infection control and prevention program? The US FOIA (b)(6) responded that the facility had a part time US FOIA (b)(6) who comes in the facility at least 3-4 times a week. The US FOIA (b)(6) further stated that she is also covering and performing the role as US FOI<br><br>On 7/6/22 at 3:45 PM, the US FOIA (b)(6) in the presence of the US FOIA (b)(6) and another surveyor, acknowledged that the facility needed to hire a full-time infection preventionist as stated in the State regulations.<br><br>NJAC 8:39-5.1(a) | S 560 | of Nursing and Administrator utilized the Quality Assurance Daily Morning Meeting attendance log/Nursing Home Resident Care Staffing Report tools to monitor and track as well as review the plan for Nursing Department Daily Staffing needs and identified the hours of the part time contracted infection preventionist did not meet the required infection prevention hours. This action has the potential to affect infection control practice and could possibly affect all residents.<br><br>This report was presented to Human Resources and Executive branch of New Community for their review.<br>Completed: 7/8/2022<br><br>3. MEASURES OF SYSTEMIC CHANGES TO ENSURE THAT THE DEFICIENCIES WILL NOT OCCUR:<br>1. The facility policy on staffing was revised by the Administrator, Director of Human Resources, Chief Operation Officer and Chief Executive Officer to expand current recruitment efforts and methods.<br><br>2. Administrator, Director of Human Resources in collaboration with upper management and Board of Directors of New Community Corporation with New Community Corporation Board approval agreed to raise the salary of Registered Nurses from $40.00 per hour to $50.00 per hour to help with recruitment.<br>Completed: 7/8/22<br><br>4. MONITORING THE CONTINUED EFFECTIVENESS OF THE SYSTEMIC | |

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| S 560 | Continued From page 5 | S 560 | CHANGE:<br>The Administrator and Director of Nursing will continue to monitor the job postings and advertisements daily until Infection Prevention Nurse position is filled with the candidate who meet the criteria. The report will be presented to New Community Corporation Board of Directors monthly and Quality Assurance Team quarterly to ensure sustained improvement.<br>Ongoing<br><br>The Administrator and Director of Human Resources will continue to review and compare incentives that will attract Infection Control Nurses to apply to the position, this finding will be presented to New Community Board of Directors monthly for their review and quarterly to QAPI team until position is filled and retention achieved.<br>Ongoing. | |

# STATE FORM: REVISIT REPORT

| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER | MULTIPLE CONSTRUCTION | DATE OF REVISIT |
|---|---|---|
| 060731 Y1 | A. Building<br>B. Wing Y2 | 8/24/2022 Y3 |

| NAME OF FACILITY | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| NEW COMMUNITY EXTENDED CARE FACILITY | 266 S ORANGE AVE<br>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 | 07/08/2022 | 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 |
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| LSC | | LSC | | LSC | |
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| 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? |
|---|---|
| 7/6/2022 | ☐ YES ☐ NO |