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 12/21/2022

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 Survey date: 12/21/22 Census: 104 Sample: 5 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.	F 000		

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

Electronically Signed | 01/13/2023

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.

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 12/21/2022

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

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S 000	Initial Comments Survey date:12/21/22 Census:104 A COVID-19 Focused Infection Control Survey was conducted by the New Jersey epartment of Health. The facility was found not to be in compliance with the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities, infection control regulations and has implemented Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.	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 that the facility failed to a) maintain the required minimum direct care staff-to-shift ratios as mandated by the state of New Jersey for 14 of 14 day shifts reviewed and b) to ensure that the Consultant Infection Preventionist who was assigned to oversee their infection control program worked full-time as mandated by the State of New Jersey. This deficient practice was identified, and the findings were as followed: Reference: New Jersey Department of Health (NJDOH) memo, dated 1/28/21, "Compliance	S 560	PART A S560 1. RESIDENT AFFECTED BY THE DEFICIENT PRACTICE. No resident was affected by this deficient practice. Cause of problem identification The Director of Nursing, Administrator, Human Resource Director, and Chief Operating Officer 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 identified that our current plan of recruitment requires	1/12/23

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

Electronically Signed | 01/13/23

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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 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 2/01/21: 1. 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 12/04/22 to 12/10/22 and 12/11/22 to 12/17/22. The facility was not in compliance with the State of New Jersey minimum CNA staffing requirements for 14 of 14 day shifts reviewed as follows: -12/04/22 had 7 CNAs for 104 residents on the day shift, required 13 CNAs. -12/05/22 had 11 CNAs for 103 residents on the day shift, required 13 CNAs. -12/06/22 had 9 CNAs for 103 residents on the day shift, required 13 CNAs. -12/07/22 had 10 CNAs for 103 residents on the day shift, required 13 CNAs.	S 560	more effort in order to meet current standard. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? Action taken: A meeting was held by the Administrator including The Director of Nursing, Director of Human Resources, Chief Operating Officer and one New Community Board member and a review and revision of facility position control as well as a new recruitment method took place. Completion: 1/12/2023 2. IDENTIFYING OTHER RESIDENTS WHO COULD BE AFFECTED BY THE DEFICIENT PRACTICE: Utilization of the 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. Completed: 1/12/2023 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 Operation	

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S 560	Continued From page 2 -12/08/22 had 9 CNAs for 103 residents on the day shift, required 13 CNAs. -12/09/22 had 12 CNAs for 103 residents on the day shift, required 13 CNAs. -12/10/22 had 9 CNAs for 013 residents on the day shift, required 13 CNAs. -12/11/22 had 8 CNAs for 103 residents on the day shift, required 13 CNAs. -12/12/22 had 9 CNAs for 103 residents on the day shift, required 13 CNAs. -12/13/22 had 8 CNAs for 103 residents on the day shift, required 13 CNAs. -12/14/22 had 8 CNAs for 013 residents on the day shift, required 13 CNAs. -12/15/22 had 7 CNAs for 105 residents on the day shift, required 13 CNAs. -12/16/22 had 9 CNAs for 104 residents on the day shift, required 13 CNAs. -12/17/22 had 9 CNAs for 104 residents on the day shift, required 13 CNAs. During an interview on 12/20/22 at 12:28 PM, the Administrator and the Director of Nursing (DON) stated that the staffing coordinator was on vacation and that they were both aware of the CNA staffing ratios. The DON stated, 'they try to meet the ratios as best we can". 2. 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: a. Facilities with 100 beds...: 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, 2021." (*extended to February 1, 2022)	S 560	Officer and Chief Executive Officer to expand current recruitment methods to include Indeed both sponsored /Non sponsored, Zip recruiter, Glassdoor, Peerless.com, Residents and family newsletter, Staffing need email Request to Local Department of Health, 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 to $[NJ Ex Order] and $[NJ Ex Order], also included $[NJ Ex Order] incentives for extra shift weekend coverage, and a sign on bonus of $[NJ Ex Order 26.4]. 3. All Department Heads will continue to review and submit their staffing monthly to Administrator for Executive Branch review and this report will also be presented during quarterly QAPI meeting times 1 year. Completed: 1/12/2023 and ongoing. 4. MONITORING THE CONTINUED EFFECTIVENESS OF THE SYSTEMIC CHANGE: The Administrator and the Director of Nursing will continue to use the Quality 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.	

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S 560	Continued From page 3 During entrance conference on 12/20/22 at 10:25 AM, the surveyor asked the Administrator in the presence of the DON, who was responsible for the facility's infection control and prevention program? The Administrator responded that the facility had a part time Consultant Infection Preventionist (CIP) who comes in the facility at least 3-4 times a week in the evening. The Administrator further stated that she was certified in Infection Control. Review of the facility's "Time Detail Report" for the CIP revealed that the CIP had worked 7 hours for the week ending 11/5/22, 15 hours for the week ending 11/12/22, 14.5 hours for the week ending 11/19/22, 4 hours for the week ending 11/26/22, 11.75 hours for the week ending 12/3/22, and 13.25 hours for the week ending 12/10/22. On 12/21/22 at 12:46 PM in the presence of the survey team and the DON, the Administrator acknowledged that the facility was actively trying to hire a full-time Infection Preventionist as stated in the State regulations.	S 560	Completed: Ongoing Part B S560 1. RESIDENT AFFECTED BY THE DEFICIENT PRACTICE. No resident was affected by this deficient practice. Cause of problem identification 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 full time Infection Preventionist on a consistent basis. It was also identified that our current plan of recruitment needed extra effort as it did not meet current standard. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? Action taken: A meeting was held by the Administrator including The Director of Nursing, Director of Human Resources, Chief Operating Officer and one New Community Board member and a review and revision of facility position control as well as a new recruitment method took place. Completion: 01/12/2023 2. IDENTIFYING OTHER RESIDENTS WHO COULD BE AFFECTED BY THE DEFICIENT PRACTICE: Utilization of the Quality Assurance Daily Morning Meeting attendance log/Nursing Home Resident Care Staffing Report tools	

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S 560	Continued From page 4	S 560	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. Completed: 1/12/2023 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 Operation Officer and Chief Executive Officer to expand current recruitment methods to include Indeed both sponsored /Non sponsored, Zip recruiter, Glassdoor, Peerless.com, Residents and family newsletter, Staffing need email Request to Local Department of Health, 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 with New Community Corporation Board approval agreed to raise the salary of Infection preventionist from $60.9K to 77.1K to help with recruitment. 3. Director of Nursing will continue to review and submit her staffing monthly to Administrator for Executive Branch review	

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S 560	Continued From page 5	S 560	and this report will also be presented during quarterly QAPI meeting times 1 year. Completed: 01/12/2023 and ongoing. 4. MONITORING THE CONTINUED EFFECTIVENESS OF THE SYSTEMIC CHANGE: The Administrator and the Director of Nursing will continue to use the Quality 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	1/24/2023 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	01/12/2023	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	
12/21/2022	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO