

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

PRINTED: 07/17/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315359	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/28/2024
NAME OF PROVIDER OR SUPPLIER ALLIANCE CARE REHABILITATION AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 155 40TH STREET IRVINGTON, NJ 07111		
(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 #: NJ00173949 Census: 157 Sample Size: 3 THE FACILITY IS 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			

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

TITLE

(X6) DATE

Electronically Signed

06/07/2024

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: 060736	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/28/2024
NAME OF PROVIDER OR SUPPLIER ALLIANCE CARE REHABILITATION AND NURSING CE		STREET ADDRESS, CITY, STATE, ZIP CODE 155 40TH STREET IRVINGTON, NJ 07111		
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S 000	Initial Comments Complaint #: NJ00173949 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 review of pertinent facility documentation, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratios as mandated by the state of New Jersey for 9 of 14 day shifts. The deficient practice was evidenced by the following: 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,	S 560	S560 I. Immediate Action: 1. The Administrator and Director of Nursing met with the Staffing Coordinator to determine current staffing vacancies in the nursing department to ensure accuracy of facility needs. 2. The facility has reviewed current salaries in comparison to other facilities in the immediate area to ensure salary competitiveness within the community.	6/14/24

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S 560	<p>Continued From page 1</p> <p>codified as 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. One direct care staff member to every ten residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties, and one direct care staff member to every fourteen 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 05/05/2024 to 05/11/2024, and 05/12/2024 to 05/18/2024. The facility was deficient in CNA staffing for residents on 9 of 14 day shifts as follows:</p> <p>-05/05/24 had 16 CNAs for 161 residents on the day shift, required at least 20 CNAs. -05/06/24 had 19 CNAs for 161 residents on the day shift, required at least 20 CNAs. -05/07/24 had 17 CNAs for 161 residents on the day shift, required at least 20 CNAs. -05/11/24 had 18 CNAs for 160 residents on the day shift, required at least 20 CNAs. -05/12/24 had 18 CNAs for 160 residents on the day shift, required at least 20 CNAs. -05/13/24 had 17 CNAs for 165 residents on the day shift, required at least 21 CNAs. -05/14/24 had 20 CNAs for 165 residents on the day shift, required at least 21 CNAs. -05/15/24 had 20 CNAs for 165 residents on the day shift, required at least 21 CNAs.</p>	S 560	<p>3. The facility works with a full-time recruiter whose sole responsibility is to recruit nurses and C.N.A.s.</p> <p>4. The facility maintains contact with the company recruiters on a weekly basis and provide updates on current staffing needs.</p> <p>5. Nursing Administration is available for interviews, hiring and training as needed to ensure all potential candidates are interviewed, evaluated and offered positions if appropriate.</p> <p>6. The facility continues to offer incentives including referral bonuses and other incentives.</p> <p>7. The facility advertises on various platforms such as social media, posted flyers in various community establishments, colleges and schools. We are currently looking to partner with C.N.A. schools, placed signs across facility property to enhance our recruitment efforts. We have encouraged word of mouth referrals to employees and the community.</p> <p>II. Identification of Others: The facility respectfully submits that all residents may be affected by this practice.</p> <p>III. Systemic Changes 1. The Administrator, Director of Nursing, Human Resource Director and the Staffing Coordinator have reviewed the facility staffing ratios to ensure the facility is meeting the par</p>	

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S 560	Continued From page 2 -05/18/24 had 17 CNAs for 163 residents on the day shift, required at least 20 CNAs.	S 560	<p>levels.</p> <p>2. The Staffing Coordinator was instructed to notify the Director of Nursing and/or the Administrator when staffing ratios are not being met so they can lend assistance in fulfilling those ratios.</p> <p>3. Human Resource Director will complete exit interviews for all nursing employees who have vacated their positions in an attempt to address any issues which could be affecting retention of employees.</p> <p>4. Orientation frequency will be increased to ensure that all potential candidates for employment will have opportunities to complete the orientation as soon after accepting a facility offer.</p> <p>IV. Quality Assurance</p> <p>1. A tracking log will be maintained of all communication with recruiters, referrals, applicants, interviews, newly hired, orientation completion and success of recruitment efforts and will be reviewed monthly by Director of Nursing, Administrator and Human Resource Director.</p> <p>2. All findings will be reviewed by the Quality Assurance Team at least quarterly and changes made as needed to improve facility ratios.</p> <p>V. Responsibility: Administrator, Director of Nursing, Staffing Coordinator and Human Resource</p>		

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S 560	Continued From page 3	S 560	Director.		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 060736	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 6/10/2024
NAME OF FACILITY ALLIANCE CARE REHABILITATION AND NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 155 40TH STREET IRVINGTON, NJ 07111	

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	06/10/2024	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	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 5/28/2024		<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			