

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060806	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/02/2021
NAME OF PROVIDER OR SUPPLIER JEFFERSON HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 535 EGG HARBOR ROAD SEWELL, NJ 08080		
(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) COMPLETE DATE
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: Complaint Intake #NJ138965</p> <p>Based on interviews and facility document review, the facility failed to ensure staffing ratios were met for 3 of 42 shifts reviewed. There was no increase in the resident census for a period of nine consecutive shifts. This deficient practice had the potential to affect all residents.</p> <p>Findings include:</p> <p>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:</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 CNA and shall perform nurse aide duties: and</p> <p>One direct care staff member to every 14</p>	S 560	<p>This Plan of Correction constitutes Jefferson Health Care Center's (the Center) written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by federal and state law.</p> <p>3 out of 42 shifts were found to be noncompliant with certified nursing assistants to resident ratios. On 5/26/21, 5/29/21, and 6/2/21, the center did not meet the 8 to 1 ratio for dayshift staffing. All residents have the potential to be affected by this deficient practice.</p> <p>Prior to this survey, the Center took significant actions to address staffing issues during the pandemic that included the following action steps: (1) consolidation of units; (2) use of agency staff; (3) imposition of a voluntary ban on new resident admissions, and (4) use of nurses on the floor to deliver care. The Center has been consistently recruiting for Certified Nurse Aides (CNAs) since the pandemic started in order to remain compliant with staffing to meet the needs of our residents and the ratios implemented in February 2021. A sign-on</p>	6/18/21

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

TITLE

(X6) DATE

Electronically Signed

06/18/21

New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>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>1. A review of posted facility staffing ratios from 05/19/2021 through 06/02/2021 revealed the following for the 3 shifts:</p> <p>On 05/26/2021, the staff to resident ratio was posted as 1 CNA to 9.5 residents on the day shift.</p> <p>On 05/29/2021, the staff to resident ratio was posted as 1 CNA to 9.2 residents on the day shift.</p> <p>On 06/02/2021, the staff to resident ratio was posted as 1 CNA to 8.7 residents on the day shift.</p> <p>During an interview on 06/02/2021 at 4:53 PM with the Administrator, she indicated the facility was doing the following to meet the staffing ratio: facility had increased staff pay rates, sign on bonus, planned to do an outside job fair this month, ask nurses to assist with resident care, approve overtime, provide bonus to pick up extra shift, ask staff to come in early and to stay over. The administrator indicated that it was very challenging.</p>	S 560	<p>bonus and increased pay rates have been offered as part of recruitment and retention of staff. Additionally, the Center has sought to retain CNA staff by approving all overtime requests for CNAs, providing financial bonuses for staff to pick up additional shifts, mandating that nurses assist with resident care, and requesting that staff come in early and stay late, when needed. The Center has maintained its voluntary cap on resident admissions to ensure that staffing ratios are met. Further recruitment activities include an outdoor job fair scheduled by the Center for June 30, 2021. recruitment.</p> <p>The Staffing Coordinator/Designee will complete a weekly projected outlook on census and staffing to ensure that resident to staff ratios are met. Audits of staffing ratios will be completed five times per week. The results of these audits will be brought through the QAPI committee, which meets at least quarterly and as needed, for review and revision as deemed necessary. Recruiting and retention of CNAs will continue as described above.</p>		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 060806	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 6/22/2021
NAME OF FACILITY JEFFERSON HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 535 EGG HARBOR ROAD SEWELL, NJ 08080	

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	06/18/2021	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
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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 6/2/2021		<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			