STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315246	A. BUILDING _____ B. WING _____	C 03/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROMEDICA SKILLED NURSING & REHAB (WEST DEPTFORD)	**550 JESSUP ROAD WEST DEPTFORD, NJ 08066**

(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#: NJ161692 Census: 131 Sample: 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 | 03/27/2023

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
	060807	A. BUILDING: _____ B. WING _____	C 03/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROMEDICA SKILLED NURSING & REHAB (WEST DE	550 JESSUP ROAD WEST DEPTFORD, NJ 08066

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S 000	Initial Comments Complaint#: NJ161692 Census: 131 Sample: 3 The facility is 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: COMPLAINT#: NJ161692 Based on facility document review on 3/13/2023, it was determined that the facility failed to ensure staffing ratios were met for 14 of 14 day shifts reviewed. This deficient practice had the potential to affect all residents. Findings include: Reference: New Jersey Department of Health	S 560	It is the intent of this of this facility to provide minimum direct care staff to resident ratios. A. No residents were affected by this practice. B. Current residents have the potential of being affected by this practice. C. NHA or designee will educate staffing coordinator to maintain minimum direct care staff to resident ratios.	4/3/23

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

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S 560	Continued From page 1 (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 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: 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 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 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. For the 2 weeks of staffing for 2/12/2023 through 2/25/2023, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows: 02/12/23 had 10 CNAs for 122 residents on the day shift, required 15 CNAs. 02/13/23 had 11 CNAs for 120 residents on the day shift, required 15 CNAs. 02/14/23 had 13 CNAs for 120 residents on the day shift, required 15 CNAs. 02/15/23 had 13 CNAs for 120 residents on the day shift, required 15 CNAs. 02/16/23 had 12 CNAs for 120 residents on the day shift, required 15 CNAs. 02/17/23 had 12 CNAs for 130 residents on the day shift, required 16 CNAs. 02/18/23 had 10 CNAs for 129 residents on the	S 560	D. NHA or designee will conduct random audits weekly x4, and monthly x2 of direct care staffing to ensure minimum ratio is met. Results will be provided to the Quality Assessment and Assurance Committee for review and action as appropriate.	

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S 560	Continued From page 2 day shift, required 16 CNAs. 02/19/23 had 11 CNAs for 129 residents on the day shift, required 16 CNAs. 02/20/23 had 12 CNAs for 129 residents on the day shift, required 16 CNAs. 02/21/23 had 13 CNAs for 129 residents on the day shift, required 16 CNAs. 02/22/23 had 13 CNAs for 134 residents on the day shift. Required 17 CNAs. 02/23/23 had 13 CNAs for 133 residents on the day shift, required 17 CNAs. 02/24/23 had 14 CNAs for 133 residents on the day shift, required 17 CNAs. 02/25/23 had 13 CNAs for 132 residents on the day shift, required 16 CNAs.	S 560		