

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

PRINTED: 11/06/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315257	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/17/2023
NAME OF PROVIDER OR SUPPLIER CEDAR GROVE RESPIRATORY AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1420 SOUTH BLACK HORSE PIKE WILLIAMSTOWN, NJ 08094		
(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	<p>INITIAL COMMENTS</p> <p>COMPLAINT #: NJ159660, NJ160372, NJ160433</p> <p>CENSUS: 180</p> <p>SAMPLE SIZE: 4</p> <p>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.</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

02/20/2023

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.

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060808	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/17/2023
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NAME OF PROVIDER OR SUPPLIER CEDAR GROVE RESPIRATORY AND NURSING CENTE	STREET ADDRESS, CITY, STATE, ZIP CODE 1420 SOUTH BLACK HORSE PIKE WILLIAMSTOWN, NJ 08094
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S 000	Initial Comments 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: COMPLAINT #: NJ159660, NJ160372, NJ160433 Based on facility document review on 1/11/2023, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratio as mandated by the State of New Jersey for 14 of 14 day shifts and for 11 of 14 evening shifts. 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	S 560	1. The facility Human Resource Director has set up monthly calls with Indeed and Glassdoor support team to strategize on ways to increase nursing department applicant flow. All applicants are reviewed within 48 hours and setup for interviews. If hired, the new hire is put into our bi-weekly orientation. Employee Recognition programs are in place, employee of the month, monthly perfect attendance winner wins \$500 gift card. 2. All residents have the potential to be affected by a staffing shortage. No	2/20/23

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S 560	<p>Continued From page 1</p> <p>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. 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 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.</p> <p>The facility was deficient in CNA staffing for 14 of 14 day shifts and for 11 of 14 evening shifts as follows:</p> <p>DAY SHIFT</p> <p>10/02/2022 CNA Staff was 15 for 173 residents. Staffing should have been 22. 10/03/2022 CNA Staff was 18 for 173 residents. Staffing should have been 22. 10/04/2022 CNA Staff was 18 for 173 residents. Staffing should have been 22. 10/05/2022 CNA Staff was 17 for 173 residents. Staffing should have been 22. 10/06/2022 CNA Staff was 18 for 173 residents. Staffing should have been 22. 10/07/2022 CNA Staff was 17 for 171 residents. Staffing should have been 21. 10/08/2022 CNA Staff was 18 for 168 residents. Staffing should have been 21. 12/18/2022 CNA Staff was 17 for 180 residents.</p>	S 560	<p>residents were negatively affected.</p> <p>3. The HR Director has held open houses, implemented CNA and LPN schools hosted at our facility, referral bonuses are offered to current staff, and new competitive nursing rates are now in place. Vacant shift bonuses are offered to nursing staff. Weekend vacant shift bonus are offered as well. Our facility is part of applying for access to a state funded grant program to upskill front line employees through Camden County College.</p> <p>4. HR Director will conduct an audit weekly x 4, then monthly x2 on following the attendance policy and disciplines that are given to the employees. The HR director will conduct audits on a weekly basis to ensure that disciplinary follow-up for all attendance issues with employees are addressed and to ensure minimum staffing levels are maintained. All findings will be brought to monthly QAPI meetings to determine if further action is necessary X 3 months.</p>	
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S 560	<p>Continued From page 2</p> <p>Staffing should have been 22. 12/19/2022 CNA Staff was 18 for 177 residents. Staffing should have been 22. 12/20/2022 CNA Staff was 18 for 176 residents. Staffing should have been 22. 12/21/2022 CNA Staff was 18 for 174 residents. Staffing should have been 22. 12/22/2022 CNA Staff was 18 for 174 residents. Staffing should have been 22. 12/23/2022 CNA Staff was 18 for 174 residents. Staffing should have been 22. 12/24/2022 CNA Staff was 15 for 171 residents. Staffing should have been 21.</p> <p>EVENING SHIFT</p> <p>10/02/2022 CNA Staff was 15 for 173 residents. Staffing should have been 17. 10/03/2022 CNA Staff was 16 for 173 residents. Staffing should have been 17. 10/07/2022 CNA Staff was 16 for 171 residents. Staffing should have been 17. 10/08/2022 CNA Staff was 15 for 168 residents. Staffing should have been 17. 12/18/2022 CNA Staff was 15 for 180 residents. Staffing should have been 18. 12/19/2022 CNA Staff was 16 for 177 residents. Staffing should have been 18. 12/20/2022 CNA Staff was 17 for 176 residents. Staffing should have been 18. 12/21/2022 CNA Staff was 16 for 174 residents. Staffing should have been 17. 12/22/2022 CNA Staff was 16 for 174 residents. Staffing should have been 17. 12/23/2022 CNA Staff was 16 for 174 residents. Staffing should have been 17. 12/24/2022 CNA Staff was 14 for 171 residents. Staffing should have been 17.</p>	S 560		