New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	060808		C 07/01/2022

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

(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 000	Initial Comments Complaint #: NJ155501, NJ155419, NJ155166, NJ154752, and NJ153324 Census: 174 Sample Size: 11 TYPE OF SURVEY: Complaint Survey The facility is not in substantial compliance with all the standards in the New Jersey Administrative Code 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 provisions of 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 Intake #NJ155419 Based on interviews, facility document review, and New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, it was determined that the facility failed to ensure staffing ratios were met for 18 of 28 shifts reviewed. The facility was deficient in certified nursing assistant (CNA) staffing for residents on 5 of 7 day shifts the week of 05/29/2022 - 06/04/2022, 4 of 7 day shifts for	S 560	1. The facility Human Resource Director has set up bi-weekly calls with Indeed 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. 2. All residents have the potential to be affected by a staffing shortage. No	8/1/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed

TITLE

(X6) DATE: 08/10/22

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S 560	Continued From page 1 the week of 06/05/2022 - 06/11/2022, 5 of 7 day shifts for the week of 06/12/2022 - 06/18/2022, and 5 of 7 days shifts for the week of 06/19/2022 - 06/25/2022. This deficient practice had the potential to affect all residents. Findings included: 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: One certified nurse aid 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 certified nurse aides, 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 certified nurse aide and perform certified nurse aide duties. 1. A review of the "Nurse Staffing Report," completed by the facility for the week of 05/29/2022 - 06/04/2022, revealed staff-to-resident ratios that did not meet the	S 560	residents were negatively affected. 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. HR Director is to transfer master schedule to excel file and utilize a retention % excel file to measure turnover%. Vacant shift bonuses are offered to nursing staff. Weekend vacant shift bonus are offered as well. 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.	

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S 560	Continued From page 2 minimum requirements. The facility was deficient in CNA staffing for resident on 5 of 7 day shifts as follows: -05/29/2022 had 16 CNAs for 169 residents on the day shift, required 21 CNAs. -05/30/2022 had 19 CNAs for 169 residents on the day shift, required 21 CNAs. -06/02/2022 had 19 CNAs for 167 residents on the day shift, required 21 CNAs. -06/03/2022 had 19 CNAs for 166 residents on the day shift, required 21 CNAs. -06/04/2022 had 17 CNAs for 166 residents on the day shift, required 21 CNAs. 2. A review of the "Nurse Staffing Report," completed by the facility for the week of 06/05/2022 - 06/11/2022 revealed staff-to-resident ratios that did not meet the minimum requirements. The facility was deficient in CNA staffing for residents on 4 of 7 day shifts as follows: -06/05/2022 had 17 CNAs for 166 residents on the day shift, required 21 CNAs. -06/07/2022 had 19 CNAs for 166 residents on the day shift, required 21 CNAs. -06/09/2022 had 20 CNAs for 167 residents on the day shift, required 21 CNAs. -06/11/2022 had 19 CNAs for 167 residents on the day shift, required 21 CNAs. 3. A review of the "Nurse Staffing Report," completed by the facility for the week of 06/12/2022 - 06/18/2022 revealed staff-to-resident ratios that did not meet the minimum requirements. The facility was deficient in CNA staffing for residents on 5 of 7 day shifts as follows:	S 560		

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S 560	Continued From page 3 -06/12/2022 had 18 CNAs for 167 residents on the day shift, required 21 CNAs. -06/13/2022 had 20 CNAs for 167 residents on the day shift, required 21 CNAs. -06/16/2022 had 20 CNAs for 171 residents on the day shift, required 21 CNAs. -06/17/2022 had 18 CNAs for 170 residents on the day shift, required 21 CNAs. -06/18/2022 had 19 CNAs for 170 residents on the day shift, required 21 CNAs. 4. A review of the "Nurse Staffing Report," completed by the facility for the week of 06/19/2022 - 06/25/2022 revealed staff-to-resident ratios that did not meet the minimum requirements. The facility was deficient in CNA staffing for residents on 4 of 7 day shifts as follows: -06/19/2022 had 19 CNAs for 170 residents on the day shift, required 21 CNAs. -06/20/2022 had 20 CNAs for 170 residents on the day shift, required 21 CNAs. -06/24/2022 had 21 CNAs for 175 residents on the day shift, required 22 CNAs. -06/25/2022 had 19 CNAs for 175 residents on the day shift, required 22 CNAs. On 07/01/2022 at 12:45 PM, the Administrator (ADM) acknowledged that the facility did not staff in accordance with the directive indicated in the NJDOH memorandum. He stated the facility budgeted and scheduled nursing staff in compliance with the memorandum, but was not in control of staff who failed to report to work and/or called in sick. Per the ADM, the facility had made many recruitment efforts and had raised all their rates for nurses and aides. The ADM stated he believed the facility was doing its best given that they were still able to adequately care for	S 560		

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