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

PRINTED: 08/15/2024 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
315257		315257	B. WING			C 05/09/2024	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS	S, CITY, STATE, ZIP CODE	1 00/	00/2024
CEDAR G	ROVE RESPIRATORY AI	ND NURSING CENTER		1420 SOUTH BLA WILLIAMSTOW	ACK HORSE PIKE /N, NJ 08094		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(EAC	ROVIDER'S PLAN OF CORRECTION H CORRECTIVE ACTION SHOULD B S-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	3	F	000			
	Complaint #: NJ1716	532, NJ173434					
	Census: 123						
	Sample Size: 4						
	42 CFR PART 483, S	THE REQUIREMENTS OF BUBPART B, FOR LONG TIES BASED ON THIS					
LABORATORY	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATUI	RE .	-	TITLE		(X6) DATE

Electronically Signed 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.

05/15/2024

New Jersey Department of Health

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER			CONSTRUCTION	(X3) DATE S COMPLI				
						С с				
		060808		B. WING		05/0	9/2024			
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE					
CEDAR G	CEDAR GROVE RESPIRATORY AND NURSING CENT! 1420 SOUTH BLACK HORSE PIKE WILLIAMSTOWN, NJ 08094									
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S 000	Initial Comments			S 000						
S 560	8:39, standards for lic Facilities. The facility Correction, including a deficiency and ensure implemented. Failure result in enforcement	Jersey Administrative concensure of Long-Term Calmust submit a Plan of a completion date for each e that the plan is to correct deficiencies maction in accordance with New Jersey Administrative 43E, enforcement of a y Access to Care	are ch nay th	S 560			5/30/24			
	This REQUIREMENT by: Complaint #: NJ1716: Based on interviews a documents on 5/9/20: the facility failed to en met for 2 of 14-day sh practice had the poter Findings include: Reference: New Jers (NJDOH) memo, date with N.J.S.A. (New Jers 30:13-18, new minimursing homes," indic Governor signed into	and review of facility 24, it was determined that sure staffing ratios were nifts reviewed. This defici- ntial to affect all residents sey Department of Health ed 01/28/2021, "Complian ersey Statutes Annotated um staffing requirements ated the New Jersey	at ient s. n nce l)		There were no negative outcomes with any residents due to the mentioned concern. All residents have the potential to be affected by this practice. The facility administrator, director of nurses, human resources, staffing coordinator, and facility educator revies 30 days of staffing reports, recruitments.	ewed				

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

TITLE (X6) DATE

Electronically Signed

05/15/24

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1420 SOUTH BLACK HORSE PIKE WILLIAMSTOWN, NJ 08094 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) S 560 Continued From page 1 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 signed into work as a certified nurse aide and shall perform rurse aide duties: and One direct care staff member to every 10 redients for the night shift, provided that each direct care staff member to every 10 redients for the night shift, provided that each direct care staff member to every 10 reviewed. A propriam to expedite hires was put into place. Contacts at nursing schools for recruitment purposes were made. The facility recently sponsored classes for twenty nursing staff. The facility now offers generous sign-on bonuses, pay for schooling, and has created an employee referral program. The facility staff have been added to an employee recognition program and we have begun distributing gift cards for perfect attendance. The facility was deficient in CNA staffing for residents on 2 of 14 day shifts as follows: 28, 2024, and meet with CNA schools.		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED					
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On 04/14/24 had 21 CNAs for 177 residents on the day shift, required at least 22 CNAs. On 04/15/24 had 21 CNAs for 173 residents on the day shift, required at least 22 CNAs. The staffing coordinator was re-in serviced on required ratios. The Licensed nurses and CNAs were in serviced regarding facility call out policy and disciplinary actions. Facility staff in serviced on our employee referral program. The facility Administrator will oversee the staffing coordinator and staffing schedule to ensure staffing ratios are within compliance. The facility will utilize or increase the amount of shifts with our contracted staffing agencies if needed.	S 560	established minimum nursing homes. The f effective on 02/01/2020. One Certified Nurse A residents for the day member to every 10 m shift, provided that no shall be CNAs and eable signed into work a shall perform nurse a care staff member to night shift, provided the member shall sign in perform CNA duties. The facility was deficit residents on 2 of 14 of the day shift, required On 04/14/24 had 21 of the day shift, required On 04/15/24 had 21 of the day shift, required On 04/15/24 had 21 of the day shift, required On 04/15/24 had 21 of the day shift, required On 04/15/24 had 21 of the day shift, required On 04/15/24 had 21 of the day shift, required On 04/15/24 had 21 of the day shift, required On 04/15/24 had 21 of the day shift, required On 04/15/24 had 21 of the day shift, required On 04/15/24 had 21 of the day shift, required On 04/15/24 had 21 of the day shift is the day s	staffing requirements in following ratio (s) were 21: Aide (CNA) to every eight shift. One direct care staff residents for the evening of fewer of all staff members and direct staff member shall as a certified nurse aide and ide duties: and One direct every 14 residents for the hat each direct care staff to work as a CNA and Jent in CNA staffing for day shifts as follows: CNAs for 177 residents on directs at least 22 CNAs. CNAs for 173 residents on	S 560	agency contracts, and hiring program were reviewed. A program to expedite hires was put into place. Contacts at nursing schools for recruitment purpos were made. The facility recently sponsored classes for twenty nursing staff. The facility now offers generous sign-on bonuses, pay for schooling, at has created an employee referral program. The facility staff have been added to an employee recognition program and we have begun distributing gift cards for perfect attendance. The facility has been actively recruiting thronline platforms, a recent open house held April 17, 2024, with another held 28, 2024, and meet with CNA schools Through these means, In the last thirty calendar days, the facility successfully hired 8 Certified Nursing Assistants. The last new hire was May 29, 2024. The staffing coordinator was re-in senson required ratios. The Licensed nurses and CNAs were serviced regarding facility call out policand disciplinary actions. Facility staff in serviced on our employ referral program. The facility Administrator will oversee staffing coordinator and staffing schools to ensure staffing ratios are within compliance. The facility will utilize or increase the amount of shifts with our increase the amount of shifts with our	ses and ng ough was May . y the viced in cy yee the lule					

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CEDAR GROVE RESPIRATORY AND NURSING CENT: 1420 SOUTH BLACK HORSE PIKE WILLIAMSTOWN, NJ 08094			060808		B. WING		05/0	9/2024			
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						will have weekly meetings with the state coordinator to review staffing schedule needs, and the efficiency of programs are in place. The findings of the audits be presented at monthly QAPI meeting	affing es, sthat s will				

			STATE	FORM: RE	VISIT REPORT		
IDENTIFIC	R / SUPPLIER / CI	A. Building	STRUCTION				DATE OF REVISIT
060808		Y1 B. Willy			T		Y2 0/4/2024 Y
	FACILITY	ATORY AND NURSING (PENTER		STREET ADDRESS, CIT 1420 SOUTH BLACK HO		
CEDAR GROVE RESPIRATORY AND NURSING CE			JENTEIX	WILLIAMSTOWN, NJ 08094			
correctiv	e action was acc tion prefix code p	by a State surveyor to sho omplished. Each deficien oreviously shown on the S	cy should be fully	/ identified usi	ing either the regulation	or LSC provision nui	mber and the
ITE	M	DATE	ITEM		DATE	ITEM	DATE
Y4		Y5	Y4		Y5	Y4	Y5
ID Prefix	S0560	Correction	ID Prefix		Correction	ID Prefix	Correction
Dog #	8:39-5.1(a)	Completed	Pog #		Completed	Reg. #	Completes
Reg. #		Completed 05/30/2024	Reg. #		Completed		Completed
LSC		03/30/2024	LSC			LSC	
ID Prefix		Correction	ID Prefix		Correction	ID Prefix	Correction
Pog #		Completed	Reg. #		Completed	Reg. #	Completed
Reg. # LSC		Completed	LSC		Completed	LSC —	Completed
ID Prefix		Correction	ID Prefix		Correction	ID Prefix	Correction
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REVIEWE	:D BY	REVIEWED BY	DATE	SIGNATU	RE OF SURVEYOR	<u>I</u>	DATE

TITLE

Page 1 of 1

DATE

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

YES NO

EVENT ID:

DATE

KM0D12

FOLLOWUP TO SURVEY COMPLETED ON

(INITIALS)

(INITIALS)

REVIEWED BY

STATE AGENCY

REVIEWED BY

CMS RO

5/9/2024