New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	60918	A. BUILDING: _____ B. WING _____	12/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALARIS HEALTH AT THE FOUNTAINS	595 COUNTY AVENUE SECAUCUS, NJ 07094

(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 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.	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: Based on observation, interview, and review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the State of New Jersey. This deficient practice was evidenced by the following. Reference: NJ State requirement, CHAPTER 112. An Act concerning staffing requirements for nursing homes and supplementing Title 30 of the Revised Statutes. Be It Enacted by the Senate and General Assembly of the State of New Jersey: C.30:13-18 Minimum staffing requirements for nursing homes effective 2/1/21. 1. a. Notwithstanding any other staffing requirements as may be established by law, every nursing home as defined in section 2 of P.L.1976, c.120 (C.30:13-2) or licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall maintain the following minimum direct care staff -to-resident ratios:	S 560	1) An investigation was conducted, no residents were affected by the deficient practice. 2) All residents have the potential to be affected by the deficient practice: the facility will maintain the required minimum direct care staff-to-resident ratios as mandated by the State of New Jersey. 3) Efforts to hire facility staff will continue until there are adequate staff to serve all residents. Until that time, the facility will utilize staffing agencies to fill any open spots in the schedule. Contracts with additional staffing agencies have been secured to supplement facility staff. Hiring and recruitment efforts including wage analysis and adjustments, online job listings, and referral bonuses are being utilized to become more competitive in the marketplace. 4) The Administrator or designee will review staffing schedules with the scheduler weekly for three months to	2/7/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		12/21/22

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S 560	Continued From page 1 (1) one certified nurse aide to every eight residents for the day shift; (2) 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 staff member shall be signed in to work as a certified nurse aide and shall perform certified nurse aide duties; and (3) 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 b. Upon any expansion of resident census by the nursing home, the nursing home shall be exempt from any increase in direct care staffing ratios for a period of nine consecutive shifts from the date of the expansion of the resident census. c. (1) The computation of minimum direct care staffing ratios shall be carried to the hundredth place. (2) If the application of the ratios listed in subsection a. of this section results in other than a whole number of direct care staff, including certified nurse aides, for a shift, the number of required direct care staff members shall be rounded to the next higher whole number when the resulting ratio, carried to the hundredth place, is fifty-one hundredths or higher. (3) All computations shall be based on the midnight census for the day in which the shift begins. d. Nothing in this section shall be construed to affect any minimum staffing requirements for nursing homes as may be required by the Commissioner of Health for staff other than direct care staff, including certified nurse aides, or to restrict the ability of a nursing home to increase	S 560	ensure adequate staffing for all shifts. The results of these reviews will be reviewed at our monthly QAPI meeting. 5) The Administrator is responsible for this plan of correction	

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S 560	Continued From page 2 staffing levels, at any time, beyond the established minimum ... A review of "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report" for the 2-week period beginning 10/30/22 and ending 11/12/22 revealed the facility was not in compliance with the State of New Jersey minimum staffing requirements in CNAs to total staff on 14 of 14 day shifts as follows: -10/30/22 had 21 CNAs for 263 residents on the day shift, required 33 CNAs. -10/31/22 had 28 CNAs for 261 residents on the day shift, required 33 CNAs. -11/01/22 had 24 CNAs for 261 residents on the day shift, required 33 CNAs. -11/02/22 had 28 CNAs for 261 residents on the day shift, required 33 CNAs. -11/03/22 had 27 CNAs for 261 residents on the day shift, required 33 CNAs. -11/04/22 had 31 CNAs for 262 residents on the day shift, required 33 CNAs. -11/05/22 had 21 CNAs for 262 residents on the day shift, required 33 CNAs. -11/06/22 had 21 CNAs for 260 residents on the day shift, required 32 CNAs. -11/07/22 had 27 CNAs for 260 residents on the day shift, required 32 CNAs. -11/08/22 had 25 CNAs for 260 residents on the day shift, required 32 CNAs. -11/09/22 had 31 CNAs for 260 residents on the day shift, required 32 CNAs. -11/10/22 had 25 CNAs for 260 residents on the day shift, required 32 CNAs. -11/11/22 had 28 CNAs for 262 residents on the day shift, required 33 CNAs. -11/12/22 had 25 CNAs for 261 residents	S 560		

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S 560	Continued From page 3 on the day shift, required 33 CNAs.	S 560		
S 720	8:39-7.3(d) Mandatory Resident Activities (d) Resident activities shall be scheduled for seven days each week, and during at least two evenings per week. Religious services shall be considered resident activities for purposes of complying with this requirement. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to provide residents two evening activity programs per week. This deficient practice was identified for 4 of 4 months reviewed, August 2022, September 2022, October 2022, and November 2022 for 2 of 7 resident units (Units 1 and 2). The deficient practice was evidenced by the following: On 11/16/22 at 12:16 PM, the surveyor observed a large activity calendar for November 2022 on the wall in Unit 2. Review of the calendar indicated that the last activity of the day occurred at 3:00 PM on 2 days of the month and occurred at 2:00 PM on 28 days of the month. There were no documented evening activities scheduled for the month. On 11/17/22 at 10:30 AM, the surveyor interviewed Resident #116. The resident stated that there were no activities offered in the evening and that they were, "bored". The resident stated that they stay in their room most of the	S 720	1) An investigation was conducted, resident number 116 was affected by the deficient practice. Evening activities will be provided for the resident. 2) All residents have the potential to be affected by the deficient practice: the facility will provide residents two evening activity programs per week. 3) The Administrator will educate the Director of Recreation on the state guidelines of when resident activities need to take place. 4) An audit tool was created to monitor that the residents are being provided with two evening activities per week. The audit will be done weekly for three months. The results of this audit will be reviewed at our monthly QAPI meeting. 5) The Administrator is responsible for this plan of correction.	2/7/23

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S 720	Continued From page 4 time during the evening. On 11/17/22 at 10:39 AM, the surveyor interviewed the Recreation Aide (RA). The RA stated that she leaves daily at 5:00 PM and there were no other Recreation Aide staff that work at the facility past 5:00 PM. On 11/17/22 at 12:02 PM, the surveyor interviewed the Recreation Director (RD). The RD stated that evening activities occurred between two and three times a week for residents on Units 7, 8, 9, 11, and 12. The RD stated that the final activities of the day on unit 1 and 2 usually end at 3:00 PM. The RD acknowledged that evening activities should occur throughout the entire building at least twice a week. The RD stated that they stopped evening activities on units 1 and 2 in May 2022, due to lack of staff. On 11/18/22 at 10:15 AM, the surveyor reviewed the August 2022, September 2022, and October 2022 Activities Calendars for Units 1 and 2. The Activities Calendars failed to reveal that any evening activities were scheduled on Units 1 or 2 for August 2022, September 2022, or October 2022. On 11/18/22 at 1:36 PM, the surveyor expressed concerns to the Licensed Nursing Home Administrator and Director of Nursing (DON) regarding the lack of evening activities offered on Unit 1 and Unit 2. No further information was provided. On 11/28/22 at 9:15 AM, the surveyor requested a facility policy for the recreation department from the DON. No facility policy was provided.	S 720		

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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
60918 Y1	A. Building B. Wing Y2	3/1/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
ALARIS HEALTH AT THE FOUNTAINS	595 COUNTY AVENUE SECAUCUS, NJ 07094

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 Reg. # 8:39-5.1(a) LSC	Correction Completed 02/07/2023	ID Prefix S0720 Reg. # 8:39-7.3(d) LSC	Correction Completed 02/07/2023	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	**REVIEWED BY (INITIALS)**	**DATE**	**SIGNATURE OF SURVEYOR**	**DATE**
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON 12/2/2022	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ **YES** ☐ **NO**

 EVENT ID: 1ZGJ12