

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061104	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/27/2021
NAME OF PROVIDER OR SUPPLIER CLOVER MEADOWS HEALTHCARE AND REHA		STREET ADDRESS, CITY, STATE, ZIP CODE 112 FRANKLIN CORNER ROAD LAWRENCEVILLE, NJ 08648		
(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. 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: Based on observation, interviews and review of pertinent facility documentation, it was determined that 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: 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	S 560	How will the corrective action be accomplished for those residents found to be affected by this practice? The staffing coordinator was educated on the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey. The facility will continue to reach out to existing staff to see if they want to pick up overtime shifts and continue to try and staff accordingly How the Facility will identify other residents having the potential to be affected by the same deficient practice?	10/10/21

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

TITLE

(X6) DATE

Electronically Signed

09/06/21

New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>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.</p> <p>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 CNA and shall perform nurse aide duties: and</p> <p>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>On 8/25/2021 and 8/26/2021, the surveyor reviewed the North Wing assignment sheets and observed 5 CNA's on the 7-3 shift working on North Wing which had a census between 49 and 50 residents. The CNA's provided direct care to the residents who resided in the facility.</p> <p>During an interview with the surveyor on 8/26/2021 at 9:59 AM, the Licensed Practical Nurse (LPN) Unit Manager for the North Wing confirmed the census and assignment sheet and stated that was the usual staffing pattern. She stated the unit clerk sometimes assisted, but did not take an assignment.</p> <p>The surveyor requested staffing reports for the weeks of 8/8/2021 and 8/15/2021.</p> <p>A review of the "New Jersey Department of</p>	S 560	<p>All residents have the ability to be affected by the facility failing to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey.</p> <p>What measures will be put in place or what systemic changes will be made to ensure that the deficient practice will not recur?</p> <p>The facility will continue to post job openings on job web sites to promote CNA openings</p> <p>The facility is offering a sign on bonus</p> <p>The facility has contracted with agency to assist with our staffing needs</p> <p>The staffing coordinator/designee will offer staff the ability to pick up more shifts by placing a pick up shift sheet on each unit.</p> <p>The facility has partnered with a cna school to use the facilities as a training site and to recruit new grads.</p> <p>The administrator/designee will review the daily staffing sheets weekly x 4 then monthly for 3 months and quarterly thereafter.</p> <p>How the Facility will monitor its corrective actions to ensure that the deficient practice will not recur, (e.g., what quality assurance program will be put into place?</p> <p>The Administrator/designee will review any findings of these audits and present them quarterly with the QAPI committee to determine frequency of future audits.</p>	

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S 560	<p>Continued From page 2</p> <p>Health Long Term Care Assessment and Survey Program Nurse Staffing Report" revealed the following dates and shifts that the facility did not meet the minimum staffing requirements:</p> <p>7-3 shift- 8/8/2021, 8/14/2021, 8/15/2021 and 8/21/2021, 11-7 shift- 8/20/2021.</p> <p>During an interview with the surveyor on 8/26/2021 at 9:27 AM, the staffing coordinator stated he was aware of the staffing ratios and that there was a staffing shortage. He stated the unit clerks were also CNA's and assisted on the unit. He added that the facility uses agency staff, and offer sign on bonuses.</p> <p>During an interview with the surveyor on 8/26/2021 at 2:22 PM, the Administrator stated that staffing was short everywhere and the facility used agency staff. He stated the the unit clerks were also CNA's and assisted on the unit, but did not have an assignment.</p>	S 560		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061104	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/18/2021
NAME OF FACILITY CLOVER MEADOWS HEALTHCARE AND REHABILITATION CENTE	STREET ADDRESS, CITY, STATE, ZIP CODE 112 FRANKLIN CORNER ROAD LAWRENCEVILLE, NJ 08648	

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	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	10/10/2021	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 8/27/2021		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			