

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

PRINTED: 02/27/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315113	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/15/2024
NAME OF PROVIDER OR SUPPLIER CLOVER MEADOWS HEALTHCARE AND REHABILITATION CENTE			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) COMPLETION DATE
F 000	INITIAL COMMENTS Complaint #: NJ00172782, NJ00176379 Census: 86 Sample Size: 4 The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.	F 000			

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

TITLE

(X6) DATE

Electronically Signed

10/19/2024

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: 061104	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/15/2024
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

CLOVER MEADOWS HEALTHCARE AND REHABILITA

**112 FRANKLIN CORNER ROAD
LAWRENCEVILLE, NJ 08648**

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S 000	Initial Comments The facility was not in compliance with 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 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 The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Based on review of pertinent facility documentation, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratios as mandated by the state of New Jersey for 41 day shifts. The 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 Governor signed into law P.L. 2020 c 112, codified as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in	S 560	1.The staffing coordinator was educated on the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey. 2.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. 3.The facility will continue to post job openings on job sites to promote CNA applications and hirings. Sign on bonuses and referral bonuses are being offered for new hires.	10/21/24

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New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>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 of all staff members shall be CNAs and each direct staff member shall be signed into 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>1. For the 2 weeks of Complaint staffing from 03/31/2024 to 04/13/2024, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows:</p> <p>-03/31/24 had 7 CNAs for 88 residents on the day shift, required at least 11 CNAs.</p> <p>-04/01/24 had 9 CNAs for 88 residents on the day shift, required at least 11 CNAs.</p> <p>-04/02/24 had 9 CNAs for 88 residents on the day shift, required at least 11 CNAs.</p> <p>-04/03/24 had 9 CNAs for 88 residents on the day shift, required at least 11 CNAs.</p> <p>-04/04/24 had 9 CNAs for 91 residents on the day shift, required at least 11 CNAs.</p> <p>-04/05/24 had 9 CNAs for 90 residents on the day shift, required at least 11 CNAs.</p> <p>-04/06/24 had 8 CNAs for 87 residents on the day shift, required at least 11 CNAs.</p> <p>-04/07/24 had 9 CNAs for 86 residents on the day shift, required at least 11 CNAs.</p> <p>-04/08/24 had 9 CNAs for 85 residents on the day</p>	S 560	<p>The staffing coordinator will offer staff the ability to pick up more shifts for overtime. Incentive bonuses are being offered.</p> <p>The facility has contracted with staffing agencies to assist with our staffing needs.</p> <p>The administrator/ designee will review the daily staffing sheets weekly x 4 then monthly for 3 months and quarterly thereafter.</p> <p>4. The staffing coordinator/designee will review any findings of these audits monthly with the administrator and the findings will be presented quarterly to the QAPI committee to determine frequency of future audits.</p>	

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S 560	<p>Continued From page 2</p> <p>shift, required at least 11 CNAs. -04/09/24 had 8 CNAs for 85 residents on the day shift, required at least 11 CNAs. -04/10/24 had 9 CNAs for 85 residents on the day shift, required at least 11 CNAs. -04/11/24 had 8 CNAs for 83 residents on the day shift, required at least 10 CNAs. -04/12/24 had 9 CNAs for 83 residents on the day shift, required at least 10 CNAs. -04/13/24 had 9 CNAs for 83 residents on the day shift, required at least 10 CNAs.</p> <p>2. For the 2 weeks of Complaint staffing from 08/11/2024 to 08/24/2024, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows:</p> <p>-08/11/24 had 9 CNAs for 90 residents on the day shift, required at least 11 CNAs. -08/12/24 had 9 CNAs for 89 residents on the day shift, required at least 11 CNAs. -08/13/24 had 10 CNAs for 89 residents on the day shift, required at least 11 CNAs. -08/14/24 had 9 CNAs for 89 residents on the day shift, required at least 11 CNAs. -08/15/24 had 9 CNAs for 89 residents on the day shift, required at least 11 CNAs. -08/16/24 had 10 CNAs for 90 residents on the day shift, required at least 11 CNAs. -08/17/24 had 10 CNAs for 90 residents on the day shift, required at least 11 CNAs.</p> <p>-08/18/24 had 10 CNAs for 90 residents on the day shift, required at least 11 CNAs. -08/19/24 had 9 CNAs for 90 residents on the day shift, required at least 11 CNAs. -08/20/24 had 9 CNAs for 88 residents on the day shift, required at least 11 CNAs. -08/21/24 had 9 CNAs for 88 residents on the day shift, required at least 11 CNAs.</p>	S 560		

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S 560	<p>Continued From page 3</p> <p>-08/22/24 had 9 CNAs for 88 residents on the day shift, required at least 11 CNAs.</p> <p>-08/23/24 had 9 CNAs for 87 residents on the day shift, required at least 11 CNAs.</p> <p>-08/24/24 had 10 CNAs for 87 residents on the day shift, required at least 11 CNAs.</p> <p>3. For the 2 weeks of staffing prior to survey rom 09/15/2024 to 09/28/2024, the facility was deficient in CNA staffing for residents on 13 of 14 day shifts as follows:</p> <p>-09/15/24 had 8 CNAs for 84 residents on the day shift, required at least 10 CNAs.</p> <p>-09/16/24 had 8 CNAs for 82 residents on the day shift, required at least 10 CNAs.</p> <p>-09/17/24 had 9 CNAs for 82 residents on the day shift, required at least 10 CNAs.</p> <p>-09/18/24 had 9 CNAs for 82 residents on the day shift, required at least 10 CNAs.</p> <p>-09/19/24 had 9 CNAs for 82 residents on the day shift, required at least 10 CNAs.</p> <p>-09/20/24 had 9 CNAs for 86 residents on the day shift, required at least 11 CNAs.</p> <p>-09/21/24 had 9 CNAs for 86 residents on the day shift, required at least 11 CNAs.</p> <p>-09/22/24 had 9 CNAs for 86 residents on the day shift, required at least 11 CNAs.</p> <p>-09/23/24 had 9 CNAs for 86 residents on the day shift, required at least 11 CNAs.</p> <p>-09/24/24 had 9 CNAs for 85 residents on the day shift, required at least 11 CNAs.</p> <p>-09/25/24 had 9 CNAs for 84 residents on the day shift, required at least 10 CNAs.</p> <p>-09/26/24 had 8 CNAs for 84 residents on the day shift, required at least 10 CNAs.</p> <p>-09/27/24 had 9 CNAs for 84 residents on the day shift, required at least 10 CNAs.</p>	S 560		