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
	61105	A. BUILDING: _____ B. WING _____	C 06/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREFERRED CARE AT HAMILTON	1501 STATE HWY 33 HAMILTON SQUARE, NJ 08690

(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 C #: NJ00148819, NJ00164462 Census: 106 Sample Size: 3 The facility is 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: C #: NJ00164462 Based on interview and facility document review on 06/02/2023, 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 21 of 21 days shifts, 1 of 21 evening shifts, and 1 of 21 night shifts reviewed. This deficient practice had the potential to affect all residents.	S 560	1) No residents were identified on the 2567 as having been affected by the deficient practice. 2) This deficient practice has the potential to affect all residents. 3) Staffing Coordinator was educated by the Administrator regarding the Mandatory Staffing Ratios and instructed to update the contact	6/23/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 06/23/23

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S 560	Continued From page 1 Findings include: 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 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 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 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. 1. For the week from 09/19/2021 to 09/25/2021, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows: -09/19/21 had 8 CNAs for 91 residents on the day shift, required 11 CNAs. -09/20/21 had 8 CNAs for 91 residents on the day shift, required 11 CNAs. -09/21/21 had 8 CNAs for 91 residents on the day shift, required 11 CNAs. -09/22/21 had 10 CNAs for 91 residents on the	S 560	information of all current licensed personnel, so staff can be called in to meet staffing needs in case of call-outs. Staffing Coordinator was instructed to have completed staffing schedules reviewed by Administrator two days in advance to ensure the mandatory ratios are being met. 4) Staffing ratios will be monitored daily by Administrator or designee for thirty days to ensure compliance. Administrator will audit staffing reports monthly for three months. Results will be reported quarterly to the QAPI meeting for two quarters.	

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S 560	Continued From page 2	S 560		

day shift, required 11 CNAs.
-09/23/21 had 8 CNAs for 92 residents on the day shift, required 11 CNAs.
-09/24/21 had 8 CNAs for 92 residents on the day shift, required 11 CNAs.
-09/25/21 had 10 CNAs for 92 residents on the day shift, required 11 CNAs.

2. For the 2 weeks prior to survey from 05/14/2023 to 05/27/2023, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts, deficient in total staff for residents on 1 of 14 evening shifts, and deficient in total staff for residents on 1 of 14 overnight shifts as follows:

-05/14/23 had 6 CNAs for 110 residents on the day shift, required 14 CNAs.
-05/15/23 had 8 CNAs for 110 residents on the day shift, required 14 CNAs.
-05/16/23 had 6 CNAs for 110 residents on the day shift, required 14 CNAs.
-05/17/23 had 10 CMAs for 110 residents on the day shift, required 14 CNAs.
-05/18/23 had 10 CNAs for 110 residents on the day shift, required 14 CNAs.
-05/19/23 had 9 CNAs for 110 residents on the day shift, required 14 CNAs.
-05/20/23 had 9 CNAs for 110 residents on the day shift, required 14 CNAs.
-05/21/23 had 9 CNAs for 112 residents on the day shift, required 14 CNAs.
-05/21/23 had 7 total staff for 112 residents on the overnight shift, required 8 total staff.
-05/22/23 had 9 CNAs for 112 residents on the day shift, required 14 CNAs.
-05/23/23 had 7 CNAs for 112 residents on the day shift, required 14 CNAs.
-05/23/23 had 10 total staff for 112 residents on the evening shift, required 11 total staff.
-05/24/23 had 6 CNAs for 112 residents on the

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S 560	Continued From page 3 day shift, required 14 CNAs. -05/25/23 had 8 CNAs for 110 residents on the day shift, required 14 CNAs. -05/26/23 had 7 CNAs for 110 residents on the day shift, required 14 CNAs. -05/27/23 had 7 CNAs for 110 residents on the day shift, required 14 CNAs. During an interview with the surveyor on 06/02/23 at 12:22 PM, the Director of Nursing stated the facility was in the process of recruiting more CNAs and nursing staff through advertisement, referral bonuses, and an upcoming open house.	S 560		

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	315111	A. BUILDING _____ B. WING _____	C 06/02/2023

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PREFERRED CARE AT HAMILTON	**1501 STATE HWY 33 HAMILTON SQUARE, NJ 08690**

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F 000	INITIAL COMMENTS Complaint # NJ00148819, NJ00164462 Census: 106 Sample Size: 3 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

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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.

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
61105 Y1	A. Building B. Wing Y2	7/7/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
PREFERRED CARE AT HAMILTON	1501 STATE HWY 33 HAMILTON SQUARE, NJ 08690

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	06/23/2023	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 ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
6/2/2023	☐ YES ☐ NO