STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING _____ B. WING _____	05/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

(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 CENSUS: 84 SAMPLE SIZE: 25 + 4 A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.	F 000		
F 729 SS=D	Nurse Aide Registry Verification, Retraining CFR(s): 483.35(d)(4)-(6) §483.35(d)(4) Registry verification. Before allowing an individual to serve as a nurse aide, a facility must receive registry verification that the individual has met competency evaluation requirements unless- (i) The individual is a full-time employee in a training and competency evaluation program approved by the State; or (ii)The individual can prove that he or she has recently successfully completed a training and competency evaluation program or competency evaluation program approved by the State and has not yet been included in the registry. Facilities must follow up to ensure that such an individual actually becomes registered. §483.35(d)(5) Multi-State registry verification. Before allowing an individual to serve as a nurse aide, a facility must seek information from every State registry established under sections 1819(e)(2)(A) or 1919(e)(2)(A) of the Act that the facility believes will include information on the individual. §483.35(d)(6) Required retraining. If, since an individual's most recent completion of a training and competency evaluation program,	F 729		5/12/21

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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.

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F 729	Continued From page 1 there has been a continuous period of 24 consecutive months during none of which the individual provided nursing or nursing-related services for monetary compensation, the individual must complete a new training and competency evaluation program or a new competency evaluation program. This REQUIREMENT is not met as evidenced by: Based on interview, record review and review of pertinent facility documents, it was determined that the facility failed to attempt to verify information on a newly hired Certified Nursing Aide (CNA) with Reciprocity qualification status in the multi-state registry. This deficient practice was identified for 1 of 5 newly hired staff in the last four months (CNA #1). On 5/7/21 at 9 AM, the surveyor reviewed five randomly selected newly hired employees in the last four months. The following was revealed: A review of the employee file for CNA #1 revealed a hire date of [redacted] A review of the New Jersey Department of Health (NJDOH) Online Public Registry verification revealed that CNA #1 had an active certification in New Jersey but had received it based on a qualifying basis of "Reciprocity." The Original Issue Date was [redacted] A criminal background check performed on [redacted] revealed no findings. There was no documented evidence within the personnel file of CNA #1 of an attempt to seek information on the status through the multi-state registry verification systems.	F 729	1. Multi-State verification for the identified Certified Nursing Aide obtained with the following findings: CNA had a certificate of good standing with no disciplinary actions that had expired on 8-21-2005. All other Certified Nursing Aides employed with Multi-State Licenses reviewed and Multi-State verification obtained without any significant findings. Policy on Certified Nursing Aide License Verification and Screening revised to include Multi-State registry Verification. 2. All residents are potentially affected by this deficient practice. 3. Policy on Certified Nursing Aide License Verification and Screening revised to include Multi-State Registry Verification. Human Resource staff in-serviced to include Multi-State Verification for any Certified Nursing Aide with Multi-State Licenses. The Facility will modify Human Resource Hiring Checklist to include under Certified Nursing Aide License verification a section on "Reciprocity: Multi-State License Registry Verification".	

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F 729	Continued From page 2 At 10:20 AM, the surveyor interviewed the Director of Nursing (DON) who stated that when they hire new Certified Nursing Aides they only check the NJDOH online public registry to make sure it says "active" under their certification status, and if it says reciprocity they don't do anything further. She could not speak to what other state the CNA had a certification in, in the past. She stated that the facility does criminal background checks and would check the NJDOH registry but not any other states for the CNA verification in other states. On 5/7/21 at 10:45 AM, the surveyor interviewed the DON a second time who stated that she has been looking into the Reciprocity of CNA #1 and stated that the CNA originally lived in California more than 20 years ago, but when checking the Online Public Registry for CNA #1, "nothing comes up." At 10:55 AM, the DON stated that she checked all the states the CNA #1 had previously lived according to the their background check as well, and there was no record of the CNA #1 having had certification in that state. She stated that most of the states don't keep certificate files status' before 2003 listed on their website. On 5/7/21 at 12:30 PM, the DON stated that they had no other newly hired employees in the last four months with Reciprocity designation. On 5/11/21 at 8:50 AM, the surveyor interviewed the DON who stated that she is still awaiting a response from the Department of Health in California, but thus far there have been no records found on CNA #1.	F 729	4. DON / Designee will review all newly hired Certified Nursing Aide during the quarter to ensure Certified Nursing Aides with Multi-State Registry are verified. This will be done quarterly x 3 quarters then annually thereafter. Finding of this QA will be reported to the QA Committee Quarterly.	

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F 729	Continued From page 3 On 5/11/21 at 10:30 AM, the facility provided the surveyor a copy of an email from California Department of Health which included that CNA #1 had a certificate in good standing with no disciplinary actions that had expired on [redacted]. The DON stated that he had worked in multiple facilities in New Jersey since Reciprocity was issued in [redacted], and he had only worked as a CNA in New Jersey. The DON confirmed that she had not attempted to seek Reciprocity information, prior to surveyor inquiry. A review of the Resident Abuse, Neglect and Exploitations of Resident & Property Policy revised 1/2020 included that newly hired staff would be screened which would include "NJ DOH Online Public Registry check of current CNA certification for new hires, with criminal background check completed...License/Certification numbers pertaining to their profession, expiration dates and license validations will be checked through New Jersey Consumer Affairs..." (The policy did not address checking other states for certification, other than New Jersey, if qualifying status was listed as Reciprocity.) NJAC 8:39-43.4	F 729		

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	061109	A. BUILDING: _____ B. WING _____	05/11/2021

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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. This deficiency was repeated from a survey completed on 2/28/20 when the facility failed to notify the New Jersey Department of Health, Certificate of Need and Licensing (CN&L) and/or the Department of Community Affairs (DCA) Health Care Plan Review Unit for approval prior to undertaking renovations/construction to the facility. During the standard survey on 5/11/21 it was determined that the facility failed to subsequently notify CN&L for inspection and approval of the newly constructed area prior to its occupancy.	S 000		
S2110	8:39-31.1(a) Mandatory Physical Environment (a) No construction, renovation or addition shall be undertaken without first obtaining approval from the Department, Long-Term Care Licensing and Certification Program and/or the Department of Community Affairs, Health Care Plan Review	S2110		7/11/21

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S2110	Continued From page 1 Unit This REQUIREMENT is not met as evidenced by: Based on observations and interviews from 5/4/21 through 5/11/21 in the presence of facility management, it was determined that the facility failed to notify the New Jersey Department of Health, Certificate of Need and Licensing Division (CN&L) Health Care Plan Review Unit after renovations/construction to the facility was completed to ensure it was inspected and approved prior to occupancy. This deficient practice was evidenced by the following: On 5/4/21 though 5/11/21 from 9:30 AM to 2 PM daily, the surveyors observed the main lobby reception area had newly competed renovations, with staff occupying the reception desk and area. An ambient fireplace was turned on and in use in the main lobby. The surveyors also observed the new lighting in use throughout the main corridor. There was no evidence that construction was still underway. On 5/11/21 at 3:20 PM, the surveyor conducted	S2110	The facility sent the Certificate of Approval obtained from the local authorities to the DOH, CN&L & DCA. The facility sent the approval Letter from the DCA to the DOH, CN&L & DCA. Facility restricted the area of physical construction. All residents have the potential to be affected by the deficient practice. Facility will retain a construction consultant for future projects to review and direct the facility to assure no construction, renovation, or addition shall be undertaken without first obtaining approval from the Department, Long Term Care Licensing and the DCA. This will include notification to the DOH, CN&L and DCA upon completion of project and approval prior to occupancy of physical construction area. Facility administration and maintenance department were inserviced regarding notifying DOH, CN&L and DCA prior to undertaking renovations/construction to the facility.	

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S2110	Continued From page 2 an interview with the Licensed Nursing Home Administrator (LNHA) who stated that the construction had been completed in stages and that he could not give a definitive date of completion, but that the renovation had been completed about three to four weeks ago. He stated that he had not yet notified the New Jersey Department of Health CN&L that the work had been completed. He confirmed that the renovated areas were occupied, including the newly constructed main lobby construction area. The LNHA stated that he would have to reach out to the contractors first. The LNHA was unable to provide documented evidence that the CN&L had been notified that the renovations had completed to ensure the space was inspected and approved prior to occupancy.	S2110	Facility administration updated our policies and procedures to address Mandatory Physical Environment 8:39-31.1(a). The recommendations of the construction consultant will be reviewed with the administrator and quarterly. The Administrator will present recommendations of the construction consultant quarterly during the QA Committee, and document in the QA quarterly meeting minutes. Please see attached notification of completion CA and DCA Approval Date of Completion 7-11-2021 and ongoing	