

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061204	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2021
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NAME OF PROVIDER OR SUPPLIER ROSE MOUNTAIN CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE ROUTE 1 & 18 NEW BRUNSWICK, NJ 08901
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(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, 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.	S 560	Element One The facility administrator put into motion corrective measures for meeting the minimum direct care staff-to-resident ratios as mandated by the state of New Jersey. These measures included, but were not limited to the following: - In servicing the staffing coordinator of the minimum staffing requirements on 6/23 - Hiring efforts were increased on a local and regional level - Rates have been significantly increased for C.N.A.s and nurses	6/28/21

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

TITLE

(X6) DATE

Electronically Signed

07/07/21

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S 560	<p>Continued From page 1</p> <p>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:</p> <p>(1) one certified nurse aide to every eight residents for the day shift;</p> <p>(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</p> <p>(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</p> <p>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.</p> <p>c. (1) The computation of minimum direct care staffing ratios shall be carried to the hundredth place.</p> <p>(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.</p> <p>(3) All computations shall be based on the midnight census for the day in which the shift begins.</p>	S 560	<ul style="list-style-type: none"> - The call out policy has been reviewed and the staff has been reeducated - Agency staff has been hired as well - Additional Job Fairs will be planned - Recruiting Banners will be put by the facility to advertise that hiring opportunities. - Facility to continue to ensure that quality of care is provided to the residents <p>Element Two All residents have the potential to be affected by the practice of not meeting the minimum direct care staff-to-resident ratios.</p> <p>Element Three DON and ADON were in-serviced by the administrator and regional DON, of the minimum staffing requirements and notified of the incorporation of the following measures to rectify this deficiency:</p> <ul style="list-style-type: none"> - Hiring efforts were increased on a local and regional level - Rates have been significantly increased for C.N.A.s and nurses - Additional Job Fairs will be planned - Recruiting Banners will be put by the facility to advertise that hiring opportunities. - The call out policy has been reviewed and the staff has been reeducated. - Agency staff has been hired as well. - Facility to continue to ensure that quality of care is provided to the residents <p>Element Four The DON, ADON, and/or designee are to have weekly meetings to determine</p>	

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S 560	<p>Continued From page 2</p> <p>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 staffing levels, at any time, beyond the established minimum ...</p> <p>On 06/11/21 at 8:30 AM, the surveyors entered the facility and were told by facility staff that the current census (the number of residents who resided in the building) was 84.</p> <p>On 06/11/21, the surveyors confirmed seven certified nursing aides (CNA)'s worked on the Executive Order 26, 4.b units during the 7:00 AM - 3:00 PM shift.</p> <p>The surveyor reviewed the facility's daily Nurse Schedule for 06/11/21.</p> <p>Friday, 06/11/21</p> <p>7:00 AM - 3:00 PM shift, 7 CNA's. 84 divided by (/) 7 equals (=) 12 resident's 3:00 PM - 11:00 PM shift, 5 CNA's. 84/5 = 16.8 resident's 11:00 AM - 7:00 AM shift, 4 CNA's 84/4 = 21 resident's</p> <p>Per the census on 06/11/21 of 84 residents when the surveyor's entered the facility, the facility did not meet the minimum required ratio of 8 resident's per CNA assignment on the 7:00 AM - 3:00 PM shift, the minimum required ration of 10 resident's per CNA assignment for the 3:00 PM - 11:00 PM shift and the facility did not meet the minimum required ratio of 14 resident's per CNA assignment on the 11:00 PM - 7:00 AM shift.</p>	S 560	<p>upcoming schedules to anticipate needs. The DON/designee will report findings to the Administrator. The DON/designee will aggregate findings from these rounds monthly and review the findings with the Administrator/designee. Quarterly on an ongoing basis the DON/designee will provide a report of his findings to the QA committee for action as appropriate.</p>	
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S 560	<p>Continued From page 3</p> <p>On 06/22/21 at 9:35 AM, the surveyor interviewed the 7:00 AM to 3:00 PM Licensed Practical Nurse (LPN #1) working on the [redacted] unit. The LPN #1 stated that he usually worked the 11:00 PM - 7:00 AM shift and was working today because the facility offered him overtime because they needed staffing because another nurse had a scheduled vacation. The LPN #1 stated that on the 11:00 PM - 7:00 AM shift he usually worked with two CNA's. The LPN #1 stated that the last time he worked the 11:00 PM - 7:00 AM shift there were 46 residents who resided on the unit and there were two CNA's working.</p> <p>On 06/22/21 at 9:45 AM, the surveyor interviewed the 7:00 AM - 3:00 PM CNA #1 on the [redacted] unit who stated that she had worked at the facility for 27 years, worked primarily the 7:00 AM - 3:00 PM shift, and usually had eight to ten residents on her assignment.</p> <p>On 06/22/21 at 9:57 AM, the surveyor interviewed the LPN#2 on the [redacted] unit who stated that she had worked at the facility for four months and usually worked the 7:00 AM - 3:00 PM shift. The LPN #2 stated that she usually had 33 - 37 residents who resided on the [redacted] unit and there would be three to four Certified Nursing Aides working on the unit and they usually had about ten resident's on their assignment on the 7:00 AM - 3:00 PM shift.</p> <p>On 06/22/21 at 10:03 AM, the surveyor interviewed CNA #2 of the [redacted] unit who stated that she had worked at the facility for 25 years. CNA #2 stated that she worked the 7:00 AM - 3:00 PM and would have anywhere from eight to ten residents on her assignment.</p>	S 560		

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S 560	<p>Continued From page 4</p> <p>On 06/22/21 at 10:15 AM, the surveyor interviewed the 7:00 AM - 3:00 PM CNA #3 on the [REDACTED] unit who stated that he had worked at the facility for 17 years. CNA#3 stated that she usually had ten residents on her assignment on the 7:00 AM - 3:00 PM shift and would sometimes have to pick up more if there was a staff member who called out. CNA#3 stated that when she worked the 3:00 PM - 11:00 PM shift, she usually had 12-13 residents on her care assignment.</p> <p>On 06/22/21 at 10:53 AM, the surveyor interviewed the Assistant Director of Nursing (ADON) who had the responsibility of making the schedules and staffing the building. The ADON stated that on the 7:00 AM - 3:00 PM shift there usually had seven or eight CNA's working who provided care for 10 - 12 residents during the shift. The ADON stated that on the 3:00 PM - 11:00 PM shift the facility usually had five to six CNA's working who provided care to approximately 14 residents if there were no call outs. The ADON further stated that on the 11:00 PM - 7:00 AM shift, the facility had four CNA's scheduled who had approximately 20 residents on their assignment.</p>	S 560		
S3210	<p>8:39-43.15(a) Certification of Nurse Aides</p> <p>(a) No licensed long term care facility shall employ a person as a nurse aide without making inquiry to the New Jersey nurse aide registry at 1-800-274-8970, and to any other state where the facility believes the nurse aide is registered.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and review of pertinent documentation provided by the facility it was</p>	S3210	<p>Element 1 A license verification was immediately</p>	6/24/21

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S3210	<p>Continued From page 5</p> <p>determined that the facility failed to have a system in place to ensure nurse aide (NA) credentials were consistently verified upon hire. This deficient practice was identified for 1 of 1 newly hired NA's reviewed, (NA #1) and was evidenced by the following:</p> <p>On 06/23/21 at 8:30 AM, the surveyor reviewed the employee files of one newly hired NA. The NA #1's personnel file revealed the NA#1 was hired by the facility on [REDACTED]. The NA #1's personnel file had a photocopy of the nurse aid certification wallet card affixed inside of the file. The file did not included any evidence to validate the certification for NA #1, and to ensure NA #1 was in good standing on the New Jersey Nurse Aide Registry.</p> <p>At 9:07 AM, the surveyor, in the presence of the survey team, interviewed the Human Resource Director (HRD). The HRD stated that she had worked at the facility for one month. The surveyor inquired as to the process for verification of a NA certification. The HRD stated that upon hire she would verify the registered nurses and licensed practical nurses licensure upon hire by checking the New Jersey Consumer Affairs website. The HRD stated that a NA or Certified Nursing Aide (CNA) would bring in a copy of their license upon hire and she would check on the New Jersey Consumer Affairs website to see if it was expired. The surveyor asked the HRD what the purpose was for checking nursing licenses. The HRD stated that the purpose was to make sure the person was qualified and their license was not expired. (The HRD did not speak to the process of verification of a NA certification by checking the New Jersey State Nurse Aide Registry)</p> <p>At 9:47 AM, the surveyor interviewed the</p>	S3210	<p>obtained for the N.A. in question. The HRD was immediately in-serviced on obtaining verification of licensed personnel via the licensing board/registry.</p> <p>Element 2 All residents have the potential to be impacted by the deficient practice of not verifying a licensed employee via licensing board/registry.</p> <p>Element 3 HRD/Administrator to audit each employee chart for licensing verification. Thereafter all new hire records will be audited upon hire for completeness prior to first day of work.</p> <p>Element 4 HRD/Administrator/designee to report monthly to the Quality Assurance Performance Improvement committee the results of said audits for review and action as appropriate</p>	
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S3210	<p>Continued From page 6</p> <p>Administrator in the presence of the HRD and the survey team. The Administrator stated that the purpose for checking a nursing license on the New Jersey Consumer Affairs website was to make sure there was no evidence of abuse on record and that the licence provided to the facility was not a forgery (fake).</p> <p>A review of the facility's, "Prohibition of Resident Abuse and Neglect Policy and Procedure" dated 03/18/20 indicated in regard to screening, "Inquiry of licensing authorities for all licensed/certified positions."</p>	S3210		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061204	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 9/3/2021	Y3
NAME OF FACILITY ROSE MOUNTAIN CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE ROUTE 1 & 18 NEW BRUNSWICK, NJ 08901		

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 S3210	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. # 8:39-43.15(a)	Completed	Reg. #	Completed
LSC	06/28/2021	LSC	06/24/2021	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 6/23/2021		<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		