

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061218	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/01/2022
NAME OF PROVIDER OR SUPPLIER HARTWYCK AT OAK TREE		STREET ADDRESS, CITY, STATE, ZIP CODE 2048 OAK TREE ROAD EDISON, NJ 08820		
(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 interview, and review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff-to-resident ratios for the day shift as mandated by the State of New Jersey. This was evident for 7 of 14 day shifts reviewed. Findings included: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated)	S 560	Facility makes every effort to recruit and retain staff. 1.A root cause analysis was conducted to identify the underlying cause of the deficient practice to implement necessary corrective actions: a. Based on the RCA the team identified the cause of the deficient practice to be failure to staff the facility to appropriate ratios based on NJ guidelines due to a global acute shortage of staff, specifically	6/3/22

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

TITLE

(X6) DATE

Electronically Signed

06/03/22

New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>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. "Direct care staff member" means any registered professional nurse, licensed practical nurse, or certified nurse aide who is acting in accordance with that individual's authorized scope of practice and pursuant to documented employee time schedules. The following ratio(s) were effective on 02/01/2021:</p> <p>One 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.</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>As per the "Nurse Staffing Report" completed by the facility for the weeks of 05/15/22-05/21/22 and 05/22/22-05/28/22, the staffing-to-resident ratios that did not meet the minimum requirement of 1 CNA to 8 residents for the day shift on 7 of 14 day shifts are documented below:</p> <p>-05/17/22 had 11 CNAs for 100 residents on the day shift, required 12 CNAs. -05/19/22 had 10 CNAs for 104 residents on the day shift, required 13 CNAs.</p>	S 560	<p>certified nursing assistants.</p> <p>2.All residents have the potential to be affected.</p> <p>3.Measures put in place or systemic changes made:</p> <ul style="list-style-type: none"> a. HMM implementation of referral bonus program and sign on bonus program to increase applicant pool and increase retention. b. CNA classes to convert Provisional Nursing Aides to CNAs and thus increase pool of staff. c. Re-engineered hiring process to expedite on-boarding process. d. Market analysis of CNA rate of pay resulted in raising starting rate to above the minimum requirement. e. Continued relationships with local CNA/Nursing and Vocational schools to help build applicant pool. f. A hiring blast was sent to Middlesex County and surrounding Counties in an effort to recruit staff. g. Offering critical shift pay to nurses and CNAs who work additional hours while we look to fill vacancies through internal job postings, job fairs and external job postings. h. Facility initiated long-term (13 week) contracts with agency for consistency in CNA staff. i. Adding extra nurses on to work as CNAs, when possible, if CNA staffing does not meet requirement. j. A dedicated Human Resources staff member was assigned specifically for recruitment of post-acute staff. 	

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S 560	<p>Continued From page 2</p> <p>-05/21/22 had 11 CNAs for 104 residents on the day shift, required 13 CNAs. -05/22/22 had 9 CNAs for 106 residents on the day shift, required 13 CNAs. -05/23/22 had 12 CNAs for 106 residents on the day shift, required 13 CNAs. -05/25/22 had 12 CNAs for 108 residents on the day shift, required 13 CNAs. -05/26/22 had 12 CNAs for 106 residents on the day shift, required 13 CNAs.</p> <p>On 06/02/22 at 09:32 AM, the surveyor conducted a post-survey telephone interview with the Staffing Coordinator/Nursing Manager, who stated that she was aware of the mandated CNA to resident ratios of 1:8 on day shift, 1:10 on evening shift and 1:14 on night shift. She further stated that last minute call outs were the primary reason that the ratios were not always met.</p>	S 560	<p>k. Staffing Coordinator adds additional CNAs, over the required hours, to anticipate unexpected call outs, when possible.</p> <p>4. How corrective actions will be monitored:</p> <p>a. Staffing Coordinator or designee will complete an audit of staffing ratio requirements weekly for 2 months, and then monthly for 12 months. Audit will be given to Director of Nursing.</p> <p>b. The Director of Nursing will report findings to the QAPI Committee quarterly for review.</p> <p>c. Facility will continue to evaluate recruitment efforts and revise/add programs as necessary. Weekly meetings with Human Resources are held to maintain constant communications.</p> <p>This Plan of Correction is prepared and/or executed solely because it is required by the provisions of Federal or State Law. Preparation and/or execution of this Plan of Correction does not constitute admission/agreement of the provider of the truth of the facts alleged or conclusions set forth in any statement of deficiencies.</p> <p>This Plan of Correction is prepared and/or executed solely because it is required by the provisions of Federal or State Law.</p>	

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061218	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 6/23/2022
NAME OF FACILITY HARTWYCK AT OAK TREE	STREET ADDRESS, CITY, STATE, ZIP CODE 2048 OAK TREE ROAD EDISON, NJ 08820	

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	06/03/2022	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 6/1/2022		<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			