

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 C 11/09/2021
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 560	<p>8:39-5.1(a) Mandatory Access to Care</p> <p>(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00149730</p> <p>Census: 98</p> <p>Based on interviews, and review of pertinent facility documentation on 11/9/2021, it was determined that the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey for 14 of 14 day reviewed. This deficient practice was evidenced by the following:</p> <p>Reference: New Jersey Department of Health (NJDOH) memo, dated 1/28/21, "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 2/01/21:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift.</p> <p>The CNAs were responsible for providing direct care to the residents.</p> <p>The surveyor requested staffing for the weeks of 10/24/2021 and 10/31/2021.</p>	S 560	<p>Facility makes every effort to recruit and retain staff.</p> <p>Facility partners with Vocational schools to utilize students for potential hiring. HMH Network has a CNA training program set up for new hires and applicants interested in becoming CNA's. Hired provisional CNA's and offered the 8-hour course for certification. Facility offers a sign -on bonus for new hires, and a referral bonus to employees referring a candidate that is hired. Starting rate was raised above minimum start rate for CNA's. A hiring blast was sent to Middlesex County and surrounding Counties in an effort to recruit staff. A dedicated Human Resources staff member was assigned specifically for recruitment of post-acute staff. The hiring process was simplified to expedite hiring of candidates onsite, and an onsite job fair was held. Critical shift bonus pay is available to staff willing to work extra shifts. Facility initiated long-term (13 week) contracts with agency for consistency in CNA staff.</p> <p>Facility will continue to evaluate recruitment efforts and revise/add programs as necessary. Weekly meetings with Human Resources are held to</p>	12/3/21

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

TITLE

(X6) DATE

Electronically Signed

11/23/21

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 C 11/09/2021
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 560	<p>Continued From page 1</p> <p>Review of the New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report revealed the following:</p> <p>The facility was deficient for CNA staffing for residents on 10 of 14 day shifts and were deficient for CNAs to total staff on 2 of 14 evening shifts as follows:</p> <p>10/24/21 had 9 CNAs for 95 residents on the day shift, required 12 CNAs. 10/24/21 had 8 CNAs for 95 residents on the evening shift, required 9 CNAs. 10/26/21 had 10 CNAs for 94 residents on the day shift, required 12 CNAs. 10/27/21 had 11 CNAs for 94 residents on the day shift, required 12 CNAs. 10/28/21 had 11 CNAs for 94 residents on the day shift, required 12 CNAs. 10/28/21 had 9 CNAs for 94 residents on the evening shift, required 10 CNAs. 10/29/21 had 12 CNAs for 97 residents on the day shift, required 13 CNAs. 10/30/21 had 9 CNAs for 96 residents on the day shift, required 12 CNAs. 10/31/21 had 10 CNAs for 96 residents on the day shift, required 12 CNAs. 11/01/21 had 11 CNAs for 96 residents on the day shift, required 12 CNAs. 11/05/21 had 12 CNAs for 100 residents on the day shift, required 13 CNAs. 11/06/21 had 11 CNAs for 100 residents on the day shift, required 13 CNAs.</p> <p>During an interview on 11/9/21 from 10:00 am to 12:00 pm, the Director of Nursing (DON) stated that the facility was aware of the staffing ratios.</p>	S 560	<p>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>	