

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061224	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/29/2022
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NAME OF PROVIDER OR SUPPLIER CRANBURY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 292 APPLGARTH ROAD MONROE TOWNSHIP, NJ 08831
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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	<p>Initial Comments</p> <p>C#: NJ154619, NJ158046</p> <p>CENSUS: 118</p> <p>SAMPLE SIZE: 5</p> <p>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.</p>	S 000		
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: C#: NJ154619, NJ158046</p>	S 560	The facility will continue to ensue that	10/1/22

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

TITLE

(X6) DATE

Electronically Signed

10/24/22

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061224	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/29/2022
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S 560	<p>Continued From page 1</p> <p>Based on facility document review on 9/29/2022, 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 14 of 14 Certified Nurse's Aides (CNAs) for Day shifts. This deficient practice had the potential to affect all residents. Findings include:</p> <p>Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with NJSA (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law PL 2020 c 112, codified as NJSA 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021:</p> <p>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 of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide 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.</p> <p>The facility was deficient in CNA staffing for 7 of 7 day shifts as follows:</p> <p>04/24/2022 CNA Staff was 11 for 114 residents. Staffing should have been 14</p>	S 560	<p>required direct care staff to resident ratios for the day shift is maintained as mandated by the State of New Jersey.</p> <p>One: Actions taken for the situation identified:</p> <ul style="list-style-type: none"> - All residents in the facility were affected by the deficient practice on the dates and shift noted. The facility will maintain the NJ minimum direct care staff resident ratios. <p>Two: Identification of other situations that have the potential to be affected.</p> <ul style="list-style-type: none"> - All residents within the facility have the potential to be affected by this deficient practice. <p>Three: System measures and changes that will be made:</p> <ul style="list-style-type: none"> - The Administrator, Director of Nursing and Staffing Coordinator were educated on the NJ minimum staffing mandate. - Agency contracts will be posted to bring in outside staff for staffing support. - The facility will convert temporary CNAs into permanent CNAs. - The facility will continue its recruiting efforts using various forms of media to increase the number of applicants. - Agency staff is currently being utilized to help maintain staff to resident ratios per NJ minimum staffing mandate. - The facility will also have weekly staffing/labor/recruitment calls with the regional support team and as needed. - Candidates will be interviewed for CNA training class to be held as the facility in January 2023. 	

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S 560	<p>Continued From page 2</p> <p>04/25/2022 CNA Staff was 11 for 113 residents. Staffing should have been 14</p> <p>04/26/2022 CNA Staff was 11 for 112 residents. Staffing should have been 14</p> <p>04/27/2022 CNA Staff was 13 for 112 residents. Staffing should have been 14</p> <p>04/28/2022 CNA Staff was 10 for 112 residents. Staffing should have been 14</p> <p>04/29/2022 CNA Staff was 10 for 112 residents. Staffing should have been 14</p> <p>04/30/2022 CNA Staff was 9 for 112 residents. Staffing should have been 14</p> <p>The facility was also deficient in CNA staffing for 7 of 7 day shifts as follows:</p> <p>08/14/2022 CNA Staff was 10 for 122 residents. Staffing should have been 15</p> <p>08/15/2022 CNA Staff was 9 for 122 residents. Staffing should have been 15</p> <p>08/16/2022 CNA Staff was 10 for 122 residents. Staffing should have been 15</p> <p>08/17/2022 CNA Staff was 11 for 122 residents. Staffing should have been 15</p> <p>08/18/2022 CNA Staff was 10 for 122 residents. Staffing should have been 15</p> <p>08/19/2022 CNA Staff was 10 for 123 residents. Staffing should have been 15</p> <p>08/20/2022 CNA Staff was 9 for 124 residents. Staffing should have been 15</p>	S 560	<p>Four: Monitoring mechanisms to assure compliance:</p> <ul style="list-style-type: none"> - The Human Resources Manager, Staffing Coordinator and the Director of Nursing will manage a list of on-going recruitment efforts and document the results of these attempts five days a week x 1 month, then weekly thereafter. - The Administrator will audit daily staffing sheets to determine if the facility is meeting the minimum staff to resident ratios weekly. - The Administrator/Director of Nursing, or designee, will report, monthly, the findings to the QAPI Committee. The Committee will evaluate and determine the effectiveness of the plan to ensure substantial compliance is achieved and determine if further monitoring and evaluation is required. 	

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061224	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 11/17/2022	Y3
NAME OF FACILITY CRANBURY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 292 APPLGARTH ROAD MONROE TOWNSHIP, NJ 08831		

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 _____	10/01/2022	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 _____	

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 9/29/2022		<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		