New Jersey Department of Health
STATEMENT OF DEFICIENCIES (X1) P

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		061301		B. WING		08/1	9/2021	
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
ARNOLD	WALTER NURSING	& REHABILITATIC	622 S LAU HAZLET,	JREL AVENU NJ 07730	JE			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPROFICIENCY)	D BE	(X5) COMPLETE DATE	
S 000	Initial Comments			S 000				
	WITH THE STAND ADMINISTRATIVE STANDARDS FOR TERM CARE FACI SUBMIT A PLAN C INCLUDING A CON DEFICIENCY AND IS IMPLEMENTED DEFICIENCIES MA ENFORCEMENT A WITH THE PROVIS	MPLETION DATE, F ENSURE THAT TH . FAILURE TO COR AY RESULT IN ACTION IN ACCORE SIONS OF THE NEW TRATIVE CODE, TIT NFORCEMENT OF	JERSEY 8:39, ONG TY MUST OR EACH E PLAN RECT DANCE					
S 560		tory Access to Care I comply with applica I local laws, rules, ar		S 560			9/30/21	
	by: Based on observat pertinent facility do determined that the required minimum ratios as mandated for 12 of 42 shifts re deficient practice h residents in the face The findings includ Reference: NJ State	•	eview of intain the esident y Jersey hifts). This ffect all		S560 The facility is in in constant contact multiple staffing agencies to meet needs of the facility. The facility had an open house on September 13th for Nurses and C Advertisements were posted on somedia, flyers placed in various correstablishments, colleges and schoretail establishments, banners alout facility property and word of mouth	NAs. ocial mmunity ools, ng the		

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

TITLE

(X6) DATE

Electronically Signed

09/03/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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		061301		B. WING		08/1	9/2021
NAME OF PROVIDER	OR SUPPLIER				STATE, ZIP CODE		
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	CH DEFICIENC	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED B' SC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
nursing Revise Be I Assem Minimu homes 1. a require every r P.L.197 to P.L. maintai -to-resi (1) resider (2) resider fewer tl certified shall be aide ar and (3) resider direct of a certified aide du b. Upo the nur exemply ratios fo the dat c. (1) T staffing place. (2) subsect a whole	d Statutes. It Enacted by bly of the Status and staffing refective 2/12. Notwithstate ments as moursing homore, c.120 (C 1971, c.136 in the follow dent ratios: one certifice ats for the day one direct of the han half of a day one direct of the staff ments and shall perfect one direct contains and shall perfect one direct one dir	If supplementing Title by the Senate and Genate of New Jersey: (equirements for nursil/21. It is anding any other standing be established by eas defined in section 1.30:13-2) or licensed (C.26:2H-1 et seq.) ing minimum direct of nurse aide to ever	eneral C.30:13-18 sing ffing y law, on 2 of d pursuant shall care staff ry eight o every 10 d that no all be ember I nurse aide duties; every 14 hat each o work as ified nurse nsus by hall be e staffing shifts from nt census. ect care undredth sted in other than sluding	S 560	employees and community. The facility offers sign up bonuses referral bonuses as incentives to I more staff. The facility also offered additional \$2.00 per hour weekend differential. Pay rates in the surrous area are continuously monitored a facility will try their best to adjust a needed in order to remain compet Vacation accruals are allowed to be carried over an extended period in to cover staffing and rotating senionursing staff to ensure adequate coverage. The Facility has a recruiter who specifically works on Recruiting N and CNAs. Attached is their job description. The facility Administrator and Hun Resource personnel will continue all recruitment efforts, referrals, and hired employees on a monthly and the Administrator will report fit to the quality assurance and corporate am quarterly.	nire d d unding and the as titive. be n order or urses han to track oplicants y basis ndings	

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NAME OF	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
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S 560	rounded to the next the resulting ratio, or is fifty-one hundred (3) All computar midnight census for begins. d. Nothing in this saffect any minimum nursing homes as recommissioner of Heare staff, including restrict the ability of staffing levels, at an established minimum. On 8/16/21 at 9:53 the facility, Resident that there was "not #16 stated that som aide and one nurse wing of the unit. (Respecify a specific disparate was allegedly short he/she was concerned as allegedly short he/she was allegedly short he/she wa	e staff members shall thigher whole number carried to the hundre ths or higher. Itions shall be based the day in which the section shall be constant staffing requirement may be required by the ealth for staff other to certified nurse aides for a nursing home to interpret the	er when dth place, on the e shift strued to ts for he han direct s, or to ncrease I tour of urveyor esident only one in that able to taffing hined that residents. Onally ray for t personal Health by weeks of alled the he State ements of	S 560			

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NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ARNOLD	WALTER NURSING	& REHABILITATIC 622 S LAU HAZLET, I	JREL AVENU NJ 07730	JE		
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	7/25, 7/26, 7/28, 7/29, 7/30, 7/31, 8/1, 8/2, 8/4, 8/5, 8/6 and 8/7/2021. On 8/19/21 at 9:17 AM, the surveyor interviewed the Staffing Coordinator who had been hired for that position in July 2021. The Staffing Coordinator stated that she had experience in that position for about 18 months in another Long Term Care Facility. She was aware of the mandatory staffing ratios that had been implemented on 2/1/21. She stated that she would text staff members to fill-in shortage gaps and that she was in constant contact with agencies for additional staff. The Staffing Coordinator concluded, "Sometimes we can't meet the requirement, but we get as close as we can to it." On 8/19/21 at 9:27 AM, the surveyor interviewed the Licensed Nursing Home Administrator (LNHA), who described that there may be some shortages, but the facility was implementing ways to meet staffing ratios. He stated that the facility was not previously relying on agencies to fill shortages when he filled the position of LNHA in February 2021. Since then, the facility contracted with five agencies to try and fulfill staffing needs. The LNHA stated that he and the Director of Nursing would also call staff to work extra shifts if they knew there would be a shortage. He also stated that the facility was involved in a "massive recruitment effort." They had offered sign-on bonuses and referral bonuses to staff. The facility					
		tember 2021. AM, the Human Resources she had posted the fliers at				

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	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 622 S LAUREL AVENUE						
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S 560	Continued From pa	ge 4	S 560				
S 560	shopping malls, gro restaurants, univers also stated that the who met and develonursing schools for	ge 4 ocery stores, drug stores, sities and a major airport. She y had a Regional Recruiter oped relationships with future Certified Nursing ensed Practical Nurses.	S 560				