

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061301	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/15/2024
NAME OF PROVIDER OR SUPPLIER ARNOLD WALTER NURSING & REHABILITATION CEN		STREET ADDRESS, CITY, STATE, ZIP CODE 622 S LAUREL AVENUE HAZLET, NJ 07730		
(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 Complaint #: NJ00168707 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: Complaint #: NJ00168707 Based on review of pertinent facility documentation, 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 28 of 28 day shifts and 1 of 1 evening shift. The deficient practice was evidenced by the following: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for	S 560		

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

TITLE

(X6) DATE

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061301	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/15/2024
NAME OF PROVIDER OR SUPPLIER ARNOLD WALTER NURSING & REHABILITATION CEN		STREET ADDRESS, CITY, STATE, ZIP CODE 622 S LAUREL AVENUE HAZLET, NJ 07730		
(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>nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified as N.J.S.A. 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 ten 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 fourteen 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 surveyor requested staffing for the weeks of 10/08/2023 to 10/21/2023, and 01/28/2024 to 02/10/2024. The facility was deficient in CNA staffing for residents on 28 of 28 day shifts and 1 of 1 evening shift as follows:</p> <ul style="list-style-type: none"> -10/08/23 had 10 CNAs for 145 residents on the day shift, required at least 18 CNAs. -10/09/23 had 11 CNAs for 145 residents on the day shift, required at least 18 CNAs. -10/10/23 had 15 CNAs for 145 residents on the day shift, required at least 18 CNAs. -10/10/23 had 7 CNAs to 16 total staff on the evening shift, required at least 8 CNAs. -10/11/23 had 14 CNAs for 145 residents on the day shift, required at least 18 CNAs. -10/12/23 had 12 CNAs for 145 residents on the day shift, required at least 18 CNAs. -10/13/23 had 12 CNAs for 148 residents on the day shift, required at least 18 CNAs. -10/14/23 had 13 CNAs for 146 residents on the 	S 560		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061301	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/15/2024
NAME OF PROVIDER OR SUPPLIER ARNOLD WALTER NURSING & REHABILITATION CEN		STREET ADDRESS, CITY, STATE, ZIP CODE 622 S LAUREL AVENUE HAZLET, NJ 07730		
(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	Continued From page 2 day shift, required at least 18 CNAs. -10/15/23 had 10 CNAs for 144 residents on the day shift, required at least 18 CNAs. -10/16/23 had 11 CNAs for 144 residents on the day shift, required at least 18 CNAs. -10/17/23 had 12 CNAs for 144 residents on the day shift, required at least 18 CNAs. -10/18/23 had 14 CNAs for 144 residents on the day shift, required at least 18 CNAs. -10/19/23 had 13 CNAs for 146 residents on the day shift, required at least 18 CNAs. -10/20/23 had 10 CNAs for 146 residents on the day shift, required at least 18 CNAs. -10/21/23 had 10 CNAs for 146 residents on the day shift, required at least 18 CNAs. -01/28/24 had 10 CNAs for 152 residents on the day shift, required at least 19 CNAs. -01/29/24 had 14 CNAs for 152 residents on the day shift, required at least 19 CNAs. -01/30/24 had 14 CNAs for 152 residents on the day shift, required at least 19 CNAs. -01/31/24 had 13 CNAs for 152 residents on the day shift, required at least 19 CNAs. -02/01/24 had 11 CNAs for 158 residents on the day shift, required at least 20 CNAs. -02/02/24 had 15 CNAs for 158 residents on the day shift, required at least 20 CNAs. -02/03/24 had 12 CNAs for 158 residents on the day shift, required at least 20 CNAs. -02/04/24 had 9 CNAs for 157 residents on the day shift, required at least 20 CNAs. -02/05/24 had 15 CNAs for 154 residents on the day shift, required at least 19 CNAs. -02/06/24 had 12 CNAs for 154 residents on the day shift, required at least 19 CNAs. -02/07/24 had 13 CNAs for 154 residents on the day shift, required at least 19 CNAs. -02/08/24 had 17 CNAs for 154 residents on the day shift, required at least 19 CNAs.	S 560		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061301	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/15/2024
NAME OF PROVIDER OR SUPPLIER ARNOLD WALTER NURSING & REHABILITATION CEN			STREET ADDRESS, CITY, STATE, ZIP CODE 622 S LAUREL AVENUE HAZLET, NJ 07730		
(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	Continued From page 3 -02/09/24 had 15 CNAs for 153 residents on the day shift, required at least 19 CNAs. -02/10/24 had 16 CNAs for 151 residents on the day shift, required at least 19 CNAs.	S 560			