

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/26/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315314</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/29/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>ANCHOR CARE AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3325 HIGHWAY 35</b> <b>HAZLET, NJ 07730</b>		
(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) COMPLETION DATE	
F 000	<p>INITIAL COMMENTS</p> <p>C# NJ 149976, NJ 150697, NJ 153440, NJ 155363, NJ 165458, NJ 166678</p> <p>A Complaint survey was conducted on behalf of the State of New Jersey Department of Health. The facility was found to be in substantial compliance with 42 CFR 483 subpart B.</p> <p>Survey Dates:09/27/23-09/29/23 Survey Census: 140 Sample Size:11 Supplemental Residents:0</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

10/19/2023

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>061303</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/29/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>ANCHOR CARE AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3325 HIGHWAY 35</b> <b>HAZLET, NJ 07730</b>		
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S 000	Initial Comments  C#: NJ 149976, NJ 150697, NJ 153440, NJ 155363, NJ 165458, NJ 166678  The facility is 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.  Survey Census: 140 Sample Size:11	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 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 12 of 28 day shifts as follows: This deficient practice had the potential to affect all residents.  Findings include:  Reference: New Jersey Department of Health	S 560	I. Immediate Action:  1. The Administrator and Director of Nursing met with the Staffing Coordinator to determine current staffing vacancies in the nursing department to ensure accuracy of facility needs. 2. The facility has reviewed current salaries in comparison to other facilities in the immediate area to ensure salary competitiveness within the community.	10/20/23

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NAME OF PROVIDER OR SUPPLIER  <b>ANCHOR CARE AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3325 HIGHWAY 35</b> <b>HAZLET, NJ 07730</b>		
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S 560	<p>Continued From page 1</p> <p>(NJDOH) memo, dated 01/28/2021, "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 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 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>As per the "Nurse Staffing Report" completed by the facility for 1 week of staffing from 7/2/2023 to 7/8/2023, 1 week of staffing from 8/20/2023 to 8/26/2023 and 2 weeks of staffing from 09/10/2023 to 09/23/2023, the staffing to resident ratios did not meet the minimum requirement of one CNA to eight residents for the day shift as documented below:</p> <p>1. For the week of staffing from 07/02/2023 to 07/08/2023, the facility was deficient in CNA staffing for residents on 5 of 7 day shifts as follows:</p> <p>-07/02/23 had 12 CNAs for 141 residents on the day shift, required at least 18 CNAs. -07/05/23 had 15 CNAs for 141 residents on the day shift, required at least 18 CNAs.</p>	S 560	<p>3. The facility contacted the current agencies utilized by the facility to emphasize the facility's immediate needs.</p> <p>4. The facility will regularly maintain contact with these agencies to assist in meeting the needs of the facility.</p> <p>5. The facility continues to offer incentives including referral bonuses and other incentives.</p> <p>6. The facility advertises on various platforms such as social media, posted flyers in various community establishments, colleges and schools. We have partnered with C.N.A. school. We have encouraged word of mouth referrals to employees and the community.</p> <p>7. The facility works with a full-time recruiter whose sole responsibility is to recruit nurses and C.N.A.s.</p> <p>II. Identification of Others: The facility respectfully submits that all residents may be affected by this practice.</p> <p>III. Systemic Changes</p> <p>1. The Administrator, Director of Nursing, Human Resource Director have reviewed the state staffing ratios with the Staffing Coordinator to ensure meeting the state required ratios is the primary focus for staffing the facility.</p> <p>2. The Staffing Coordinator was instructed to notify the Director of Nursing and/or the Administrator when staffing ratios are not being met so they can lend assistance in fulfilling those ratios.</p> <p>3. Human Resource Director will complete exit interviews for all nursing employees who have vacated their</p>	

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S 560	<p>Continued From page 2</p> <p>-07/06/23 had 17 CNAs for 141 residents on the day shift, required at least 18 CNAs.</p> <p>-07/07/23 had 17 CNAs for 141 residents on the day shift, required at least 18 CNAs.</p> <p>-07/08/23 had 17 CNAs for 146 residents on the day shift, required at least 18 CNAs.</p> <p>2. For the week of staffing from 08/20/2023 to 08/26/2023, the facility was deficient in CNA staffing for residents on 1 of 7 day shifts as follows:</p> <p>-08/20/23 had 14 CNAs for 138 residents on the day shift, required at least 17 CNAs.</p> <p>3. For the 2 weeks of staffing from 09/10/2023 to 09/23/2023, the facility was deficient in CNA staffing for residents on 6 of 14 day shifts as follows:</p> <p>-09/10/23 had 13 CNAs for 137 residents on the day shift, required at least 17 CNAs.</p> <p>-09/16/23 had 14 CNAs for 136 residents on the day shift, required at least 17 CNAs.</p> <p>-09/18/23 had 16 CNAs for 134 residents on the day shift, required at least 17 CNAs.</p> <p>-09/20/23 had 16 CNAs for 133 residents on the day shift, required at least 17 CNAs.</p> <p>-09/21/23 had 16 CNAs for 133 residents on the day shift, required at least 17 CNAs.</p> <p>-09/23/23 had 16 CNAs for 138 residents on the day shift, required at least 17 CNAs.</p>	S 560	<p>positions in an attempt to address any issues which could be affecting retention of employees.</p> <p>4. Orientation frequency will be increased to ensure that all potential candidates for employment will have opportunities to complete the orientation as soon after accepting a facility offer.</p> <p>IV. Quality Assurance Administrator/designee will have weekly meetings x 4 and monthly x 2, with the staffing coordinator to review staffing schedules, needs, and the efficacy of the systems in place to fill needs. The findings of the audits will be presented at the Quarterly QA meeting.</p>	

# STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061303	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 11/14/2023
NAME OF FACILITY ANCHOR CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3325 HIGHWAY 35 HAZLET, NJ 07730	

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	10/20/2023	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 9/29/2023	<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
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