

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

PRINTED: 05/17/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315314	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/12/2023
NAME OF PROVIDER OR SUPPLIER ANCHOR CARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3325 HIGHWAY 35 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) COMPLETION DATE	
F 000	INITIAL COMMENTS COMPLAINT # NJ00168186 CENSUS: 139 SAMPLE SIZE: 3 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000			
F 728 SS=D	Facility Hiring and Use of Nurse Aide CFR(s): 483.35(d)(1)-(3) §483.35(d) Requirement for facility hiring and use of nurse aides- §483.35(d)(1) General rule. A facility must not use any individual working in the facility as a nurse aide for more than 4 months, on a full-time basis, unless- (i) That individual is competent to provide nursing and nursing related services; and (ii)(A) That individual has completed a training and competency evaluation program, or a competency evaluation program approved by the State as meeting the requirements of §483.151 through §483.154; or (B) That individual has been deemed or determined competent as provided in §483.150(a) and (b). §483.35(d)(2) Non-permanent employees. A facility must not use on a temporary, per diem, leased, or any basis other than a permanent employee any individual who does not meet the requirements in paragraphs (d)(1)(i) and (ii) of this section.	F 728		11/14/23	

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

TITLE

(X6) DATE

Electronically Signed

11/02/2023

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.

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F 728	<p>Continued From page 1</p> <p>§483.35(d)(3) Minimum Competency A facility must not use any individual who has worked less than 4 months as a nurse aide in that facility unless the individual-</p> <ul style="list-style-type: none"> (i) Is a full-time employee in a State-approved training and competency evaluation program; (ii) Has demonstrated competence through satisfactory participation in a State-approved nurse aide training and competency evaluation program or competency evaluation program; or (iii) Has been deemed or determined competent as provided in §483.150(a) and (b). <p>This REQUIREMENT is not met as evidenced by:</p> <p>Complaint #: NJ00168186</p> <p>Based on interview and review of pertinent facility documents, it was determined that the facility failed to ensure that a non-certified Temporary Nurse Aide (TNA) a.) was currently enrolled in a Certified Nursing Assistant (CNA) training program and had completed the first 16 hours of the training program by ^{NJ Ex Order 16, 48,} and b.) had completed the CNA training program by ^{NJ Ex Order 16, 48,}. This deficient practice was identified for 1 of 2 TNAs (TNA #1) who worked on 5 of 5 nursing units (1 East, 1 West, 2 East, 2 West, and 3 West) and was scheduled to work on an independent resident assignment during 2 of 3 shifts (day and evening shift).</p> <p>The deficient practice was evidenced by the following:</p> <p>The surveyor reviewed TNA #1's employee file:</p> <p>Review of TNA #1's, "Certificate of Completion" revealed that they were a "Temporary Nurse Aide"</p>	F 728	<p>How will corrective action be accomplished for those individual residents cited in the deficiency. The non-certified nursing assistant was removed from resident's care and schedule prior to survey. The non-certified nursing assistant was removed from resident's care and schedule prior to the survey and employment was terminated immediately. All residents who were assigned to the non-certified nursing assistant were assessed and interviewed. There were no identified care concerns and all received the appropriate care.</p> <p>How will we identify other residents who have the potential to be affected by the same deficient practice? The HR/designee will monitor all new hires to ensure all nursing assistants are either certified or that individual has enrolled in a Nurse Aide Training Competency and Evaluation Program for Certified Nursing Assistant and has</p>		

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F 728	<p>Continued From page 2 as of NJ Ex Order 26. 4B1.</p> <p>Review of TNA #1's "Hire Date" revealed that they became an employee at the facility on NJ Ex Order 26. 4B1.</p> <p>Review of TNA #1's "Time Cards" revealed that they worked the following dates and shifts:</p> <p>7 AM-3 PM: NJ Ex Order 26. 4B1</p> <p>[REDACTED]</p> <p>3:00 PM-11 PM: NJ Ex Order 26. 4B1</p> <p>[REDACTED]</p> <p>Review of the, "Unit Assignment Sheets" revealed that TNA #1 was written on each assignment sheet as a CNA. Review of the "Unit Assignment</p>	F 728	<p>completed the first 16 hours of training prior to working. The nursing assistant will not work more than 120 days as a nursing assistant. All employee licenses have been reviewed and currently everyone is certified to work.</p> <p>What measures will be put in place or systemic changes made to insure that deficient practice does not recur? The facility policy was reviewed and found to be in compliance with the regulation. The Human Resource Director and the Staffing Coordinator have been reinserviced regarding the hiring procedures for nursing assistants. The facility will be utilizing the automated scheduling system. All employees in the system will be monitored to ensure their licenses and certification are up to date, active and scheduled appropriately according to their job title and position. How will we monitor our corrective actions to ensure that the deficient practice is being corrected and will not recur? The Human Resource Director and Staffing Coordinator will audit all Certified Nursing Assistant certification to ensure they are current and up to date and they are scheduled appropriately monthly x 3 and quarterly x 3 months and report quarterly at the Quality Assurance and Performance Improvement (QAPI) committee meeting.</p>		

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F 728	<p>Continued From page 3</p> <p>Sheets" also revealed that TNA#1 also worked the following dates and shifts:</p> <p>7:00 AM- 3 PM: <i>NJ Ex Order 26. 4B1</i></p> <p>During a telephone interview with the surveyor on 10/11/23 at 12:15 PM, TNA #1 stated that he worked at the facility for almost <i>NJ Ex Order 26</i>. TNA #1 continued that he had a TNA certificate not a CNA certification and that he just registered for CNA classes a few days ago. TNA #1 continued that when he was hired that the facility was hiring TNAs without a CNA certification. TNA #1 stated that on <i>NJ Ex Order 26. 4B1</i> the Assistant Director of Nursing (ADON) told him that he had to enroll in CNA school to continue working as an aide at the facility. The TNA added that this was the first time that he was told by facility staff that he needed to enroll in CNA classes.</p> <p>During an interview with the surveyor on 10/11/23 at 1:21 PM, the Licensed Practical Nurse (LPN) #1 stated that she knew and worked with TNA #1. LPN #1 stated that she, "thought he was a CNA but I'm hearing that he might have been a TNA." LPN #1 continued that she did not supervise his care any differently than the way that she supervised the care that was provided by all the aides. LPN #1 stated that no one told her anything was different about him than any of the aides.</p> <p>During an interview with the surveyor on 10/12/23 at 09:20 AM, the ADON stated that the Human Resources Coordinator (HRC) checked to make sure that all the staff's licenses were up to date. She was told by the HRC that TNA #1 had a TNA certificate and that they were not a CNA. The</p>	F 728			

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F 728	<p>Continued From page 4</p> <p>ADON continued that once she found this out, "last week," she removed TNA #1 from the schedule and had a conversation with him. TNA #1 had to show proof that he was enrolled in CNA school before he could continue to work at the facility. The ADON continued that the HRC was responsible for making sure that TNAs were not in the building after the expiration of the waiver.</p> <p>During an interview with the surveyor on 10/12/23 at 10:35 AM, the HRC stated that she was familiar with TNA #1 as a "team member" at the facility. The HRC stated that as far as she knew that he was in CNA school. The HRC stated that she tracked licensed nurses and CNAs monthly to ensure that their licenses and certifications were not expired. The HRC continued that TNAs did not have a license number to track but that if an aide was uncertified and was a CNA student, she would track their progress during school until they became certified. The HRC stated that TNA #1 told people at the facility that he was in school but stated that he started at the facility before she was hired as the HRC. The HRC continued that she did not know what the prior HRC did to confirm that TNA #1 was enrolled in school, but that she assumed that they would also have a tracking mechanism in place because it was, "part of the role" for the HRC. The surveyor asked if TNA #1 should have been working in the facility without providing documentation that he was in CNA school. The HRC stated, "I'm not firm on his situation, he's [from an] agency." The HRC continued that she could not tell the surveyor about the process that the former HRC followed but that she assumed that it was a similar process to what she followed to track uncertified aides.</p>	F 728			

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F 728	<p>Continued From page 5</p> <p>During a follow up interview with the surveyor on 10/12/23 at 11:03 AM, TNA #1 stated that depending on the day that he would have roughly 8 residents that he cared for on his assignment. TNA #1 continued that he worked on all the floors of the facility. TNA #1 stated that he fed, bathed, dressed, ambulated, and provided <u>NJ Ex Order 26.4B1</u> for the residents assigned to him. TNA #1 stated that his role in the facility was the same as that of a CNA.</p> <p>During an interview with the surveyor on 10/12/23 at 11:19 AM, the Director of Nursing (DON) stated that she could not provide documentation that TNA #1 was enrolled in a CNA school. The DON stated that after the <u>NJ Ex Order 26.4B1</u> cutoff that TNA #1 should have been taken off the schedule. The DON stated that the importance of nurse aide certification was to ensure that they were knowledgeable and skilled enough to care for the residents.</p> <p>Review of the 06/05/23 job description for the, "Human Resources Coordinator" indicated under the, "Duties and Responsibilities" section, "Coordinates new employee for Orientation with Staff Development [...] Monitors Applicant Tracking system [...] Supervises process of employee disciplines, suspensions and terminations."</p> <p>NJAC 8:39-25.2(g); 43.1; 43.2</p>	F 728			

New Jersey Department of Health

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S 000	Initial Comments Complaint #: NJ00168186 Census: 139 Sample: 3 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.	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 other facility documentation on 10/11/23 and 10/12/23, it was determined that the facility failed to maintain the required minimum direct care staff-to-resident ratio for the day shift as mandated by the State of New Jersey. The facility was deficient in Certified Nursing Assistants (CNA) staffing for residents on 5 of 14 day shifts. This deficient practice had the potential to affect all residents. Findings include:	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.	11/14/23

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

TITLE

(X6) DATE

Electronically Signed

11/02/23

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S 560	<p>Continued From page 1</p> <p>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 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 02/01/2021:</p> <p>One (1) Certified Nurse Aide (CNA) to every eight (8) residents for the day shift.</p> <p>One (1) direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and</p> <p>One (1) 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>1. As per the "Nurse Staffing Report" completed by the facility for the weeks of 09/24/23 through 10/07/23, the facility was deficient in CNA staffing for residents on 5 of 14 day shifts as follows:</p> <p>-09/24/23 had 14 CNAs for 139 residents on the day shift, required at least 17 CNAs. -09/29/23 had 16 CNAs for 140 residents on the day shift, required at least 17 CNAs. -10/02/23 had 15 CNAs for 139 residents on the day shift, required at least 17 CNAs. -10/03/23 had 16 CNAs for 139 residents on the</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 a certified nursing assistant(CNA) 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	Continued From page 2 day shift, required at least 17 CNAs. -10/07/23 had 15 CNAs for 139 residents on the day shift, required at least 17 CNAs.	S 560	positions in an attempt to address any issues which could be affecting retention of employees. 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. IV. Quality Assurance Administrator/designee will have meetings with the staffing coordinator to review staffing schedules, needs and the efficacy of the systems in place to fill needs. The meeting will be Weekly x 4 and then monthly x 6, The findings of the audits will be reported quarterly X 2 at the Quality Assurance and Performance Improvement (QAPI) committee meeting.		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315314	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 qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, 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 CMS-2567 (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 F0728	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.35(d)(1)-(3)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	11/14/2023	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	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 10/12/2023		<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			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061303	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 11/14/2023
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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	11/14/2023	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	
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 10/12/2023		<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			