

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

PRINTED: 07/15/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315056	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/07/2024
NAME OF PROVIDER OR SUPPLIER JERSEY SHORE POST ACUTE REHABILITATION AND NURSING			STREET ADDRESS, CITY, STATE, ZIP CODE 101 WALNUT STREET NEPTUNE, NJ 07753		
(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>A Complaint Survey was conducted on behalf of the New Jersey Department of Health.</p> <p>Complaint #: NJ00150749, NJ00151769, NJ00163730, NJ00165325, NJ00165591, NJ00169080, NJ00150927, NJ00152086, NJ00153675, NJ00164759, NJ00170607</p> <p>Survey Dates: 02/05/24-02/07/24</p> <p>Survey Census: 94</p> <p>Sample Size: 27</p> <p>THE FACILITY IS IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

03/01/2024

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: 061304	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/07/2024
NAME OF PROVIDER OR SUPPLIER JERSEY SHORE POST ACUTE REHABILITATIC		STREET ADDRESS, CITY, STATE, ZIP CODE 101 WALNUT STREET NEPTUNE, NJ 07753		
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S 000	<p>Initial Comments</p> <p>A Complaint Survey was conducted on behalf of the New Jersey Department of Health.</p> <p>Complaint #: NJ00150749, NJ00151769, NJ00163730, NJ00165325, NJ00165591, NJ00169080, NJ00150927, NJ00152086, NJ00153675, NJ00164759, NJ00170607</p> <p>Survey Dates: 02/05/24-02/07/24</p> <p>Survey Census: 94</p> <p>Sample Size: 27</p> <p>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.</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: Complaint #: NJ00150749, NJ00151769, NJ00163730, NJ00165325, NJ00165591,</p>	S 560	<p>S560 Complaint Survey 2024</p>	3/4/24

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New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER JERSEY SHORE POST ACUTE REHABILITATIVE		STREET ADDRESS, CITY, STATE, ZIP CODE 101 WALNUT STREET NEPTUNE, NJ 07753		
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S 560	<p>Continued From page 1</p> <p>NJ00169080, NJ00150927, NJ00152086, NJ00153675, NJ00164759, NJ00170607</p> <p>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 14 of 14 day as follows: 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 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 the 2 weeks of staffing from 01/21/24 to 02/03/2024 the staffing to resident ratios did not meet the minimum requirement of one CNA to eight residents for the day shifts as</p>	S 560	<p>Compliance Date: 3/04/2024 How the corrective action will be accomplished for those residents found to be affected by this practice?</p> <p>Affecting all residents. Contacted recruiter to ensure all ads are optimized to the fullest. Weekly staffing phone calls ongoing in an effort to improve recruitment and retention.</p> <p>How the Facility will identify other residents having the potential to be affected by the same deficient practice?</p> <p>All Residents have the ability to be affected by the facility not meeting the requirements to maintain the required minimum direct care staff to resident ratios, as mandated by the State of New Jersey.</p> <p>What measures will be put in place or what systemic changes will be made to ensure that the deficient practice will not recur?</p> <p>Staffing coordinator was in-serviced on the direct care staff to resident ratios. Agency contracts were reviewed to ensure the facility had outside resources in times of staffing shortages. Implemented a refer a friend incentive program as well as a sign on bonus. The staffing coordinator/designee will audit direct care staffing ratios to ensure it</p>	

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S 560	Continued From page 2 documented below: -01/21/24 had 8 CNAs for 91 residents on the day shift, required at least 11 CNAs. -01/22/24 had 8 CNAs for 91 residents on the day shift, required at least 11 CNAs. -01/23/24 had 9 CNAs for 91 residents on the day shift, required at least 11 CNAs. -01/24/24 had 8 CNAs for 91 residents on the day shift, required at least 11 CNAs. -01/25/24 had 8 CNAs for 91 residents on the day shift, required at least 11 CNAs. -01/26/24 had 9 CNAs for 96 residents on the day shift, required at least 12 CNAs. -01/27/24 had 9 CNAs for 96 residents on the day shift, required at least 12 CNAs. -01/28/24 had 8 CNAs for 96 residents on the day shift, required at least 12 CNAs. -01/29/24 had 10 CNAs for 98 residents on the day shift, required at least 12 CNAs. -01/30/24 had 9 CNAs for 98 residents on the day shift, required at least 12 CNAs. -01/31/24 had 9 CNAs for 98 residents on the day shift, required at least 12 CNAs. -02/01/24 had 10 CNAs for 95 residents on the day shift, required at least 12 CNAs. -02/02/24 had 10 CNAs for 95 residents on the day shift, required at least 12 CNAs. -02/03/24 had 10 CNAs for 93 residents on the day shift, required at least 12 CNAs.	S 560	is within the requirements as mandated by the State of New Jersey, weekly for 1 month, monthly for 3 months, followed by quarterly thereafter. How the facility will monitor its corrective actions to ensure that the deficient practice will not recur, (e.g., what quality assurance program will be put into place?) The Staffing coordinator/designee will review any findings of these audits and present them quarterly with the QAPI committee to determine the frequency of future audits.	