New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	061323		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER: EXCEL CARE AT MANALAPAN

STREET ADDRESS, CITY, STATE, ZIP CODE: 104 PENSION ROAD, MANALAPAN, NJ 07726

(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 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: Based on observation, interview, and review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff-to-shift ratios as mandated by the state of New Jersey for 12 of 14-day shifts reviewed. This deficient practice was evidenced by the following: Reference: New Jersey Department of Health (NJDOH) memo, dated 1/28/21, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for	S 560	1. Corrective action for residents found to be affected by deficient practice. -Since December 27, 2021 (effective date of Change in Ownership), the facility□s new operators immediately established and implemented Recruitment and Retention strategies, in order to try to comply with the staffing ratios. -The facility actively seeks to hire CNAs, that all shifts	1/10/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed

TITLE

(X6) DATE: 12/08/21

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S 560	Continued From page 1 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 2/01/21: 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 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 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. The surveyor requested staffing for weeks of 10/31/21 and 11/7/21. Review of the New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report revealed the following: 10/31/21 had 6 CNAs for 59 residents on the day shift, required 8 CNAs. 11/01/21 had 6 CNAs for 57 residents on the day shift, required 8 CNAs. 11/02/21 had 5 CNAs for 57 residents on the day shift, required 8 CNAs. 11/03/21 had 7 CNAs for 57 residents on the day shift, required 8 CNAs. 11/04/21 had 5 CNAs for 57 resident son the day shift, required 8 CNAs.	S 560	are scheduled to comply with ratios, that any callouts or no-shows result in calls being made by the shift supervisor to fill the shift. Facility has documented evidence to reflect facility□s efforts in its relentless attempts to comply with the staffing ratios. No residents have been adversely affected. 2. Identification of other residents with potential to be affected by deficient practice. -All residents have the potential to be affected by this situation. 3. Measures put into place to ensure the deficient practice will not recur. -Since the change of ownership on December 27, 2021, the Facility□s Recruitment and Retention Efforts to comply with the State□s Staffing Ratios include but are not limited to the following: -New ownership met with the staff to boost morale and promote Staff Retention -Called back nursing staff who resigned in the past to consider coming back, even on a per diem basis. -Offer daily and weekend bonuses to attract overtime or PRN staff shifts -Aggressively run ads in various social	

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S 560	Continued From page 2 11/05/21 had 7 CNAs for 57 residents on the day shift, required 8 CNAs. 11/06/21 had 7 CNAs for 57 residents on the day shift, required 8 CNAs. 11/07/21 had 4 CNAs for 57 residents on the day shift, required 8 CNAs. 11/08/21 had 6 CNAs for 57 residents on the day shift, required 8 CNAs. 11/09/21 had 7 CNAs for 57 residents on the day shift, required 8 CNAs. 11/11/21 had 6 CNAs for 57 residents on the day shift, required 8 CNAs. 11/13/21 had 6 CNAs for 56 residents on the day shift, required 7 CNAs. During an interview with the surveyor on 11/22/2021 at 12:07 PM, the staffing coordinator stated she was aware of the staffing ratios and she does have the staffing "98%" of the time. She stated sometimes she can not get staff to work.	S 560	media platforms -Flexible shifts and schedules -Increase expedience getting staff on board by offering Orientation more frequently -Contract with staffing agencies 4. How will facility monitor corrective actions to ensure deficient practice will not recur -Director of Nursing will provide weekly reports to the Administrator regarding all efforts made to try to comply with the State□s Staffing Ratios. Reports will be submitted to the Vice President of Operations and Corporate Director of Human Resources/Payroll. -Corporate Director of Human Resources/Payroll will submit monthly reports to the QAPI (Quality Assurance and Performance Improvement) Committee X 6 months, documenting status of all recruitment and retention efforts. The QAPI (Quality Assurance and Performance Improvement) Committee will determine the need for further action plans.	