

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061331	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/12/2021
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NAME OF PROVIDER OR SUPPLIER TOWER LODGE CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1506 GULLY ROAD WALL, NJ 07719
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(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 review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios for the day shift, as mandated by the state of New Jersey. This was evident for 10 of 14 day shifts reviewed. Findings include: 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	S 560	No residents were identified to have had negative impact. The deficient practice has the potential to affect all residents residing at the facility. Policy and Procedure was revised, and staff re-educated on staffing strategies. The facility has 5 agencies, bonuses, double shifts, extra shifts, weekend shift differential, referral bonus, staff recognition and an increase rate for C.N.A.'s. referral bonuses, outreach efforts with vocational schools,	8/24/21

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

TITLE

(X6) DATE

Electronically Signed

08/24/21

New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>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 Certified Nurse Aide (CNA) to every eight residents for the day shift.</p> <p>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</p> <p>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 "Nursing Staffing Report" completed by the facility for weeks 7/25/21-7/31/21 and 8/1/21-8/7/21, the staffing to residents ratios that did not meet the minimum requirement of 1 CNA to 8 resident for the day shift as documented below:</p> <p>7/25/21 had 2 CNAs for 38 residents. 38/2 = 19 (not met) 7/26/21 had 4 CNAs for 38 residents. 38/4 = 9.5 (not met) 7/28/21 had 3 CNAs for 38 residents. 38/3 = 12.6 (not met) 7/31/21 had 3 CNAs for 38 residents. 38/3 = 12.6 (not met) 8/1/21 had 3 CNAs for 38 residents. 38/3 = 12.6 (not met) 8/2/21 had 3 CNAs for 38 residents. 38/3 = 12.6 (not met)</p>	S 560	<p>advertisements for CNAs and LPNs, job postings on multiple recruitment platforms, and an increased rate for CNAs. A call out policy was created, and staff was educated on the call out policy.</p> <p>DON or designee will conduct audits of CNA staffing reports to ensure the facility maintained the required minimum direct care staff-to-resident ratios for the day shift. The DON or designee will conduct weekly meetings with the administrator as feasible to review daily CNA ratios. This will be continued until substantial compliance is met. The administrator or designee will analyze and trend these audits. Findings will be presented at the quarterly QAA committee meeting for follow-up and recommendations.</p>	

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S 560	<p>Continued From page 2</p> <p>8/3/21 had 4 CNAs for 38 residents. 38/4 = 9.5 (not met) 8/5/21 had 4 CNAs for 38 residents. 38/4 = 9.5 (not met) 8/6/21 had 2 CNAs for 38 residents. 38/2 = 19 (not met) 8/7/21 had 4 CNAs for 38 residents. 38/4 = 9.5 (not met)</p> <p>The surveyor reviewed staffing for the two weeks prior to the survey date, 7/25/21-7/31/21 and 8/1/21-8/7/21. On 7/25/21, the day shift staffing ratio was one CNA to 19 residents. On 7/26/21, the day shift staffing ratio was one CNA to 9.5 residents. On 7/28/21, the day shift staffing ratio was one CNA to 12.6 residents. On 7/31/21, the day shift staffing ratio was one CNA to 12.6 residents. On 8/1/21, the day shift staffing ratio was one CNA to 12.6 residents. On 8/2/21, the day shift staffing ratio was one CNA to 12.6 residents. On 8/3/21, the day shift staffing ratio was one CNA to 9.5 residents. On 8/5/21, the day shift staffing ratio was one CNA to 9.5 residents. On 8/6/21, the day shift staffing ratio was one CNA to 19 residents. On 8/7/21, the day shift staffing ratio was one CNA to 9.5 residents. The minimum state staffing ratio for day shift is one CNA to eight residents.</p> <p>NJAC 8:39-5.1(a)</p>	S 560		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061331	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/14/2021
Y1	Y2	Y3
NAME OF FACILITY TOWER LODGE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1506 GULLY ROAD WALL, NJ 07719

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	08/24/2021	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 8/12/2021		<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		