STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061344	A. BUILDING: _____ B. WING _____	11/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERIDIAN NURSING AND REHABILITATION AT	160 MAIN STREET OCEAN GROVE, NJ 07756

(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 Census: 98 Sample Size: 35 TYPE OF SURVEY: Recertification survey The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 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 provisions of 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 interviews, facility document review, and New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, it was determined that the facility failed to ensure staffing ratios were met for 11 of 14 day-shifts reviewed. This deficient practice had the potential to affect all residents. Findings included:	S 560	1. The corrective actions accomplished for the residents affected by the deficient practice: - A root cause analysis was performed to identify the cause of the deficient practice - Based on the RCA the team identified the cause of the deficient practice to be failure to staff the facility to appropriate	12/10/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 12/10/21

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S 560	Continued From page 1 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: One certified nurse aid 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 certified nurse aides, and each direct staff member shall be signed in to 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 certified nurse aide and perform certified nurse aide duties. 1. A review of the "Nurse Staffing Report," completed by the facility for the weeks of 10/24/2021 - 11/06/2021, revealed staff-to-resident ratios that did not meet the minimum requirements as listed below: 10/24/2021 had 10 CNAs for 102 residents on the day shift, required 13 CNAs. 10/25/2021 had 10 CNAs for 100 residents on the day shift, required 13 CNAs. 10/26/2021 had 9 CNAs for 98 residents on the	S 560	ratios based on NJ guidelines due to an global acute shortage of staff, specifically certified nursing assistants. Date of Compliance 12/10/2021 2. The corrective actions taken for other residents having the potential to be affected by the same deficient practice: - All residents have the potential to be affected by the deficient practice Date of Compliance 12/10/2021 3. Measures put into place to ensure the deficient practice will not recur: - Consolidation of nursing units to better distribute staff to meet ratio requirements - CNA classes to convert Provisional Nursing Aides to CNAs and thus increase staff - Re-engineered hiring process to expedite on-boarding process - Hiring bonuses to new hires to help increase applicants and retention of new hires - Blast emails and Blast text messages to help drive applicants - Continued relationships with local CNA/Nursing schools to help build applicant pool.	

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MERIDIAN NURSING AND REHABILITATION AT	160 MAIN STREET OCEAN GROVE, NJ 07756

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S 560	Continued From page 2 day shift, required 13 CNAs. 10/28/2021 had 11 CNAs for 98 residents on the day shift, required 13 CNAs. 10/29/2021 had 11 CNAs for 98 residents on the day shift, required 13 CNAs. 10/30/2021 had 7 CNAs for 100 residents on the day shift, required 13 CNAs. 10/31/2021 had 9 CNAs for 100 residents on the day shift, required 13 CNAs. 11/01/2021 had 12 CNAs for 98 residents on the day shift, required 13 CNAs. 11/04/2021 had 10 CNAs for 98 residents on the day shift, required 13 CNAs. 11/05/2021 had 8 CNAs for 94 residents on the day shift, required 12 CNAs. 11/06/2021 had 11 CNAs for 94 residents on the day shift, required 12 CNAs. On 11/12/2021 at 8:28 AM, the Director of Nursing (DON), the Assistant Nursing Home Administrator (ANHA) and the staffing coordinator were interviewed. The DON acknowledged that the facility did not staff in accordance with the directive indicated in the NJDOH memo. Per the DON, the facility closed one of their units and consolidated the residents to ensure nursing staff were not unnecessarily spread across the units. The DON stated that the facility started a CNA class with six personnel who would be graduating soon. The DON added that the facility was currently utilizing the personnel who were undergoing the CNA training as provisional nursing assistants at the facility. Per the ANHA, the facility offered double and triple bonuses to the aides and the nurses to work on weekends. The DON stated that the facility implemented flexible hours to encourage nursing staff to stay. The ANHA added that the facility had posted vacancies on the facility	S 560	- Hackensack Meridian Health hired a dedicated Human Resources personal for Long term care recruitment - Increasing bonuses as well as critical shift pay to current staff, including nurses working as CNAs to work additional hours while we look to fill vacancies through internal job postings, job fairs, and external job postings - Staffing coordinator and nursing supervisors will be educated on the staffing ratio requirements. Redesign the staffing form to ensure appropriate staffing ratio. Date of Compliance 12/10/2021 4. Corrective actions will be monitored to ensure the deficient practice will not recur: - Daily audit of staffing and ratio requirements completed by the staffing coordinator for one month , then weekly for 2 months and then monthly for 12 months. Audit will be given to the Administrator. - Audit results will be submitted and discussed to the Quality Assurance Committee monthly Date of Compliance 12/10/2021	

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S 560	Continued From page 3 website and conducted job fairs in their effort to maintain adequate staffing at the facility.	S 560		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
061344 Y1	A. Building B. Wing Y2	1/11/2022 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
MERIDIAN NURSING AND REHABILITATION AT OCEAN GROVE	160 MAIN STREET OCEAN GROVE, NJ 07756

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	12/10/2021	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 ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
11/17/2021	☐ YES ☐ NO