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
	061407		03/24/2022

NAME OF PROVIDER OR SUPPLIER: CHATHAM HILLS SUBACUTE CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE: 415 SOUTHERN BLVD, CHATHAM, NJ 07928

(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 interview, and review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey. This deficient practice was evidenced by the following: Reference: NJ State requirement, CHAPTER 112. An Act concerning staffing requirements for nursing homes and supplementing Title 30 of the Revised Statutes. Be It Enacted by the Senate and General Assembly of the State of New Jersey: C.30:13-18	S 560	Based on interview, and review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff to resident ratios as mandated by the state of New Jersey. Facility staffing coordinator was educated regarding NJ staffing requirement All residents have potential to be affected by this deficit practice	5/4/22

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

TITLE

(X6) DATE: 04/06/22

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S 560	Continued From page 1 Minimum staffing requirements for nursing homes effective 2/1/21. 1. a. Notwithstanding any other staffing requirements as may be established by law, every nursing home as defined in section 2 of P.L.1976, c.120 (C.30:13-2) or licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall maintain the following minimum direct care staff -to-resident ratios: (1) one certified nurse aide to every eight residents for the day shift; (2) 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 staff member shall be signed in to work as a certified nurse aide and shall perform certified nurse aide duties; and (3) 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 b. Upon any expansion of resident census by the nursing home, the nursing home shall be exempt from any increase in direct care staffing ratios for a period of nine consecutive shifts from the date of the expansion of the resident census. c. (1) The computation of minimum direct care staffing ratios shall be carried to the hundredth place. (2) If the application of the ratios listed in subsection a. of this section results in other than a whole number of direct care staff, including certified nurse aides, for a shift, the number of required direct care staff members shall be rounded to the next higher whole number when the resulting ratio, carried to the hundredth place, is fifty-one hundredths or higher. (3) All computations shall be based on the	S 560	Staffing ratio for past 30 days were audited and reviewed to ensure meeting State staffing requirements Facility has developed staffing policy to meet 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," Facility Staffing Coordinator, HR, Nursing Leadership including Director of Nursing, Assistant Director of Nursing, Supervisors, Unit managers were educated regarding above policy Administrator/Designee will meet and communicate with Staffing coordinator on a daily basis to ensure facility meets NJ staffing requirements A Regional Staffing consultant was hired to assist the facility with staffing and recruitment Facility has scheduled job fair on 2/3/ 22 and was able to hire 11 nursing staff Facility continues to use agency Administrator/Designee will audit staffing ratio on a daily basis to ensure it meet NJ State staffing requirements and Any findings will be addressed accordingly The Administrator /Designee will report the results of the audits at the quarterly QA meeting for review and feedback.	

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S 560	Continued From page 2 midnight census for the day in which the shift begins. d. Nothing in this section shall be construed to affect any minimum staffing requirements for nursing homes as may be required by the Commissioner of Health for staff other than direct care staff, including certified nurse aides, or to restrict the ability of a nursing home to increase staffing levels, at any time, beyond the established minimum ... The facility was deficient in CNA staffing for residents on 12 of 14 day shifts as follows: 02/27/22 had 9 CNAs for 92 residents on the day shift, required 12 CNAs. 02/28/22 had 7 CNAs for 92 residents on the day shift, required 12 CNAs. 03/01/22 had 11 CNAs for 92 residents on the day shift, required 12 CNAs. 03/02/22 had 10 CNAs for 92 residents on the day shift, required 12 CNAs. 03/04/22 had 11 CNAs for 95 residents on the day shift, required 12 CNAs. 03/05/22 had 10 CNAs for 95 residents on the day shift, required 12 CNAs. 03/06/22 had 11 CNAs for 98 residents on the day shift, required 13 CNAs. 03/07/22 had 12 CNAs for 97 residents on the day shift, required 13 CNAs. 03/08/22 had 12 CNAs for 97 residents on the day shift, required 13 CNAs 03/09/22 had 12 CNAs for 97 residents on the day shift, required 13 CNAs. 03/10/22 had 11 CNAs for 97 residents on the day shift, required 12 CNAs. On 03/23/22 at 10:11 AM, the surveyor interviewed the Staffing Coordinator who stated that she was the person responsible for fully	S 560	Responsible Party: Administrator	

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S 560	Continued From page 3 staffing the building with nurses and CNAs. The Staffing Coordinator further stated that that the mandatory staffing requirements for the state of New Jersey were eight residents per one CNA on the 7:00 AM - 3:00 PM shift, ten residents per one CNA on the 3:00 PM - 11:00 PM shift, and 14 residents per one CNA on the 11:00 PM - 7:00 AM shift. NJAC 8:39-5.1(a)	S 560		
S1405	8:39-19.5(a) Mandatory Infection Control and Sanitation a) The facility shall require all new employees to complete a health history and to receive an examination performed by a physician or advanced practice nurse, or New Jersey licensed physician assistant, within two weeks prior to the first day of employment or upon employment. If the new employee receives a nursing assessment by a registered professional nurse upon employment, the physician's or advanced practice nurse's examination may be deferred for up to 30 days from the first day of employment. The facility shall establish criteria for determining the completeness of physical examinations for employees. This REQUIREMENT is not met as evidenced by: Based on interview and review of pertinent facility documentation it was identified that the facility	S1405	Based on interview and review of pertinent facility failed documentation it was	5/4/22

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S1405	Continued From page 4 failed to: a. perform physicals on five of five newly hired employees and b. administer a tuberculin skin test (also called the Mantoux tuberculin skin test, which requires two negative test results. It is performed by injecting a small amount of fluid into the skin on the lower part of the arm which identifies a negative or positive test result based on an individual's exposure to tuberculosis; a bacterial disease that effects the lungs) on five of five newly hired employees. This deficient practice was evidenced by the following: On 03/22/22 at 11:15 AM, the surveyor reviewed the employee files of five randomly selected employees that were hired at the facility within the past four months. Employee #1 had a hire date of 11/17/21. A review of Employee #1's Employee Medical History and Physical Evaluation dated 11/17/21 did not reflect that that Employee #1 had a physical completed prior to starting work at the facility. The physician's signature and date of the physical evaluation on the form was left blank. A further review of Employee #1's Employee Medical History and Physical Evaluation indicated that step one of a tuberculin skin test was completed on 11/17/21 and a negative test result was read on 11/19/21. There was no evidence that the second tuberculin skin test or symptom screening for tuberculosis was performed on Employee #1. There was no evidence that symptom screening for tuberculosis was performed on Employee #1. Employee #2 had a hire date of 12/20/21. A review of Employee #2's employee file indicated	S1405	identified that the facility failed to: a perform physicals on five of five newly hired employees and b. administer a tuberculin skin test (also called the Mantoux tuberculin skin test, which requires two negative test results. It is performed by injecting a small amount of fluid into the skin on the lower part of the arm that identifies a negative or positive test result based on an individual□s exposure to tuberculosis; a bacterial disease that effects the lungs) on five of five newly hired employees Facility Human Resource Director was educated on Providing pre-employment physical examination and testing Employee #1 , #2, #3, #4, #5 file was audited and findings will be addressed accordingly. 2nd step PPDs and Physicals were completed. Employees did not need to be removed from schedule. Policy on Providing Pre-employment physical examination testing was reviewed by Administrator Human Resource Director, ADON, IDCP, DON was educated on policy referenced above Administrator/HR Director will randomly audit 10 employee health files for Tuberculin skin tests and competition of physicals weekly x4 then monthly x 3 The Director of nursing /Designee will report the results of the audits at the quarterly QA meeting for review and	

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S1405	Continued From page 5 that the Employee Medical History and Physical Evaluation was nonexistent and was not present in their employee file upon surveyor review. A further review of Employee #2's employment file indicated that step one of a tuberculin skin test was completed on 09/30/21. The result of the tuberculin skin test was negative, but there was no date indicating when the test had been read. There was no evidence that a second tuberculin skin test or symptom screening for tuberculosis was performed on Employee #2. Employee #3 had a hire date of 01/28/22. A review of Employee #3's Employee Medical History and Physical Evaluation dated 01/10/22 did not reflect that that Employee #3 had a physical completed prior to starting work at the facility. The physician's signature and date of the physical evaluation on the form was left blank. A further review of the Employee #3's Medical History and Physical Evaluation indicated that step one of a tuberculin skin test was completed on 01/10/22 and a negative test result was read on 01/12/22. There was no evidence that the second tuberculin skin test or symptom screening for tuberculosis was performed on Employee #3. Employee #4 had a hire date of 02/14/22. A review of Employee #4's Employee Medical History and Physical Evaluation dated 2/02/22 did not reflect that that Employee #4 had a physical completed prior to starting work at the facility. The physician's signature and date of the physical evaluation on the form was left blank. A further review of Employee #4's Employee Medical History and Physical Evaluation indicated that step one of a tuberculin skin test was	S1405	feedback. Responsible Party: Administrator	

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S1405	Continued From page 6 completed on 02/02/22 and a negative test result was read on 02/04/22. There was no evidence that the second tuberculin skin test or symptom screening for tuberculosis was performed on Employee #4. Employee #5 had a hire date of 02/28/22. A review of Employee #5's Employee Medical History and Physical Evaluation dated 02/02/22 did not reflect that that Employee #5 had a physical completed prior to starting work at the facility. The physician's signature and date of the physical evaluation on the form was left blank. A further review of Employee #5's Medical History and Physical Evaluation indicated that step one of tuberculin skin test was completed on 02/02/22. There was no evidence that the tuberculin skin test was read to determine a positive or negative result. There was no evidence that the second tuberculin skin test or symptom screening for tuberculosis was performed on Employee #5. On 03/22/22 at 11:31 AM, the surveyor interviewed the Human Resource Director who stated that the nurse managers were responsible for new hires receiving their physicals and a tuberculin skin test as soon as possible. On 03/22/22 at 12:11 PM, the surveyor interviewed the Director of Nursing (DON) who stated that some employees would receive their physicals from an urgent care or their primary care physician prior to starting work at the facility. The DON did not speak to if a Registered Nurse or physician who worked for the facility performed physicals on newly hired employees. The DON could not provide evidence that the five newly hired employees received a physical from an urgent care or their primary care physician prior	S1405		

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S1405	Continued From page 7 to employment at the facility. The DON further stated that new employees were required to have two-tuberculin skin test performed upon hire, with two negative results which would need to be completed within 14 days of the employees hire date. A review of the facility's Employee Health Program Policy revised 01/12 indicated that the major components of the employee health program consisted of, "Providing pre-employment physical examinations and testing." A review of the facility's Tuberculosis, Employee Screening Policy and Procedure indicated, "All employees are screened for latent tuberculosis infection (LTBI) and active tuberculosis (TB) disease, using tuberculin skin test (TST) or interferon gamma release assay (IGRA) and symptom screening, prior to beginning employment."	S1405		
S2120	8:39-31.1(c) Mandatory Physical Environment (c) Fire safety maintenance and retrofit of long-term care facilities shall comply with the Uniform Fire Safety Code (N.J.A.C. 5:18) as adopted by the New Jersey Department of Community Affairs. The New Jersey Uniform Fire Safety Code may be obtained from the Fire Safety Element of the Department of Community Affairs, P.O. Box 809, Trenton, New Jersey 08625-0809.	S2120		5/4/22

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S2120	Continued From page 8 This REQUIREMENT is not met as evidenced by: Based on record review and interview on 3/22/22, it was determined that the facility failed to ensure that their building was inspected by a local fire code official each quarter in accordance with the quarterly inspection requirement's of the Uniform Fire Code (NJAC 5:18).This deficient practice was evidenced for 4 of 4 uniform fire code quarterly inspection reports by the following: A review of the facility's quarterly fire code inspection reports, and related documentation indicated that no quarterly inspection reports were provided by the facility for the following quarters: 1st Quarter of 2022 4th Quarter of 2021 3rd Quarterof 2021 2nd Quarterof 2021 In an interview the Maintenance Director stated that he could not provide any documentation that the Uniform Fire Code Quarterly Inspections were conducted. The Maintenance Director and Administrator, called the Fire Official and left a message on his phone, but as of the Life Safety Code exit conference, no further information was provided.	S2120	Based on record review and interview on 3/22/22, it was determined that the facility failed to ensure that their building was inspected by a local fire code official each quarter in accordance with the quarterly inspection requirements of the Uniform Fire Code (NJAC 5:18).This deficient practice was evidenced for 4 of 4 uniform fire code quarterly inspection No residents were affected by this deficient practice Director of Maintenance was educated related to quarterly Fire safety inspection All residents have the potential to be affected by the deficient practice. Fire Marshall visited Chatham Hills subacute Care on 3/30/22 and the quarterly inspection was completed and no issues were identified. Quarterly inspection results will be kept on file at facility. Fire Safety Policy was reviewed by the administrator	

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S2120	Continued From page 9 NJAC 8:39-31.2(e)	S2120	Schedule was established with Fire Marshall for quarterly visits to Chatham Hills Subacute Care for quarterly inspections Administrator will work closely with Director of Maintenance Services for quarterly fire Safety Inspection and in case of projecting delay, they will use back up services to ensure fire safety services inspection remain in compliance The Director of Maintenance will ensure quarterly inspections The Director of Maintenance will report the results of the audits at the quarterly QAPI meeting for review and feedback. Responsible party: Administrator	