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		C 02/21/2022

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 Complaint #: NJ149955, NJ148569, NJ148201 Census: 98 Sample Size: 6 TYPE OF SURVEY: Complaint Survey The facility is not in substantial compliance with all 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: Complaint Intake NJ149955, NJ148201, and NJ148569 Based on interviews, facility document review, and New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, it was determined the facility failed to ensure staffing ratios were met for 63 out of 70 shifts reviewed. This had the potential to affect all residents.	S 560	S560 Mandatory Access to Care Based on interviews, facility document review, and New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, it was determined the facility failed to ensure staffing ratios were met for 63 out of 70 shifts reviewed. This had the potential to affect all resident Facility staffing coordinator was educated	3/31/22

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

TITLE

(X6) DATE: 03/23/22

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		C 02/21/2022

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 560	Continued From page 1 Findings included: Reference: 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 aide 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 four weeks of staffing from 08/01/2021 to 08/28/2021, revealed the facility was deficient in certified nurse aides (CNAs) staffing for residents on 25 of 28 day shifts as follows: On 08/01/2021 had 6 CNAs for 62 residents on the day shift, required 12 CNAs. On 08/02/2021 had 6 CNAs for 92 residents on the day shift, required 12 CNAs.	S 560	regarding NJ staffing requirement All residents have potential to be affected by this deficit practice 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 DON, ADON, 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 as needed Facility has had a TNA training course on 3/3 and on boarded 10 TNAs 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 result of the audits will be submitted to QAPI committee for review and feedback Responsible Party: Administrator	

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		C 02/21/2022

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 560	Continued From page 2 On 08/03/2021 had 8 CNAs for 92 residents on the day shift, required 12 CNAs. On 08/04/2021 had 10 CNAs for 92 residents on the day shift, required 12 CNAs. On 08/05/2021 had 11 CNAs for 92 residents on the day shift, required 12 CNAs. On 08/06/2021 had 9 CNAs for 92 residents on the day shift, required 12 CNAs. On 08/07/2021 had 10 CNAs for 93 residents on the day shift, required 12 CNAs. On 08/08/2021 had 7 CNAs for 93 residents on the day shift, required 12 CNAs. On 08/09/2021 had 10 CNAs for 93 residents on the day shift, required 12 CNAs. On 08/13/2021 had 8 CNAs for 03 residents on the day shift, required 12 CNAs. On 08/14/2021 had 7 CNAs for 93 residents on the day shift, required 12 CNAs. On 08/15/2021 had 5 CNAs for 99 residents on the day shift, required 13 CNAs. On 08/16/2021 had 9 CNAs for 99 residents on the day shift, required 13 CNAs. On 08/17/2021 had 9 CNAs for 99 residents on the day shift, required 13 CNAs. On 08/18/2021 had 9 CNAs for 99 residents on the day shift, required 13 CNAs. On 08/19/2021 had 10 CNAs for 99 residents on the day shift, required 13 CNAs. On 08/20/2021 had 7 CNAs for 99 residents on the day shift, required 13 CNAs. On 08/21/2021 had 9 CNAs for 101 residents on the day shift, required 13 CNAs. On 08/22/2021 had 9 CNAs for 101 residents on the day shift, required 13 CNAs. On 08/23/2021 had 7 CNAs for 101 residents on the day shift, required 13 CNAs. On 08/24/2021 had 8 CNAs for 102 residents on the day shift, required 13 CNAs. On 08/25/2021 had 6 CNAs for 102 residents on the day shift, required 13 CNAs.	S 560		

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		C 02/21/2022

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 560	Continued From page 3 On 08/26/2021 had 6 CNAs for 102 residents on the day shift, required 13 CNAs. On 08/27/2021 had 6 CNAs for 101 residents on the day shift, required 13 CNAs. On 08/28/2021 had 9 CNAs for 93 residents on the day shift, required 12 CNAs. 2. For the four weeks of staffing from 10/17/2021 to 11/13/2021, the facility was deficient in CNA staffing for residents on 25 of 28 day shifts as follows: On 10/17/2021 had 9 CNAs for 101 residents on the day shift, required 13 CNAs. On 10/18/2021 had 8 CNAs for 99 residents on the day shift, required 13 CNAs. On 10/19/2021 had 11 CNAs for 98 residents on the day shift, required 13 CNAs. On 10/20/2021 had 11 CNAs for 98 residents on the day shift, required 13 CNAs. On 10/21/2021 had 11 CNAs for 98 residents on the day shift, required 13 CNAs. On 10/22/2021 had 11 CNAs for 96 residents on the day shift, required 12 CNAs. On 10/23/2021 had 10 CNAs for 96 residents on the day shift, required 12 CNAs. On 10/24/2021 had 8 CNAs for 96 residents on the day shift, required 12 CNAs. On 10/25/2021 had 10 CNAs for 96 residents on the day shift, required 12 CNAs. On 10/26/2021 had 10 CNAs for 96 residents on the day shift, required 12 CNAs. On 10/27/2021 had 8 CNAs for 96 residents on the day shift, required 12 CNAs. On 10/28/2021 had 11 CNAs for 98 residents on the day shift, required 13 CNAs. On 10/30/2021 had 11 CNAs for 95 residents on the day shift, required 12 CNAs. On 10/31/2021 had 9 CNAs for 96 residents on the day shift, required 12 CNAs.	S 560		

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		C 02/21/2022

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 560	Continued From page 4 On 11/01/2021 had 8 CNAs for 94 residents on the day shift, required 12 CNAs. On 11/02/2021 had 11 CNAs for 94 residents on the day shift, required 12 CNAs. On 11/05/2021 had 8 CNAs for 96 residents on the day shift, required 12 CNAs. On 11/06/2021 had 9 CNAs for 96 residents on the day shift, required 12 CNAs. On 11/07/2021 had 7 CNAs for 96 residents on the day shift, required 12 CNAs. On 11/08/2021 had 7 CNAs for 97 residents on the day shift, required 13 CNAs. On 11/09/2021 had 11 CNAs for 97 residents on the day shift, required 13 CNAs. On 11/10/2021 had 7 CNAs for 97 residents on the day shift, required 13 CNAs. On 11/11/2021 had 9 CNAs for 96 residents on the day shift, required 12 CNAs. On 11/12/2021 had 9 CNAs for 96 residents on the day shift, required 12 CNAs. On 11/13/2021 had 9 CNAs for 96 residents on the day shift, required 12 CNAs. 3. For the two weeks of staffing from 01/02/2022 to 01/15/2022, the facility was deficient in CNA staffing for residents on 13 of 14 day shifts as follows: On 01/02/2022 had 9 CNAs for 94 residents on the day shift, required 12 CNAs. On 01/03/2022 had 7 CNAs for 94 residents on the day shift, required 12 CNAs. On 01/04/2022 had 10 CNAs for 94 residents on the day shift, required 12 CNAs. On 01/05/2022 had 9 CNAs for 94 residents on the day shift, required 12 CNAs. On 01/06/2022 had 10 CNAs for 94 residents on the day shift, required 12 CNAs. On 01/07/2022 has 8 CNAs for 97 residents on the day shift, required 13 CNAs.	S 560		

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		C 02/21/2022

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 560	Continued From page 5 On 01/08/2022 had 8 CNAs for 97 residents on the day shift, required 13 CNAs. On 01/09/2022 had 8 CNAs for 97 residents on the day shift, required 13 CNAs. On 01/10/2022 had 11 CNAs for 97 residents on the day shift, required 13 CNAs. On 01/12/2022 had 9 CNAs for 97 residents on the day shift, required 13 CNAs. On 01/13/2022 had 11 CNAs for 97 residents on the day shift, required 13 CNAs. On 01/14/2022 had 12 CNAs for 97 residents on the day shift, required 13 CNAs. On 01/15/2022 had 12 CNAs for 97 residents on the day shift, required 13 CNAs. In an interview on 01/18/2022 at 9:57 AM, Licensed Practical Nurse (LPN) #1 stated that the facility was "sometimes" short staffed and "if you have more patients, you don't have enough time to care for those that have other needs like pain and incontinent care." In an interview on 01/18/2022 at 10:20 AM, LPN #2 stated the facility was short staffed and they had to "prioritize the residents." In an interview on 01/18/2022 at 11:56 AM, the Director of Nursing (DON) stated that the facility had "call-outs," but it did not affect the care the residents received. The DON stated the expectation was for a ratio of one CNA to every eight residents for all three shifts. In an interview on 01/18/2022 at 12:18 PM, the Social Worker (SW) stated that the facility had call outs, but it did not affect the residents' care. In an interview on 01/18/2022 at 2:31 PM, CNA #3 stated that the facility was "sometimes" short staffed and that it did affect the residents, but "we	S 560		

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		C 02/21/2022

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 560	Continued From page 6 have to work together with what we have." In an interview on 01/18/2022 at 3:08 PM, CNA #4 and CNA #5 both stated that the facility was "sometimes" short staffed but did not feel like it affected resident care. In an interview on 01/19/2022 at 10:58 AM, the Administrator (ADM) stated, "We have our challenges. During this pandemic, we are a team that comes together ...We do have call outs." The ADM stated that due to staffing shortages, residents did receive care, but it may be delayed. There was no facility policy available for review regarding minimum staffing.	S 560		