

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/03/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315138	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/17/2024
NAME OF PROVIDER OR SUPPLIER TROY HILLS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 200 REYNOLDS AVE PARSIPPANY, NJ 07054		
(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) COMPLETION DATE	
F 000	INITIAL COMMENTS Complaint #: NJ176107 Census: 87 Sample Size: 3 THE FACILITY IS IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000			

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

TITLE

(X6) DATE

Electronically Signed

10/16/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061416	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/17/2024
NAME OF PROVIDER OR SUPPLIER TROY HILLS CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 200 REYNOLDS AVE PARSIPPANY, NJ 07054		
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S 000	Initial Comments Complaint #: NJ176107 Census: 87 Sample Size: 3 The facility was not in compliance with 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 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: Complaint #: NJ176107 Based on interviews and review of facility documents on 09/17/2024, it was determined that the facility failed to ensure staffing ratios were met for 14 of 14-day shifts reviewed. This deficient practice had the potential to affect all residents. Findings include:	S 560	S560 – Mandatory Access to Care HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE PRACTICE All residents have the potential to be affected by this deficient practice	11/1/24

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S 560	<p>Continued From page 1</p> <p>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 as 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. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into 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 CNA and perform CNA duties.</p> <p>For the 2 weeks of staffing prior to complaint survey from 09/1/2024 to 09/14/2024, the facility was deficient in CNA staffing for residents on 14 of 14-day shifts, as follows:</p> <p>On 09/01/24 had 9 CNAs for 90 residents on the day shift, required at least 11 CNAs. On 09/02/24 had 10 CNAs for 90 residents on the day shift, required at least 11 CNAs. On 09/03/24 had 9 CNAs for 90 residents on the day shift, required at least 11 CNAs. On 09/04/24 had 10 CNAs for 90 residents on the day shift, required at least 11 CNAs. On 09/05/24 had 10 CNAs for 91 residents on the day shift, required at least 11 CNAs. On 09/06/24 had 10 CNAs for 91 residents on the</p>	S 560	<p>How the facility will identify other residents having the potential to be affected by the same deficient practice</p> <p>All Residents have the potential to be affected by this practice.</p> <p>WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR.</p> <p>The Staffing Coordinator was re-educated on NJ staffing mandated ratios. Center will continue recruiting functions, which drive various forms of media to increase the number of applicants.</p> <p>Weekly Staffing calls with regional support teams and fill C.N.A openings.</p> <p>Weekly meetings are held including the Administrator, Director of Nursing and HR recruiter to review direct care staffing and develop strategies.</p> <p>Regional HR recruiter and Scheduling Manager recruits from various local colleges and other schools with CNA programs by direct contact and attendance at Job Fairs.</p> <p>Resident census and Direct Care/CNA staffing schedules are reviewed daily by the Administrator, Director of Nursing/designee and Staffing Coordinator to monitor staff-to-resident ratios.</p>	

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S 560	Continued From page 2 day shift, required at least 11 CNAs. On 09/07/24 had 7 CNAs for 91 residents on the day shift, required at least 11 CNAs. On 09/08/24 had 10 CNAs for 93 residents on the day shift, required at least 12 CNAs. On 09/09/24 had 9 CNAs for 91 residents on the day shift, required at least 11 CNAs. On 09/10/24 had 9 CNAs for 91 residents on the day shift, required at least 11 CNAs. On 09/11/24 had 9 CNAs for 90 residents on the day shift, required at least 11 CNAs. On 09/12/24 had 9 CNAs for 89 residents on the day shift, required at least 11 CNAs. On 09/13/24 had 10 CNAs for 87 residents on the day shift, required at least 11 CNAs. On 09/14/24 had 9 CNAs for 87 residents on the day shift, required at least 11 CNAs.	S 560	The Administrator, Director of Nursing/designee and Staffing Coordinator will monitor Direct Care/Certified Nursing Assistant(CNA) staffing ratios and C.N.A open positions. The recruiting department is actively advertising and recruiting for C.N.As. Open position postings for Certified Nursing Assistants are regularly maintained and continuously posted for full time, part time, and per diem. Higher hourly rates for CNAs are effective 10/1/22; \$20 for new hires, \$21 with experience and per diem hourly rate is \$24 effective March 2023. Currently recruiting for CNA students and offering the option of in-house training or sponsorship at a local school. Once certified, the students are hired to the center on a full time basis or as the centers C.N.A need. Referral bonuses are in place to encourage staff to refer employees to the center. HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR, I.E., WHAT QUALITY ASSURANCE PROGRAM WILL BE PUT INTO PLACE The Administrator, Staffing Coordinator and HR recruiter/designee will maintain a listing of current recruiting efforts, and document 3 days a week the results of these efforts.	

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S 560	Continued From page 3	S 560	<p>The Administrator will audit these efforts weekly x three(3) months to ensure that the Center team is following up on all recruitment tasks.</p> <p>The Administrator, Director of Nursing or Staffing Coordinator will report findings to the Performance Improvement Committee to the monthly and quarterly meetings.</p> <p>The Performance Improvement Committee will evaluate and determine the effectiveness of the plan to ensure substantial compliance is achieved and determine if further monitoring and evaluation is required.</p> <p>It is the intent of the facility to maintain staffing requirements in compliance with NJ157847.</p> <p>COMPLIANCE DATE: November 1, 2024</p>	

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061416	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 11/4/2024
NAME OF FACILITY TROY HILLS CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 200 REYNOLDS AVE PARSIPPANY, NJ 07054	

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	11/01/2024	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	
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 9/17/2024		<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			