STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061421	A. BUILDING: _____ B. WING _____	11/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHESHIRE HOME	9 RIDGEDALE AVE FLORHAM PARK, NJ 07932

(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 observation, interviews and review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey for 2 of 14 day shifts reviewed. This deficient practice was evidenced by the following: 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	S 560	The Human Resources Director (who is in charge of staffing), and the Asst Nursing Secretary (who assists with staffing) re-reviewed the new minimum staffing requirements for nursing homes outlined in law P.L. 202 c 112. The schedule that was completed for the rest of November and December was reviewed by the Human Resources Director and Asst Nursing Secretary to ensure minimum staffing requirements	12/31/21

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

Electronically Signed | 12/03/21

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S 560	Continued From page 1 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 (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 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 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. The surveyor requested staffing reports for the weeks of 10/24/2021 and 10/31/2021. A review of the "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report" revealed the following dates and shifts that the facility did not meet the minimum staffing requirements: -10/31/21 had 4 CNAs for 33 residents on the day shift, required 5 CNAs. -11/02/21 had 4 CNAs for 34 residents on the day shift, required 5 CNAs. During an interview with the surveyor on 11/12/21 at 10:57 AM, the Human Resources Director, (who was in charge of staffing) stated she was not aware of the staffing ratios for New Jersey,	S 560	were met. Cheshire Home□s Human Resources Director prepares nursing staffing schedules to meet at least minimum staffing requirements. The Human Resources Director and Asst Nursing Secretary will monitor the schedule on a daily basis while looking ahead in the schedule for staffing gaps. On a weekly basis, the Human Resources Director will review the entire schedule and maintain a Staff Monitoring Log of these reviews. In circumstances of unexpected shift callouts for a CNA, the shift Charge Nurse and Nurse-On-Call follow these steps: 1) All CNAs are contacted via phone and/or text to attempt to cover the open shift. Cheshire Home does not have budgetary restrictions on overtime. 2) If there are no CNA□s available, an LPN or RN will be asked to cover the shift to work in a direct care staff capacity. An agency provider will be contacted to attempt to cover the shift if necessary. The Human Resources Director will review and update staffing policies and will in-service the Asst Nursing Secretary and Charge Nurses (who include all Nurses-On-Call) of minimum staffing requirements and staffing policies. Charge Nurses and the Asst Nursing Secretary will be in-serviced annually and upon hire.	

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S 560	Continued From page 2 but staffing had been a challenge. On 11/12/21 at 12:34 PM the Director of Nursing, Assistant Administrator and the Administrator were made aware of the staffing concerns.	S 560	The Director of Nursing will review the nursing schedule on a weekly basis to ensure that adequate staffing ratios are maintained and initial the Staff Monitoring Logs. The Human Resources Director will maintain in-service logs and present them to the QA Committee quarterly. The Human Resources Director will submit the Staff Monitoring Log to the QA Committee quarterly. The QA Committee has been addressing the current staffing crisis and will continue the plan to actively recruit and hire qualified, vaccinated, and available CNAs. The QA Committee meets quarterly.	

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
061421 Y1	A. Building B. Wing Y2	3/10/2022 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CHESHIRE HOME	9 RIDGEDALE AVE FLORHAM PARK, NJ 07932

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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	12/31/2021	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	
11/15/2021	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
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NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
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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	

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