

New Jersey Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>061529</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>09/21/2021</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>COMPLETE CARE AT BEY LEA, LLC</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1351 OLD FREEHOLD ROAD</b><br><b>TOMS RIVER, NJ 08753</b> |
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| (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              | <p>Initial Comments</p> <p>Complaint # NJ145849, NJ147416</p> <p>Census: 83</p> <p>Sample Size: 5</p> <p>TYPE OF SURVEY: Complaint Survey</p> <p>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.</p> <p>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.</p> | S 000         |   |                    |
| S 560              | <p>8:39-5.1(a) Mandatory Access to Care</p> <p>(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Complaint Intake: NJ147416, NJ145849</p> <p>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 maintain direct care staff-to-resident ratios as mandated by New Jersey State Law. This was evident for 12 out of 42 shifts reviewed. This had the potential to affect</p>  | S 560         | <p>8:39-5.1(a) Mandatory Access to Care – STATE'S STAFFING RATIOS</p> <p>PLAN OF CORRECTION</p> <p>CORRECTIVE ACTIONS ACCOMPLISHED FOR RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE:</p> | 10/5/21            |

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

TITLE

(X6) DATE

Electronically Signed

10/05/21

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|--------------------|--|---------------|---|--------------------|
| S 560              | <p>Continued From page 1</p> <p>all residents.</p> <p>Findings included:</p> <p>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:</p> <p>One certified nurse aide to every eight residents for the day shift.</p> <p>1. A review of the "Nurse Staffing Report," completed by the facility for the weeks of 09/05/2021 - 09/18/2021, revealed staff-to-resident ratios that did not meet the minimum requirements as listed below:</p> <p>09/05/2021 - 9 CNAs to 85 residents on the day shift.<br/>09/06/2021 - 9 CNAs to 85 residents on the day shift.<br/>09/07/2021 - 9 CNAs to 80 residents on the day shift.<br/>09/09/2021 - 9 CNAs to 80 residents on the day shift.<br/>09/10/2021 - 8 CNAs to 80 residents on the day shift.<br/>09/11/2021 - 8 CNAs to 79 residents on the day shift.<br/>09/12/2021 - 9 CNAs to 79 residents on the day shift.<br/>09/13/2021 - 8 CNAs to 79 residents on the day shift.<br/>09/14/2021 - 9 CNAs to 77 residents on the day</p> | S 560         | <p>¿ The facility actively seeks to hire CNAs, that all shifts are scheduled to comply with ratios, that any callouts or no-shows result in calls being made by the shift supervisor to fill the shift. Facility has documented evidence to reflect facility's Recruitment and Retention Efforts in its relentless attempts to comply with the staffing ratios. No residents have been adversely affected.</p> <p>IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE</p> <p>¿ All residents have the potential to be affected by this situation.</p> <p>SYSTEMIC CHANGES TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR</p> <p>¿ Facility's Recruitment and Retention Strategies and Efforts to comply with the State's Staffing Ratios have been in progress, which include but are not limited to the following:</p> <ul style="list-style-type: none"> <li>o Offer Sign on bonuses to attract staff</li> <li>o Recruitment bonus to encourage referrals from current staff</li> <li>o Offering daily and weekend bonuses to attract overtime or PRN staff shifts</li> <li>o Aggressively running ads in various social media</li> <li>o Flexible shifts and schedules</li> <li>o Increased wages to be well above state minimum</li> <li>o Increased expedience getting staff on board by offering Orientation every week with a schedule utilizing other sister facilities</li> <li>o Working with C.N.A. schools to recruit</li> </ul> |                    |

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| S 560              | <p>Continued From page 2</p> <p>shift.<br/>09/16/2021 - 9 CNAs to 77 residents on the day shift.<br/>09/17/2021 - 9 CNAs to 77 residents on the day shift.<br/>09/18/2021 - 9 CNAs to 81 residents on the day shift.</p> <p>During an interview with the Staffing Coordinator on 09/21/2021 at 4:14 PM, she stated the staffing was accurate that was sent in to NJDOH. She stated it had been difficult to cover all the shifts even with incentives, gift cards, and the use of agency staff.</p> | S 560         | <p>new grads and to send temp N.A.'s for certification</p> <ul style="list-style-type: none"> <li>o Hiring Temp Aides</li> <li>o Using staffing agencies</li> </ul> <p><b>MONITORING OF CORRECTIVE ACTIONS</b></p> <ul style="list-style-type: none"> <li>¿ Staffing Coordinator or designee will provide weekly reports to the Director of Nursing and Administrator regarding all efforts made to try to comply with the State's Staffing Ratios. Reports will be submitted to the QAPI Committee monthly X 3 months.</li> <li>¿ Director of HR will submit monthly reports to document status of all recruitment efforts. Director of HR will report monthly to the QAPI Committee X 3 months.</li> </ul> |                    |

## STATE FORM: REVISIT REPORT

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|--|----|---|---|------------------------------|----|
| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER<br>061529 | Y1 | MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing | Y2  | DATE OF REVISIT<br>10/6/2021 | Y3 |
| NAME OF FACILITY<br>COMPLETE CARE AT BEY LEA, LLC            |    |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1351 OLD FREEHOLD ROAD<br>TOMS RIVER, NJ 08753 |                              |    |

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<br>Y4         | DATE<br>Y5 | ITEM<br>Y4 | DATE<br>Y5 | ITEM<br>Y4 | DATE<br>Y5 |
|--------------------|------------|------------|------------|------------|------------|
| ID Prefix S0560    | Correction | ID Prefix  | Correction | ID Prefix  | Correction |
| Reg. # 8:39-5.1(a) | Completed  | Reg. #     | Completed  | Reg. #     | Completed  |
| LSC                | 10/05/2021 | 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 <input type="checkbox"/> | REVIEWED BY (INITIALS) | DATE   | SIGNATURE OF SURVEYOR | DATE |
| REVIEWED BY CMS RO <input type="checkbox"/>       | REVIEWED BY (INITIALS) | DATE   | TITLE                 | DATE |
| FOLLOWUP TO SURVEY COMPLETED ON<br>9/21/2021      |                        | <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 |                       |      |