

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

PRINTED: 08/17/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315274	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/12/2022
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NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT LAURELTON, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 475 JACK MARTIN BLVD BRICK, NJ 08724
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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) COMPLETION DATE
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F 000	<p>INITIAL COMMENTS</p> <p>COMPLAINT#: NJ153985</p> <p>CENSUS: 107</p> <p>SAMPLE SIZE: 3</p> <p>THE FACILITY IS IN COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR, PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 05/31/2022
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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: 061532	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/12/2022
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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: C#: NJ153985</p> <p>Based on facility document review on 05/12/2022, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratios as mandated by the state of New Jersey for 10 of 14-day shifts reviewed. This deficient practice had the potential to affect all residents.</p> <p>Findings include:</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</p>	S 560	<p>Complete Care at Laurelton <input type="checkbox"/> 8:395.1(a) Mandatory Access to Care <input type="checkbox"/> State <input type="checkbox"/>s staffing Ratios Date of Completion <input type="checkbox"/> 5/26/2022</p> <p>Corrective actions accomplished for residents found to have been affected by deficient practice:</p> <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 call being made by the shift supervisor to sill the shifts. Facility has documented evidence to reflect facility <input type="checkbox"/>s Recruitment and Retention Efforts in its continued attempts to comply with the staffing ratios. No residents were affected by this deficient practice</p> <p>Identifying other Residents who could be affected by the deficient practice:</p> <p>All residents have the potential to be affected by this situation</p> <p>Measures or systemic changes to ensure that the deficiencies will not recur:</p> <p>Facility <input type="checkbox"/>s recruitment and Retention Strategies and Efforts to comply with the</p>	5/31/22

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

TITLE

(X6) DATE

Electronically Signed

05/31/22

New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>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>1. For the week of 02/06/2022 to 02/12/2022, the facility was deficient in CNA staffing for residents on 3 of 7 day shifts as follows:</p> <p>On 02/06/22 had 12 CNAs for 102 residents on the day shift, required 13 CNAs. On 02/09/22 had 12 CNAs for 102 residents on the day shift, required 13 CNAs. On 02/12/22 had 11 CNAs for 101 residents on the day shift, required 13 CNAs.</p> <p>2. For the week of 02/13/2022 to 02/19/2022, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows:</p> <p>On 02/13/22 had 11 CNAs for 100 residents on the day shift, required 13 CNAs. On 02/14/22 had 10 CNAs for 96 residents on the day shift, required 12 CNAs. On 02/15/22 had 10 CNAs for 96 residents on the day shift, required 12 CNAs. On 02/16/22 had 9 CNAs for 96 residents on the day shift, required 12 CNAs. On 02/17/22 had 11 CNAs for 96 residents on the day shift, required 12 CNAs. On 02/18/22 had 12 CNAs for 97 residents on the day shift, required 13 CNAs. On 02/19/22 had 11 CNAs for 97 residents on the day shift, required 13 CNAs.</p>	S 560	<p>State's Staffing Ratios have been in progress, which includes but are not limited to the following:</p> <ul style="list-style-type: none"> " Offering sign on bonuses to attract staff " Recruitment bonus to encourage referrals from current staff " Offering daily and weekend bonuses to attract overtime and PRN staff to pick up shifts " Increases expedience getting staff on board by offering orientation every week " Working with CNA schools to recruit new grads " Maintain contracts with staffing agencies " Staffing coordinator and supervisors educated on the states staffing ratios <p>Monitoring the continued effectiveness of the systemic change:</p> <p>Staffing Coordinator or designee will provide weekly reports t the Director of Nursing and Administrator regarding all efforts make to try to comply with the state staffing ratios. Reports will be submitted to the QAPI committee monthly X 3 months then quarterly thereafter Director of HR will submit monthly reports to document all recruitment efforts. Director of HR will report monthly to the QAPI committee X 3 months then quarterly thereafter.</p>	

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061532	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 6/8/2022
NAME OF FACILITY COMPLETE CARE AT LAURELTON, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 475 JACK MARTIN BLVD BRICK, NJ 08724

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	05/31/2022	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 5/12/2022
 CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
 YES NO