

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 10/22/2021
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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) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>Complaint #: NJ145919, NJ147333 Census: 110 Sample Size: 7</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: Complaint Intake #: NJ147333 and NJ145919</p> <p>Based on interviews, facility document review, and New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, it was determined that the facility failed to ensure staffing ratios were met for 14 of 14 shifts reviewed. This deficient practice had the potential to affect all residents.</p>	S 560	<p>S560 - 8:39-5.1(a) Mandatory Access to Care <input type="checkbox"/> STATE <input type="checkbox"/> 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>	12/3/21

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

TITLE

(X6) DATE

Electronically Signed

11/06/21

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S 560	<p>Continued From page 1</p> <p>Findings included:</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 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 aid to every eight residents for the day shift.</p> <p>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</p> <p>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.</p> <p>1. A review of the "Nurse Staffing Report," completed by the facility for the weeks of 07/04/2021 through 07/17/2021, revealed staff-to-resident ratios that did not meet the minimum requirements as listed below:</p> <p>07/04/2021 had 11 CNAs for 96 residents of the day shift, required 12 CNAs. 07/05/2021 had 9 CNAs for 96 residents of the</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.</p> <p>¿ No residents were affected by the deficient practice</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"> o Offer Sign on bonuses to attract staff o Recruitment bonus to encourage referrals from current staff o Offering daily and weekend bonuses to attract overtime or PRN staff shifts o Aggressively running ads in various social media o Flexible shifts and schedules o Increased wages to be well above 	

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S 560	<p>Continued From page 2</p> <p>day shift, required 12 CNAs. 07/06/2021 had 11 CNAs for 95 residents on the day shift, required 12 CNAs. 07/07/2021 had 11 CNAs for 95 residents on the day shift, required 12 CNAs. 07/08/2021 had 11 CNAs for 95 residents on the day shift, required 12 CNAs. 07/09/2021 had 8 CNAs for 95 residents on the day shift, required 12 CNAs. 07/10/2021 had 10 CNAs for 95 residents on the day shift, required 12 CNAs. 07/11/2021 had 11 CNAs for 101 residents on the day shift, required 13 CNAs. 07/12/2021 had 10 CNAs for 100 residents on the day shift, required 13 CNAs. 07/13/2021 had 10 CNAs for 100 residents on the day shift, required 13 CNAs. 07/14/2021 had 9 CNAs for 100 residents on the day shift, required 13 CNAs. 07/15/2021 had 10 CNAs for 100 residents on the day shift, required 13 CNAs. 07/16/2021 had 11 CNAs for 100 residents on the day shift, required 13 CNAs. 07/17/2021 had 12 CNAs for 100 residents on the day shift, required 13 CNAs.</p> <p>During an interview on 10/22/2021 at 10:34 AM, the interim Director of Nursing (DON) indicated the number of staff scheduled to work was based on the daily census, and they used agency staff. She also indicated she called different employees to see if they would come into work early, stay late, or work extra. She indicated enough staff was scheduled for each shift, but last-minute call-outs were causing insufficient staffing in the facility.</p> <p>During an interview on 10/22/2021 at 3:00 PM, the Administrator acknowledged that they had a</p>	S 560	<p>state minimum</p> <ul style="list-style-type: none"> o Increased expedience getting staff on board by offering Orientation every week with a schedule utilizing other sister facilities o Working with C.N.A. schools to recruit new grads and to send temp N.A. □s for certification o Initiating Temp Aides o Currently have contracts with 9 staffing agencies <p>MONITORING OF CORRECTIVE ACTIONS</p> <ul style="list-style-type: none"> ¿ Staffing Coordinator or designee will provide weekly reports, for 3 months, 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 then quarterly thereafter. ¿ 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 then quarterly thereafter. 	
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S 560	Continued From page 3 shortage of staff for the days indicated on 07/04/2021 through 07/17/2021. He indicated that due to the current staffing shortage across the state, they had been doing everything that they could to get staff to work at their facility. They currently had contracts with nine different staffing agencies. They had even had to lock in some of the aides and nurses from the agencies for months at a time. They had sign-on bonuses for all new nursing staff and referral bonuses for staff that refer an employee to them for their nursing department. They had a job fair on July 30th and offered all people that came a \$10 gift card. They were paying them just to come to the fair. The Administrator indicated that to entice their employees to pick up extra open shifts, they had been offering gift cards as bonuses. They had even had to offer gift card bonuses of up to \$500 per shift. He also indicated there were times that they had Licensed Practical Nurses (LPN) helping the CNAs with their assignments, but this did not reflect on the reported staffing as they are counted in the LPN section.	S 560		
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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061532	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 11/8/2021	Y3
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 _____	12/03/2021	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 10/22/2021		<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		