

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

PRINTED: 08/18/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315142	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/29/2020
NAME OF PROVIDER OR SUPPLIER LLANFAIR HOUSE CARE & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1140 BLACK OAK RIDGE ROAD WAYNE, NJ 07470		
(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 C #: NJ00136439, NJ00130384 Census: 111 Sample Size: 4	F 000			

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

TITLE

(X6) DATE

Electronically Signed

06/23/2020

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: 061611	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/29/2020
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S1685	<p>8:39-25.2(b)(2) Mandatory Nurse Staffing</p> <p>(b) The facility shall provide nursing services by registered professional nurses, licensed practical nurses, and nurse aides (the hours of the director of nursing are not included in this computation, except for the direct care hours of the director of nursing in facilities where the director of nursing provides more than the minimum hours required at N.J.A.C. 8:39-25.1(a) above) on the basis of:</p> <p>2. Total number of residents receiving each service listed below, multiplied by the corresponding number of hours per day:</p> <table border="0" data-bbox="167 945 771 1428"> <tr> <td>Wound care</td> <td></td> <td></td> </tr> <tr> <td>0.75 hour/day</td> <td></td> <td></td> </tr> <tr> <td>Nasogastric tube feedings and/or gastrostomy</td> <td>1.00 hour/day</td> <td></td> </tr> <tr> <td>Oxygen therapy</td> <td></td> <td>0.75</td> </tr> <tr> <td>hour/day</td> <td></td> <td></td> </tr> <tr> <td>Tracheostomy</td> <td></td> <td>1.25</td> </tr> <tr> <td>hours/day</td> <td></td> <td></td> </tr> <tr> <td>Intravenous therapy</td> <td></td> <td></td> </tr> <tr> <td>1.50 hours/day</td> <td></td> <td></td> </tr> <tr> <td>Use of respirator</td> <td></td> <td></td> </tr> <tr> <td>1.25 hours/day</td> <td></td> <td></td> </tr> <tr> <td>Head trauma stimulation/advanced neuromuscular/orthopedic care</td> <td>1.50 hours/day</td> <td></td> </tr> </table> <p>This REQUIREMENT is not met as evidenced</p>	Wound care			0.75 hour/day			Nasogastric tube feedings and/or gastrostomy	1.00 hour/day		Oxygen therapy		0.75	hour/day			Tracheostomy		1.25	hours/day			Intravenous therapy			1.50 hours/day			Use of respirator			1.25 hours/day			Head trauma stimulation/advanced neuromuscular/orthopedic care	1.50 hours/day		S1685		7/27/20
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S1685	<p>Continued From page 1</p> <p>by: C #: NJ00130384</p> <p>Based on interviews and review of the Nurse Staffing Reports for the weeks of 11/3/19 and 11/10/19, it was determined that the facility failed to provide at least minimum staffing levels for 6 of 14 days. This required staffing hours and actual staffing hours are as follows:</p> <p>For the week of 11/3/19 Required Staffing Hours: 423.50</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Actual Staffing Hours</th> <th>Difference</th> </tr> </thead> <tbody> <tr> <td>11/3/19</td> <td>416</td> <td>-7.50</td> </tr> <tr> <td>11/4/19</td> <td>416</td> <td>-7.50</td> </tr> </tbody> </table> <p>For the week of 11/10/19 Required Staffing Hours: 426.00</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Actual Staffing Hours</th> <th>Difference</th> </tr> </thead> <tbody> <tr> <td>11/10/19</td> <td>424</td> <td>-2.00</td> </tr> <tr> <td>11/11/19</td> <td>424</td> <td>-2.00</td> </tr> <tr> <td>11/12/19</td> <td>424</td> <td>-2.00</td> </tr> <tr> <td>11/16/19</td> <td>424</td> <td>-2.00</td> </tr> </tbody> </table> <p>The surveyor conducted a post survey telephone interview with the Staffing Coordinator (SC) on 6/3/20 at 10:41 am. The SC confirmed that the facility was short staffed on 11/3/19, 11/4/19, 11/10/19, 11/11/19, 11/12/19 and 11/16/19 due to call outs. She stated that the facility's nursing supervisors attempted to cover all call outs, however, they were unsuccessful.</p>	Date	Actual Staffing Hours	Difference	11/3/19	416	-7.50	11/4/19	416	-7.50	Date	Actual Staffing Hours	Difference	11/10/19	424	-2.00	11/11/19	424	-2.00	11/12/19	424	-2.00	11/16/19	424	-2.00	S1685	<p>A. The Staffing Coordinator and Supervisors were educated by the DON on the Standard Operating Procedure for meeting Minimum Staffing Levels on June 23, 2020.</p> <p>B. All residents have the potential to be affected by the alleged deficient practice.</p> <p>C. A standard operating procedure was developed by the DON in order to facilitate who is responsible for covering callouts and how covering the time will be achieved and who is responsible for actions and notifications. The staffing coordinator/supervisor/designee will be responsible for facilitating coverage of schedules and notification of DON of any concerns daily. The clinical staff, both nurses and certified nursing assistants were educated by the DON/designee on the Staffing SOP on June 23, 2020 and ongoing.</p> <p>D. The DON will do weekly review of staffing for the next 4 weeks to ensure that needs are met and then monthly will randomly audit one full week per month for the next 6 months and then once every other month for the following 6 months. The results of the audits will be reviewed monthly with the Administrator and will be reported at quarterly QAPI meetings and incorporated into QAPI for the next 12 months.</p>	
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