

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061620	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/09/2021
NAME OF PROVIDER OR SUPPLIER DOCTORS SUBACUTE HEALTHCARE, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 59 BIRCH STREET PATERSON, NJ 07522		
(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 facility document review, the facility failed to ensure staffing ratios were met for 10 of 14 day shifts reviewed. There was no substantial increase in the resident census for a period of nine consecutive shifts. This deficient practice had the potential to affect all residents. Findings include: 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	S 560	Compliance Date: 12/16/2021 How will the corrective action be accomplished for those residents found to be affected by this practice? ¿ The staffing coordinator was educated on the required minimum direct care staff-to- resident ratios as mandated by the state of New Jersey. ¿ The facility will continue to reach out to existing staff to see if they want to pick up overtime shifts and continue to try and staff accordingly. How will the Facility identify other	12/16/21

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

TITLE

(X6) DATE

Electronically Signed

12/22/21

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S 560	<p>Continued From page 1</p> <p>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 (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.</p> <p>The facility is deficient in CNA staffing for residents on 10 of 14 day shifts as follows: 11/21/21 had 6 CNAs for 49 residents on the day shift, required 7 CNAs. 11/22/21 had 6 CNAs for 49 residents on the day shift, required 7 CNAs. 11/23/21 had 6 CNAs for 49 residents on the day shift, required 7 CNAs. 11/24/21 had 6 CNAs for 49 residents on the day shift, required 7 CNAs. 11/25/21 had 6 CNAs for 49 residents on the day shift, required 7 CNAs. 11/26/21 had 5 CNAs for 49 residents on the day shift, required 7 CNAs. 11/27/21 had 6 CNAs for 51 residents on the day shift, required 7 CNAs. 11/28/21 had 5 CNAs for 50 residents on the day shift, required 7 CNAs. 11/29/21 had 6 CNAs for 50 residents on the day shift, required 7 CNAs.</p>	S 560	<p>residents having the potential to be affected by the same deficient practice? ¿ All residents have the ability to be affected by the facility failing to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey.</p> <p>What measures will be put in place or what systemic changes will be made to ensure that the deficient practice will not recur? ¿ The facility will continue to post job openings on job sites to promote CNA openings. ¿ The facility has contracted with agency to assist with our staffing needs. ¿ The administrator/designee will review the daily staffing sheets weekly x 4 then monthly for 3 months and quarterly thereafter.</p> <p>How the Facility will monitor its corrective actions to ensure that the deficient practice will not recur, (e.g., what quality assurance program will be put into place)? ¿ The Administrator/designee will review any findings of these audits and present them quarterly with the QAPI committee to determine frequency of future audits.</p>	

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S 560	Continued From page 2 11/30/21 had 6 CNAs for 50 residents on the day shift, required 7 CNAs. On 12/7/21 at 11:00 AM the surveyor spoke with the Licensed Nursing Home Administrator and the Director of Nursing and made them aware of their failure to meet the staffing requirements as described above. There was no comment made.	S 560		
S1420	8:39-19.5(b)(3) Mandatory Infection Control and Sanitation (b) Each new employee, including members of the medical staff employed by the facility, upon employment shall receive a two-step Mantoux tuberculin skin test with five tuberculin units of purified protein derivative. The only exceptions shall be employees with documented negative two-step Mantoux skin test results (zero to nine millimeters of induration) within the last year, employees with a documented positive Mantoux skin test result (10 or more millimeters of induration), employees who have received appropriate medical treatment for tuberculosis, or when medically contraindicated. Results of the Mantoux tuberculin skin tests administered to new employees shall be acted upon as follows: 3. Any employee with positive results shall be referred to the employee's personal physician or advanced practice nurse and if active tuberculosis is suspected or diagnosed shall be excluded from work until the physician or advanced practice nurse provides written approval to return.	S1420		12/19/21

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S1420	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview it was determined that the facility failed to ensure 1 of 5 newly hired employees received the required two-step Mantoux tuberculin skin test upon employment. The deficient practice was evidenced by the following:</p> <p>On 12/9/2021 at 9:30 AM, the surveyor reviewed the health records of five newly hired employees.</p> <p>The Administrator stated Employee #5 began working at the facility on [REDACTED]. Employee #5 was noted to have received a one-step Mantoux tuberculin skin test on [REDACTED] (10 months prior to beginning employment at the facility). No other skin tests were documented as performed after [REDACTED].</p> <p>The surveyor interviewed the Administrator on 12/9/2021 at 10:45 AM. He stated the employee came to the facility from a sister facility and "probably had the two-step there." However, the Administrator was unable to provide documentation indicating a two-step had been upon employment.</p>	S1420	<p>Compliance Date: 12/19/2021 How will the corrective action be accomplished for those residents found to be affected by this practice? •Employee #5 was given a two-step Mantoux TB test and the results were documented according to facility protocol.</p> <p>How will the Facility identify other residents having the potential to be affected by the same deficient practice? ¿All residents are at risk of being affected by staff members who are inappropriately screened for illness or disease.</p> <p>What measures will be put in place or what systemic changes will be made to ensure that the deficient practice will not recur? ¿Each new employee will be asked for proof of a two-step Mantoux test dated within the year of hire. ¿If the employee cannot provide this, the HR representative or designee will request a nurse to screen the employee prior to hire.</p> <p>How the Facility will monitor its corrective actions to ensure that the deficient practice will not recur, (e.g., what quality assurance program will be put into place)? ¿Audits of new hires will be conducted by the Administrator/ designee each quarter for 1 year. ¿The Administrator/ designee will present</p>	

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S1420	Continued From page 4	S1420	the findings of these audits to the QAPI team which meets quarterly and determine frequency of future audits.		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061620	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/14/2022
NAME OF FACILITY DOCTORS SUBACUTE HEALTHCARE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 59 BIRCH STREET PATERSON, NJ 07522	

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 S1420	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. # 8:39-19.5(b)(3)	Completed	Reg. #	Completed
LSC	12/16/2021	LSC	12/19/2021	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	
REVIEWED BY CMS RO <input type="checkbox"/>		REVIEWED BY (INITIALS)		DATE	
FOLLOWUP TO SURVEY COMPLETED ON 12/9/2021		<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			