

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

PRINTED: 07/02/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315348	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/08/2023
NAME OF PROVIDER OR SUPPLIER HEALTH CENTER AT BLOOMINGDALE			STREET ADDRESS, CITY, STATE, ZIP CODE 255 UNION AVE BLOOMINGDALE, NJ 07403		
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F 000	INITIAL COMMENTS A Complaint Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH). The facility was found not to be in substantial compliance with 42 CFR 483 subpart B. Survey Dates: 08/06/23 - 08/08/23 Survey Census: 106 Sample Size: 26 A deficiency was related to Intake NJ152823 at F880. No deficiencies were issued related to Intakes NJ151123, NJ151653, NJ152815, NJ156117, NJ157360, NJ158404, NJ158598, NJ161148, NJ161198, and NJ163572.	F 000			
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying,	F 880			9/8/23

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

TITLE

(X6) DATE

Electronically Signed

08/30/2023

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.

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F 880	<p>Continued From page 1</p> <p>reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the</p>			F 880			

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F 880	<p>Continued From page 2 corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Complaint # NJ152823</p> <p>Based on observation, interviews, record review, and facility policy review, the facility failed to provide patient care in a manner that prevented cross-contamination for one (Resident (R)11) of 26 sampled residents.</p> <p>Findings include:</p> <p>Review of the "Face Sheet" (facility provided) revealed R11 was admitted to the facility on [REDACTED] with diagnosis that included [REDACTED], and [REDACTED].</p> <p>Review of R11's electronic medical record (EMR) revealed no evidence of a [REDACTED].</p> <p>Observation during [REDACTED] care for R 11 on 08/07/23 at 9:41 AM with Certified Nursing Assistant (CNA)1 and Licensed Practical Nurse/Unit Manager (LPN/UM)1, who was assisting to [REDACTED] R11, entered the room, washed their hands, and donned gloves. CNA1 gathered all her supplies, including new [REDACTED], water and soap in a pink basin,</p>	F 880	<p>How the corrective action will be accomplished for those found to have been affected by the deficient practice.</p> <p>Resident (R11) was reassessed for [REDACTED] noted. [REDACTED] noted. NJ Exec Order 26.4b1 [REDACTED] noted. Education on [REDACTED] care, changing of gloves during the process and hand washing was immediately provided to CNA1, LPN/UM1. NJ Exec Order 26.4b1 [REDACTED] done on all residents of CNA1 assignment.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice.</p> <p>The facility has recognized that all residents have the potential to be affected by this practice.</p> <p>What measures will be put into place or systemic changes made to ensure that the deficient practice will not occur.</p> <p>All nursing staff including unit managers</p>		

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F 880	Continued From page 3 towels, washcloths, and trash bags. CNA1 then adjusted R11's bed, removed R11's linen from over R11, and placed two trash bags at the bottom of the bed. CNA1 removed R11's NJ Exec Order 26.4b1, turned to the nightstand, and removed a washcloth from the basin. CNA1 then washed R11's NJ Exec Order 26.4b1 as she changed the direction of the washcloth. Then CNA1 with the same washcloth, washed each NJ Exec Order 26.4b1, and then washed NJ Exec Order 26.4b1, with NJ Ex Order 26.4b1. However, after finishing NJ Ex Order 26.4b1 R11, CNA1 placed the used washcloth in one of the trash bags at the end of the bed. CNA1 did not change her gloves, nor did she wash her hands before picking up another washcloth to NJ Ex Order 26.4b1 R11. After NJ Ex Order 26.4b1 R11, CNA1 then picked up a towel and pat dried R11's NJ Exec Order 26.4b1 all with the same gloves. CNA1 did not remove gloves nor wash her hands prior to assisting in NJ Exec Order 26.4b1 with the assistance of LPN/UM1. During this NJ Exec Order 26.4b1 of R11, CNA1 was observed touching R11's legs and linen. R11 was observed to have NJ Exec Order 26.4b1. CNA1 obtained another washcloth out of the basin and NJ Ex Order 26.4b1 R11's NJ Exec Order 26.4b1. However, after finishing, CNA1 did not change her gloves, nor did she wash her hands. CNA1 placed the used washcloth in the garbage bag at the foot of the bed. With the same gloves, CNA1 placed a new NJ Exec Order 26.4b1 on R11. CNA1 then NJ Exec Order 26.4b1, adjusting R11's NJ Exec Order 26.4b1, while LPN/UM1 went to get the medication nurse so that medication could be applied to R11. After applying R11's medication, CNA1 and LPN/UM1 moved R11 up in the bed. CNA1 was observed adjusting her linen, and legs, all with the same gloves. After adjusting R11	F 880	and supervisors were in-serviced to reinforce the facility policy of infection control guidelines for cross contamination to assure proper administration of care and identifying any staff that needs additional education. In-service & Competencies to be conducted by the Director of Nursing or designee with all staff on handwashing, donning, and doffing of gloves. How the facility will monitor its corrective actions to ensure the deficient practice is being corrected and will not recur, i.e., what program will be put into place to monitor the continued effectiveness of systemic changes. Assistant Director of Nursing or designee will conduct random competencies on perineal care focusing on glove use, result will be reported to the Director of Nursing and acted upon by the Director of Nursing. All findings to be reported quarterly to the Quality Assurance and Performance Improvement committee for action as appropriate. Infection control manual to be reviewed, revised, and reported to the Quality Assurance and Performance Improvement committee quarterly for one year.		

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F 880	<p>Continued From page 4</p> <p>and R11's linen, CNA1 removed her gloves and went to the bathroom to wash her hands.</p> <p>Interview with on 08/07/23 at 10:00 AM with LPN/UM1, he confirmed that staff should have changed gloves "often." Said that anytime you go from dirty area to clean area, gloves should be changed.</p> <p>During an interview on 08/07/23 at 10:30 AM, the Director of Nurses (DON) said she expected staff to change their gloves when going from dirty to clean, and after removing gloves, she expected that staff wash their hands prior to donning new gloves.</p> <p>Review of facility "[name of facility] Attendance Record: Glove use policy and procedure (P&P)," dated 03/29/22, revealed, "The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practices for preventing healthcare-associated infections; hand hygiene must be followed after glove removal each and every time; you cannot go from room to room with one pair of gloves; gloves must be removed after each resident encounter; you cannot stack gloves one on top of the other in lieu of handwashing; and if you encounter a situation where glove is required outside of a residents rooms, it must be followed with hand hygiene." During review of the in-service revealed that CNA1 attended this in-service.</p> <p>Review of facility "[name of facility] Attendance Record: Handwashing-infection control," dated 08/03/22, revealed, that CNA1 attended this in-service. No evidence of an agenda.</p>	F 880			

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F 880	Continued From page 5 Review of facility policy titled "Personal Protective Equipment (PPE)-Gloves," revised 07/09, revealed, "Gloves must be worn when handling blood, body fluids, secretions, excretions, mucous membranes and/or non-intact skin. Gloves shall be used only once and discarded into the appropriate receptacle located in the room in which the procedure is being performed. The use of gloves will vary according to the procedures involved. The use of disposable gloves is indicated ...when handling soiled linen or items that may be contaminated... wash your hands after removing gloves." NJAC: 8:39- 19.1 (a)	F 880			

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S 000	Initial Comments Complaint: NJ152823, NJ151123, NJ151653, NJ152815, NJ156117, NJ157360, NJ158404, NJ158598, NJ161148, NJ161198, and NJ163572. Survey Census: 106 Sample Size: 26 The facility is 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: Complaint: NJ151123, NJ152815, NJ156117, NJ158598, NJ161148 and NJ163572 Based on review of pertinent facility documentation, 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 60 of 84 day shifts and 2 of 14 evening shifts as	S 560	How the corrective action will be accomplished for those found to have been affected by the deficient practice. The health center at Bloomingdale intent to keep minimum staffing requirements in <input type="checkbox"/> Compliance with N.J.S.A (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing	9/8/23

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

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S 560	<p>Continued From page 1</p> <p>follows: 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 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>As per the "Nurse Staffing Report" completed by the facility for the 4 weeks of staffing from 04/02/2023 to 04/29/2023 and 2 weeks of staffing from 06/04/2023 to 06/17/2023, the staffing to resident ratios did not meet the minimum requirement of one CNA to eight residents for the day shift and one direct care staff member to every 10 residents for the evening shift as documented below:</p> <p>1. For the 12 weeks of staffing from 01/09/2022 to 01/15/2022, 01/23/2022 to 01/29/2022,</p>	S 560	<p>home, <input type="checkbox"/> 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 home.</p> <p>The management team will monitor Certified Nursing Assistant (CNA) staffing ratios. Will add staffing by offering incentives to current direct staff and use of agency. If staffing is inadequate, admissions will be paused until additional staff are available.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice.</p> <p>The facility acknowledges that all residents have the potential to be affected by this practice.</p> <p>What measures will be put into place or systemic changes made to ensure that the deficient practice will not occur.</p> <p>The health center at Bloomingdale has contracted with several staffing agencies for assistance with staffing. Human Resources recruits from colleges in the area, schools with CNA programs and attendance at job Fairs. Corporate and management holds regular meetings to develop strategies for recruitment and retention of CNA's. Wage increases were awarded to CNA in January 2023. Weekend shift differential implemented for direct care staff. Unlimited overtime is allowed for nursing staff. When staff call outs, we asked the current</p>	

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S 560	<p>Continued From page 2</p> <p>02/20/2022 to 02/26/2022, 04/17/2022 to 04/23/2022, 07/03/2022 to 07/09/2022, 08/14/22 to 08/20/2022, 10/02/2022 to 10/08/2022, 02/05/2023 to 02/11/2023, 04/16/2023 to 04/22/2023 and 3 weeks of staffing from 07/16/2023 to 08/05/2023 the facility was deficient in CNA staffing for residents on 60 of 84 day shifts and 2 of 14 shifts as follows:</p> <p>1. For the week of staffing from 01/09/2022 to 01/15/2022, the facility was deficient in CNA staffing for residents on 3 of 7 day shifts as follows:</p> <p>-01/09/22 had 11 CNAs for 100 residents on the day shift, required at least 12 CNAs. -01/14/22 had 11 CNAs for 99 residents on the day shift, required at least 12 CNAs. -01/15/22 had 11 CNAs for 102 residents on the day shift, required at least 13 CNAs.</p> <p>2. For the week of staffing from 01/23/2022 to 01/29/2022, the facility was deficient in CNA staffing for residents on 5 of 7 day shifts as follows:</p> <p>-01/23/22 had 10 CNAs for 104 residents on the day shift, required at least 13 CNAs. -01/24/22 had 12 CNAs for 104 residents on the day shift, required at least 13 CNAs. -01/25/22 had 12 CNAs for 101 residents on the day shift, required at least 13 CNAs. -01/27/22 had 11 CNAs for 101 residents on the day shift, required at least 13 CNAs. -01/29/22 had 11 CNAs for 100 residents on the day shift, required at least 12 CNAs</p> <p>3. For the week of staffing from 02/20/2022 to 02/26/2022, the facility was deficient in CNA staffing for residents on 4 of 7 day shifts and</p>	S 560	<p>staff in the facility to stay on for the next shift or stay additional hours. We contact staff that are off to cover the shift. We contact the agencies to request temporary help.</p> <p>The facility offers monetary incentives and bonuses when necessary, and transportation.</p> <p>How the facility will monitor its corrective actions to ensure the deficient practice is being corrected and will not recur, i.e., what program will be put into place to monitor the continued effectiveness of systemic change.</p> <p>The Direction of Nursing (DON) will be proactive by monitoring the staffing and projected census daily for upcoming shifts to assure adequate staffing. DON will review staffing levels and will report quarterly to the Quality Assurance Performance Improvement for a year.</p>	

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S 560	<p>Continued From page 3</p> <p>deficient in total staff for residents on 1 of 7 evening shifts as follows:</p> <p>-02/20/22 had 10 CNAs for 103 residents on the day shift, required at least 13 CNAs.</p> <p>-02/21/22 had 12 CNAs for 103 residents on the day shift, required at least 13 CNAs.</p> <p>-02/23/22 had 9 total staff for 101 residents on the evening shift, required at least 10 total staff.</p> <p>-02/25/22 had 11 CNAs for 98 residents on the day shift, required at least 12 CNAs.</p> <p>-02/26/22 had 10 CNAs for 98 residents on the day shift, required at least 12 CNAs.</p> <p>4. For the week of staffing from 04/17/2022 to 04/23/2022, the facility was deficient in CNA staffing for residents on 5 of 7 day shifts and deficient in total staff for residents on 1 of 7 overnight shifts as follows:</p> <p>-04/17/22 had 10 CNAs for 105 residents on the day shift, required at least 13 CNAs.</p> <p>-04/17/22 had 6 total staff for 105 residents on the overnight shift, required at least 8 total staff.</p> <p>-04/18/22 had 12 CNAs for 104 residents on the day shift, required at least 13 CNAs.</p> <p>-04/19/22 had 12 CNAs for 104 residents on the day shift, required at least 13 CNAs.</p> <p>-04/22/22 had 9 CNAs for 106 residents on the day shift, required at least 13 CNAs.</p> <p>-04/23/22 had 10 CNAs for 106 residents on the day shift, required at least 13 CNAs.</p> <p>5. For the week of staffing from 07/03/2022 to 07/09/2022, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows:</p> <p>-07/03/22 had 10 CNAs for 110 residents on the day shift, required at least 14 CNAs.</p>	S 560			

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S 560	<p>Continued From page 4</p> <p>-07/04/22 had 9 CNAs for 110 residents on the day shift, required at least 14 CNAs.</p> <p>-07/05/22 had 8 CNAs for 110 residents on the day shift, required at least 14 CNAs.</p> <p>-07/06/22 had 10 CNAs for 110 residents on the day shift, required at least 14 CNAs.</p> <p>-07/07/22 had 11 CNAs for 109 residents on the day shift, required at least 14 CNAs.</p> <p>-07/08/22 had 13 CNAs for 109 residents on the day shift, required at least 14 CNAs.</p> <p>-07/09/22 had 10 CNAs for 109 residents on the day shift, required at least 14 CNAs.</p> <p>6. For the week of staffing from 08/14/22 to 08/20/2022, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows:</p> <p>-08/14/22 had 12 CNAs for 105 residents on the day shift, required at least 13 CNAs.</p> <p>-08/15/22 had 10 CNAs for 104 residents on the day shift, required at least 13 CNAs.</p> <p>-08/16/22 had 12 CNAs for 104 residents on the day shift, required at least 13 CNAs.</p> <p>-08/17/22 had 12 CNAs for 104 residents on the day shift, required at least 13 CNAs.</p> <p>-08/18/22 had 11 CNAs for 104 residents on the day shift, required at least 13 CNAs.</p> <p>-08/19/22 had 12 CNAs for 104 residents on the day shift, required at least 13 CNAs.</p> <p>-08/20/22 had 11 CNAs for 110 residents on the day shift, required at least 14 CNAs.</p> <p>7. For the week of staffing from 10/02/2022 to 10/08/2022, the facility was deficient in CNA staffing for residents on 1 of 7 day shifts as follows:</p> <p>-10/04/22 had 12 CNAs for 103 residents on the day shift, required at least 13 CNAs.</p>	S 560			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061631	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 08/08/2023
NAME OF PROVIDER OR SUPPLIER HEALTH CENTER AT BLOOMINGDALE			STREET ADDRESS, CITY, STATE, ZIP CODE 255 UNION AVE BLOOMINGDALE, NJ 07403		
(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 560	<p>Continued From page 5</p> <p>8. For the week of staffing from 02/05/2023 to 02/11/2023, the facility was deficient in CNA staffing for residents on 2 of 7 day shifts as follows:</p> <p>-02/05/23 had 12 CNAs for 110 residents on the day shift, required at least 14 CNAs. -02/09/23 had 12 CNAs for 106 residents on the day shift, required at least 13 CNAs.</p> <p>9. For the week of staffing from 04/16/2023 to 04/22/2023, the facility was deficient in CNA staffing for residents on 6 of 7 day shifts as follows:</p> <p>-04/16/23 had 11 CNAs for 106 residents on the day shift, required at least 13 CNAs. -04/17/23 had 12 CNAs for 106 residents on the day shift, required at least 13 CNAs. -04/18/23 had 12 CNAs for 103 residents on the day shift, required at least 13 CNAs. -04/19/23 had 11 CNAs for 103 residents on the day shift, required at least 13 CNAs. -04/20/23 had 11 CNAs for 103 residents on the day shift, required at least 13 CNAs. -04/22/23 had 10 CNAs for 107 residents on the day shift, required at least 13 CNAs.</p> <p>10. For the 3 weeks of staffing from 07/16/2023 to 08/05/2023, the facility was deficient in CNA staffing for residents on 20 of 21 day shifts as follows:</p> <p>-07/16/23 had 10 CNAs for 105 residents on the day shift, required at least 13 CNAs. -07/17/23 had 10 CNAs for 105 residents on the day shift, required at least 13 CNAs. -07/18/23 had 12 CNAs for 105 residents on the day shift, required at least 13 CNAs.</p>	S 560			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061631	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 08/08/2023
NAME OF PROVIDER OR SUPPLIER HEALTH CENTER AT BLOOMINGDALE			STREET ADDRESS, CITY, STATE, ZIP CODE 255 UNION AVE BLOOMINGDALE, NJ 07403		
(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 560	<p>Continued From page 6</p> <p>-07/19/23 had 10 CNAs for 105 residents on the day shift, required at least 13 CNAs.</p> <p>-07/20/23 had 11 CNAs for 105 residents on the day shift, required at least 13 CNAs.</p> <p>-07/21/23 had 12 CNAs for 105 residents on the day shift, required at least 13 CNAs.</p> <p>-07/22/23 had 10 CNAs for 105 residents on the day shift, required at least 13 CNAs.</p> <p>-07/23/23 had 11 CNAs for 109 residents on the day shift, required at least 14 CNAs.</p> <p>-07/24/23 had 12 CNAs for 109 residents on the day shift, required at least 14 CNAs.</p> <p>-07/25/23 had 11 CNAs for 105 residents on the day shift, required at least 14 CNAs.</p> <p>-07/26/23 had 12 CNAs for 109 residents on the day shift, required at least 14 CNAs.</p> <p>-07/27/23 had 12 CNAs for 109 residents on the day shift, required at least 14 CNAs.</p> <p>-07/28/23 had 12 CNAs for 107 residents on the day shift, required at least 13 CNAs.</p> <p>-07/29/23 had 12 CNAs for 107 residents on the day shift, required at least 13 CNAs.</p> <p>-07/30/23 had 10 CNAs for 107 residents on the day shift, required at least 13 CNAs.</p> <p>-07/31/23 had 10 CNAs for 104 residents on the day shift, required at least 13 CNAs.</p> <p>-08/02/23 had 12 CNAs for 101 residents on the day shift, required at least 13 CNAs.</p> <p>-08/03/23 had 12 CNAs for 101 residents on the day shift, required at least 13 CNAs.</p> <p>-08/04/23 had 12 CNAs for 101 residents on the day shift, required at least 13 CNAs.</p> <p>-08/05/23 had 12 CNAs for 101 residents on the day shift, required at least 13 CNAs.</p>	S 560			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315348	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 9/8/2023
NAME OF FACILITY HEALTH CENTER AT BLOOMINGDALE	STREET ADDRESS, CITY, STATE, ZIP CODE 255 UNION AVE BLOOMINGDALE, NJ 07403	

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, 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 CMS-2567 (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 F0880	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	09/08/2023	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	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 8/8/2023		<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			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061631	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 9/8/2023
NAME OF FACILITY HEALTH CENTER AT BLOOMINGDALE	STREET ADDRESS, CITY, STATE, ZIP CODE 255 UNION AVE BLOOMINGDALE, NJ 07403	

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	09/08/2023	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	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 8/8/2023

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

☐ YES ☐ NO