STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315367	A. BUILDING _____ B. WING _____	C 10/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGENCY HERITAGE NURSING AND REHABILITATION CENTER	380 DEMOTT LANE SOMERSET, NJ 08873

(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 COMPLAINT # NJ 147495, NJ 148044, NJ 148226, NJ 148430 CENSUS: 168 SAMPLE SIZE: 13 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all	F 609		11/5/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 10/29/2021

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 609	Continued From page 1 investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: COMPLAINT # NJ 148430 Based on record review and interview, it was determined that the facility failed to report an alleged verbal abuse violation to the New Jersey Department of Health (NJDOH) for 1 of 3 residents reviewed for abuse allegations; (Resident #[redacted] This deficient practice was evidenced by the following: According to the Face Sheet, Resident [redacted] was re-admitted to the facility in [redacted] and had diagnoses which included but were not limited to; [redacted]. A review of the resident's Quarterly Minimum Data Set (MDS), an assessment tool dated [redacted], revealed that the resident had a Brief Interview for Mental Status (BIMS) of [redacted]" which indicated that the resident's [redacted]. A review of a "Recommendation/Concern Form" dated [redacted], and signed by the Director of Social Services (DOSS) revealed that Resident [redacted] was identified as the "person concerned," and that the concern revealed that Resident [redacted] had expressed concern about verbal abuse from a Certified Nurses Aide (CNA). The concern form	F 609	F609 Reporting Alleged Violations 1. * All residents were interviewed, monitored, and determined to have no negative outcomes or outstanding issues. 2. * All residents have the potential to be affected. 3. * A facility wide inservice was conducted on abuse and mandatory reporting by the Director of Social Services. * All concern forms were reviewed by the Director of Social Services and Administrator and determined free of abuse, alleged or actual. * All concern forms will be completed and reviewed timely, any suspected / alleged or actual abuse will be reported promptly to the administrator and to the appropriate agency as needed, by the administrator. 4. * The administrator/or designee will complete a QAPI report monthly and submit quarterly to the QA committee for review and discussion.	

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F 609	Continued From page 2	F 609		

referred to the Administrator, Nursing, and the Social Worker. The "Investigation and Resolution" portion of the form revealed that the CNA was identified as CNA #1 and was immediately removed from the resident's care. Further review of the concern form indicated that the resident reported that no verbal abuse occurred and that the resident and CNA #1 had a "personality clash."

On 10/4/21 at 1:26 PM, the surveyor was provided an "Investigation Summary" by the Assistant Director of Nursing (ADON). The ADON stated that the allegation was not reported to the NJDOH.

A review of an "Investigation Summary" dated [redacted] revealed that the facility received a phone call from the office of the Ombudsman, who had informed the facility that Resident [redacted] called their office and stated that a CNA verbally abused the resident. The investigation portion of the summary revealed that the ombudsman reported allegations of verbal abuse to Resident [redacted] by CNA #1. The summary revealed that the facility was previously aware of the allegations, and a thorough investigation was done. The "Investigation Findings" revealed that CNA #1 and Resident [redacted] had a "personality clash," and CNA #1 was no longer assigned to Resident [redacted]. A written statement dated [redacted] for Resident [redacted] completed by the ADON included that Resident [redacted] stated that there was not an incident of abuse and that the resident and CNA #1 did not like each other. Resident #[redacted] said CNA #1 was mean and that the resident did not want CNA #1 assigned to them. The Investigation Summary was signed by the Director of Nursing (DON), ADON, and the DOSS.

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F 609	Continued From page 3	F 609		

During an interview with the surveyor on 10/5/21 at 9:22 am, the DON stated that when there was an allegation of abuse, an investigation would be started, which would include interviewing residents, staff, and witnesses. If the abuse were substantiated, it would be reported to the NJDOH. The DON stated they received a call from the Ombudsman on [redacted] regarding Resident [redacted] and CNA #1. The allegation had already been investigated, and Resident #[redacted] was removed from CNA #1's assignment on [redacted]. The DON further stated that Resident [redacted] indicated that CNA #1 was verbally abusive but could not provide a specific example of what had happened.

During an interview with the surveyor on 10/5/21 at 10:14 AM, the Administrator stated that the allegation of abuse was not reported to the NJ DOH because the facility was able to unsubstantiate the allegation within 15 minutes of the allegation on [redacted] through verbal interviews with the resident, residents on CNA #1's assignment and CNA #1. The Administrator stated when Resident [redacted] was interviewed, the resident said there was no abuse and that the resident did not like CNA #1. Resident [redacted] was removed from CNA #1's assignment.

A review of a facility policy titled, "Concern Forms Resident and Family Grievances" revised 2021 included but was not limited to; Allegations of abuse, neglect, or mistreatment of resident will be reported to the proper state department per facility's reporting policy by the Director of Social Services or Director of Nursing. Investigation of the grievance shall include interviewing and taking written statements from appropriate staff and other involved persons, the department head

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F 609	Continued From page 4 will review results of the investigation with the administrator and take appropriate action. A review of a facility policy titled, "Abuse Prohibition," revised in 2021, included, "Upon receiving information concerning a report of suspected or alleged abuse, the Administrator or designee will.; 1) immediately report it to the appropriate agencies per state requirement Administrator or designee will report findings of all completed investigation to state agencies not later than 2 hours after the allegation is made, if event that caused the allegation involve abuse or result in serious bodily injury or in accordance with the state law and take all necessary corrective actions depending on the results of the investigation." NJAC 8:39 5.1 (a)	F 609		
F 610 SS=D	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State	F 610		11/5/21

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F 610	Continued From page 5 Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: COMPLAINT # NJ 148430 Based on record review, interview, and facility policy review, it was determined that the facility failed to thoroughly and timely investigate an allegation of verbal abuse for 1 of 3 residents reviewed for abuse; (Resident #[redacted]). This deficient practice was evidenced by the following: According to the Face Sheet, Resident [redacted] was re-admitted to the facility in [redacted] and had diagnoses which included but were not limited to; [redacted]. Review of the resident's Quarterly Minimum Data Set (MDS), an assessment tool dated [redacted], revealed that the resident had a Brief Interview for Mental Status (BIMS) of [redacted] which indicated that the resident's [redacted]. A review of a "Recommendation/Concern Form" dated [redacted], and signed by the Director of Social Services (DOSS) revealed that Resident [redacted] was identified as the "person concerned," and that the concern revealed that Resident [redacted] had expressed concern about verbal abuse from a Certified Nurses Aide (CNA). The concern form was referred to the Administrator, Nursing, and Social Worker. The "Investigation and Resolution" portion of the form revealed that the CNA was identified as CNA #1 and was immediately	F 610	F610 Investigation/Prevent/Correct Alleged Violations 1. * Written statements were obtained from resident [redacted] the CNA and several cognitively intact residents. * Resident #[redacted] reports no verbal abuse on repeat interview. 2. * All residents have the potential to be affected. 3. * All concern forms related to potential/alleged or actual abuse must have an immediate, thorough investigation with written statements from resident, employee, witnesses and [redacted] residents. * All potential/alleged or actual abuse must be reported immediately to the administrator/designee for follow-up. * All potential/alleged or actual abuse must be reported to officials, in accordance with state law, including the state agency. 4. * The administrator/or designee will complete a QAPI report monthly and submit quarterly to the QA committee for review and discussion.	

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F 610	Continued From page 6	F 610		

removed from the resident's care. Further review of the concern form indicated that the resident reported that no verbal abuse occurred and that the resident and CNA had a "personality clash."

There were no written statements provided with the concern form from the alleged CNA, Resident [redacted], witnesses, or other cognitively intact residents that were on the CNA's assignment.

During an interview with the surveyor on 10/4/21 at 12:09 PM, the DOSS stated that when there was an allegation of abuse, she, the Administrator, and the Director of Nursing (DON) are notified. An investigation would be started, which would include interviewing alleged staff, the resident, residents assigned to the CNA, and anyone else involved. She stated that a concern form was started when the Ombudsman called for Resident #[redacted] The DOSS interviewed Resident [redacted] who said CNA #1 was verbally aggressive towards Resident [redacted]. DOSS stated CNA #1 and Resident [redacted] had "clashing personalities." An investigation was done, and Resident [redacted] was removed from CNA #1's assignment. The surveyor showed the DOSS the concern form and asked if there were written statements. The DOSS stated that she would provide them to the surveyor.

During an interview with the surveyor on 10/4/21 at 12:34 PM, the Assistant Director of Nursing (ADON) stated that the process would be that the DOSS documents all interviews during an abuse allegation and would then bring them to the Administrator who would make the decision to report. The ADON stated that she wasn't aware of Resident [redacted]'s abuse allegation until the Ombudsman called. She said she spoke to CNA

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F 610	Continued From page 7	F 610		

#1 and Resident [redacted], and it was "very clear they didn't like each other." She stated that Resident [redacted] did not provide specific details regarding the alleged verbal abuse.

On 10/4/21, at 1:26 PM, the surveyor was provided an "Investigation Summary" by the ADON. The ADON stated that the allegation was not reported to the New Jersey Department of Health.

A review of an "Investigation Summary" dated [redacted] ([redacted] days after the concern form) revealed that the facility received a phone call from the Office of the Ombudsman and informed the facility that Resident [redacted] called the Ombudsman's office and stated that a CNA verbally abused the resident. The investigation portion of the summary included that the Ombudsman reported allegations of verbal abuse to Resident [redacted] by CNA #1. The summary revealed that the facility was previously aware of the allegations, and a thorough investigation was done. The "Investigation Findings" revealed that CNA #1 and Resident [redacted] had a "personality clash" and that CNA #1 was no longer assigned to Resident [redacted]. Attached to the investigation were statements from five residents, all dated [redacted], who had no concerns. A written statement for Resident [redacted] completed by the ADON included that Resident #[redacted] stated that there was no abuse and that the resident and CNA #1 did not like each other. Resident #[redacted] said CNA #1 was mean and that the resident did not want CNA #1 assigned to them. There was no statement for CNA #1. The Investigation Summary was signed by the Director of Nursing (DON), ADON, and the DOSS.

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F 610	Continued From page 8	F 610		

During an interview with the surveyor on 10/5/21 at 9:22 am, the DON stated that when there was an allegation of abuse, an investigation would be started, which would include interviewing residents, staff, and witnesses. If the abuse were substantiated, it would be reported to the NJ DOH. The DON stated they received a call from the Ombudsman on [redacted] regarding Resident [redacted] and CNA #1. The allegation had already been investigated, and Resident [redacted] was removed from CNA #1's assignment on [redacted]. The DON further stated Resident [redacted] said CNA #1 was verbally abusive but could not provide a specific example of what had happened.

During an interview with the surveyor on 10/5/21 at 10:14 AM, the Administrator stated that the facility initially obtained verbal interviews for Resident #[redacted], residents on CNA #1's assignment, and CNA #1 on [redacted]. The Administrator stated upon interview that Resident [redacted] said there was no abuse and that the resident did not like CNA #1. Resident [redacted]2 was removed from CNA #1's assignment. He stated he also interviewed CNA #1 and determined it was not abuse. He noted the concern form was the "record" and that there was no other documentation from that date.

During a telephone interview with the surveyor on 10/5/21 at 11:00 AM, CNA #1 stated that Resident [redacted] had a history of cursing at her, and in the past other CNAs had agreed to take Resident [redacted] on their assignment. However, recently Resident [redacted] was assigned to her. CNA #1 stated that Resident [redacted] said she (CNA #1) was abusive to Resident #1. CNA #1 stated she notified the ADON, and a meeting was held to remove Resident [redacted] from CNA #1's assignment. She noted the Administrator spoke to her (CNA #1) about the

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F 610	Continued From page 9 allegation, but she did not write a statement. On 10/5/21 at 12:45 PM, the Administrator provided the surveyor with a statement written for CNA #1 by the Administrator dated [redacted]. The statement indicated that CNA #1 went to provide care for Resident [redacted]; the resident cursed at CNA #1 and did not want CNA #1 to take care of her. The statement revealed that no incident had happened. Review of a facility policy titled, "Concern Forms Resident and Family Grievances" revised 2021 included but was not limited to; Allegations of abuse, neglect, or mistreatment of resident will be reported to the proper state department per facility's reporting policy by the Director of Social Services or Director of Nursing. Investigation of the grievance shall include interviewing and taking written statements from appropriate staff and other involved persons, the department head will review results of the investigation with the administrator and take appropriate action. A review of a facility policy titled, "Abuse Prohibition," revised in 2021, included, "Upon receiving information concerning a report of suspected or alleged abuse, the Administrator or designee will.; 1) immediately report it to the appropriate agencies per state requirement; 2)Conduct an immediate and thorough investigation that focuses a) whether abuse or neglect occurred and to what extent b) clinical examination for signs of injuries; if indicated; causative factors; and d) interventions to prevent injury. The investigation will be documented on the facility's investigation form and will be kept confidential. The Administrator or designee will report findings of all completed investigation to	F 610		

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F 610	Continued From page 10 state agencies not later than 2 hours after the allegation is made if event that caused the allegation involve abuse or result in serious bodily injury or in accordance with the state law and take all necessary corrective actions depending on the results of the investigation." NJAC 8:39 4.1 (a)(5)	F 610		
F 836 SS=E	License/Comply w/ Fed/State/Locl Law/Prof Std CFR(s): 483.70(a)-(c) §483.70(a) Licensure. A facility must be licensed under applicable State and local law. §483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards. The facility must operate and provide services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to professionals providing services in such a facility. §483.70(c) Relationship to Other HHS Regulations. In addition to compliance with the regulations set forth in this subpart, facilities are obliged to meet the applicable provisions of other HHS regulations, including but not limited to those pertaining to nondiscrimination on the basis of race, color, or national origin (45 CFR part 80); nondiscrimination on the basis of disability (45 CFR part 84); nondiscrimination on the basis of age (45 CFR part 91); nondiscrimination on the basis of race, color, national origin, sex, age, or disability (45 CFR part 92); protection of human subjects of research (45 CFR part 46); and fraud	F 836		11/5/21

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F 836	Continued From page 11 and abuse (42 CFR part 455) and protection of individually identifiable health information (45 CFR parts 160 and 164). Violations of such other provisions may result in a finding of non-compliance with this paragraph. This REQUIREMENT is not met as evidenced by: COMPLAINT # NJ 147495, NJ 148044, NJ 148226, NJ 148430 Based on observation, interview, and review of facility provided documentation, the facility failed to a.) maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey for 33 of 35-day shifts and 29 of 35 overnight shifts reviewed b.) ensure a resident was fed timely for 1 of 13 residents reviewed, (Resident [redacted]) and c.) ensure call bells were answered timely for 3 of 13 residents reviewed (Resident [redacted] Resident [redacted], and Resident #[redacted]) This deficient practice was evidenced by the following: Reference: New Jersey Department of Health (NJDOH) memo, dated 1/28/2021, "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 2/01/21: One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10	F 836	F836 License/Mandatory 1. * Residents [redacted] on [redacted] were immediately monitored and observed, needs addressed and no negative outcomes were noted. 2. * All residents on [redacted] have the potential to be affected. 3. * A facility wide inservice was conducted on call bell policy and prompt answering. * Resident [redacted] The shower schedules were reviewed to assure even distribution, so completion of assigned showers can be attained. * Resident [redacted]: The CNA assignments were reviewed to assure his feeding routine, and needs are addressed. * Resident [redacted] and [redacted]: These 2 residents will be included as part of the administrator's weekly call bell response audit. * Administration to focus on mandatory staffing requirements and hiring by: - Utilizing agency to increase staffing - Ads placed on several job sites	

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REGENCY HERITAGE NURSING AND REHABILITATION CENTER	380 DEMOTT LANE SOMERSET, NJ 08873

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F 836	Continued From page 12 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. 1. On 10/4/21 at 09:05 AM, Surveyors #2 and #3 entered unit [redacted] side. At that time, the surveyors observed the call bell lights illuminated above Resident #[redacted] and Resident [redacted]'s room, indicating that the residents in those rooms needed assistance. The surveyors could also hear the centralized call bell system alarming at the nurses' station. The surveyors observed a staff member, who later was identified as the unit secretary (US), was delivering the breakfast trays at the end of the unit near Resident's [redacted]'s room. At that time, Surveyor #2 observed the call bell light remained illuminated above Resident [redacted]'s room. At 09:20 AM, the US delivered the breakfast tray to Resident [redacted] and turned off the call bell light for that room. At 09:22 AM, Surveyors #2 and #3 observed CNA #2 answer the call bell light for Resident [redacted]. Surveyor #2 attempted to interview CNA #2 at that time, but CNA #2 stated that she had to finish helping a resident get dressed for a doctor's appointment. During an interview with Surveyor #2 and #3 on 10/4/21 at 10:24 AM, Resident [redacted] stated that	F 836	and job fairs - Facility to use Enrty Level Care Giver - Facility to offer incentives, increase rates, bonuses - Facility to utilize other departments to answer call bells, deliver trays and transport patients. * Administrator/designee will review staffing for the week and utilize available resources to assure mandatory staffing is maintained, as needs change, immediate response by adjusting schedules and use of other departments to answer phones, call bells, deliver trays, transport. 4. * The administrator will review staffing ratios and acuities monthly for 6 months to determine efficacy of interventions to increase staff and adjust as needed, results will be submitted to QA committee quarterly for review and discussion. * Call bed response time will be monitored by the administrator randomly, weekly on each floor for 5 illuminated call bells for 6 months, results will be submitted to QA committee quarterly for review and discussion.	

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showers were given when the staff had time because staffing was short.

During an interview with Surveyor #2 and #3 on 10/4/21 at 10:28 AM, Resident [redacted], whose call bell light was on, stated that when the breakfast tray was delivered, they had requested a cup of ice and was still waiting to receive it. At 10:38 AM, Surveyor #1 observed Resident [redacted]'s call bell answered by the US, which stated the resident wanted ice. At 10:44 AM, Surveyor #1 observed the US deliver a cup of ice to the resident's room.

During an interview with Surveyor #2 and #3 on 10/4/21 at 11:42 AM, CNA #2 stated she had 20 residents on her assignment. She noted that it was "impossible for all the residents to get their showers on shower days with that many residents in her assignment."

2. On 10/4/21 at 10:09 AM, on the [redacted] Unit, Surveyor #1 observed Resident [redacted]s call light lit. At that time, the surveyor observed a staff member in the hall collecting breakfast trays. At 10:38 AM, the surveyor observed the MDS Coordinator enter Resident [redacted]'s room, left, and stated she needed to get another staff member to assist her to reposition the resident. At 10:47 AM, the MDS Coordinator and CNA #4 entered Resident [redacted]s room and repositioned the resident. The surveyor entered the resident's room and observed a meal tray with uneaten scrambled eggs, an unidentified pureed substance, a full bowl of cereal, half-consumed milk, and an empty juice container. At 10:51 AM, the MDS Coordinator stated, "Oh, you didn't eat," and proceeded to feed the resident. At that time, the surveyor asked the MDS Coordinator what time the resident's breakfast arrived. The MDS

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Coordinator stated, at 8:30 AM. The surveyor has asked the MDS Coordinator what time it was currently, and the MDS Coordinator looked at her watch and said, it's five to eleven. The surveyor questioned the time, and the MDS Coordinator stated, "this should be heated up." The MDS Coordinator removed the tray and said she was going to heat the resident's breakfast.

The surveyor was unable to locate the resident's assigned CNA.

During a follow-up interview with the surveyor on 10/5/21 at 8:18 AM, the MDS Coordinator stated that she was not sure why Resident [redacted]'s breakfast tray was there that long and after she reheated the resident's breakfast, Resident [redacted] "ate everything."

During an interview with the surveyor on 10/5/21 at 9:22 AM, the Director of Nursing (DON) stated the call bell response time should be less than 10 minutes. The DON said that CNAs were responsible to feed the residents. She stated that Resident [redacted] could be "finicky" with eating, that the staff would try to feed the resident and would come back later. The DON stated Resident [redacted]'s breakfast tray should have been reheated before feeding the resident.

The surveyor reviewed the 7-3 shift assignment sheets for Unit [redacted] and Unit [redacted] for 10/4/21 revealed that the census on each unit was 62, and three CNA's were assigned to each unit.

A review of the 7-3 shift assignment sheet for Unit [redacted] and Unit [redacted] for 10/5/21 revealed that [redacted] had a census of 61 with four CNAs assigned, and [redacted] had a census of 62 with four CNAs assigned.

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The surveyor requested the following weeks of staffing: 8/8/2021, 8/22/21, 8/29/2021, 9/5/2021, and 9/26/221.

A review of the New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report revealed the following:

8/8/21 had 18 CNAs for 177 residents on the day shift (Required no more than 8 residents for each CNA).
8/8/21 had 13 total staff for 177 residents on the overnight shift (Required no more than 14 residents to each staff).
8/9/21 had 18 CNAs for 177 residents on the day shift.
8/9/21 had 12 total staff for 177 residents on the overnight shift.
8/10/21 had 21 CNAs for 177 residents on the day shift.
8/13/21 had 20 CNAs for 178 residents on the day shift.
8/14/21 had 17 CNAs for 178 residents on the day shift.
8/22/21 had 15 CNAs for 184 residents on the day shift.
8/22/21 had 13 total staff to 184 residents on the overnight shift.
8/23/21 had 16 CNAs for 182 residents on the day shift.
8/23/21 had 10 total staff for 182 residents on the overnight shift.
8/24/21 had 15 CNAs for 182 residents on the day shift.
8/25/21 had 17 CNAs for 182 residents on the day shift.
8/25/21 had 10 total staff for 182 residents on the

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overnight shift.
8/26/21 had 19 CNAs for 179 residents on the day shift.
8/26/21 had 10 total staff for 179 residents on the overnight shift.
8/27/21 had 17 CNAs for 179 residents on the day shift.
8/27/21 had 10 total staff for 179 residents on the overnight shift.
8/27/21 had 10 total staff for 179 residents on the overnight shift.
8/28/21 had 17 CNAs for 179 residents on the day shift.
8/28/21 had 10 total staff for 179 residents on the overnight shift.
8/29/21 had 15 CNAs for 179 residents on the day shift.
8/29/21 had 10 total staff for 179 residents on the overnight shift.
8/30/21 had 16 CNAs for 179 residents on the day shift.
8/30/21 had 12 total staff for 179 residents on the overnight shift.
8/31/21 had 17 CNAs for 179 residents on the day shift.
8/31/21 had 12 total staff for 179 residents on the overnight shift.
9/1/21 had 15 CNAs for 179 residents on the day shift.
9/1/21 had 12 total staff for 179 residents on the overnight shift.
9/2/21 had 16 CNAs for 179 residents on the day shift.
9/2/21 had 10 total staff for 179 residents on the overnight shift.
9/3/21 had 17 CNAs for 177 residents on the day shift.
9/3/21 had 10 total staff for 177 residents on the overnight shift.

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9/4/21 had 17 CNAs for 177 residents on the day shift.
9/4/21 had 10 total staff for 177 residents on the overnight shift.
9/5/21 had 16 CNAs for 176 residents on the day shift.
9/5/21 had 10 total staff for 176 residents on the overnight shift.
9/6/21 had 16 CNAs for 176 residents on the day shift.
9/6/21 had 12 total staff for 176 residents on the overnight shift.
9/7/21 had 17 CNAs for 176 residents on the day shift.
9/7/21 had 12 total staff for 176 residents on the overnight shift.
9/8/21 had 16 CNAs for 176 residents on the day shift.
9/8/21 had 12 total staff for 176 residents on the overnight shift.
9/9/21 had 16 CNAs for 176 residents on the day shift.
9/9/21 had 10 total staff for 176 residents on the overnight shift.
9/10/21 had 16 CNAs for 175 residents on the day shift.
9/10/21 had 10 total staff for 175 residents on the overnight shift.
9/11/21 had 14 CNAs for 175 residents on the day shift.
9/11/21 had 10 total staff for 175 residents on the overnight shift.
9/26/21 had 12 CNAs for 178 residents on the day shift.
9/26/21 had 10 total staff for 178 residents on the overnight shift.
9/27/21 had 16 CNAs for 178 residents on the overnight shift.
9/27/21 had 10 total staff for 178 residents on the

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overnight shift.
9/28/21 had 17 CNAs for 178 residents on the day shift.
9/28/21 had 10 total staff for 178 residents on the overnight shift.
9/29/21 had 15 CNAs for 176 residents on the day shift.
9/29/21 had 10 total staff for 176 residents on the overnight shift.
9/30/21 had 15 CNAs for 175 residents on the day shift.
9/30/21 had 12 total staff for 175 residents on the overnight shift.
10/1/21 had 13 CNAs for 172 residents on the day shift.
10/1/21 had 11 total staff for 172 residents on the overnight shift.
10/2/21 had 16 CNAs for 170 residents on the day shift.
10/2/21 had 12 CNAs for 170 residents on the overnight shift.

During an interview with the surveyor on 10/5/21 at 10:14 AM, the Administrator stated he was aware of the staffing ratios and that staffing was "challenging."

A review of a facility policy titled, "Staffing" dated March 2007, updated 21 revealed, "Our facility provides adequate staffing to meet needed care and services for our resident population. Our facility maintains adequate staffing on each shift to ensure that our resident's needs and services are met. Licensed registered nursing and licensed nursing staff are available to provide and monitor the delivery of resident care services. Certified Nursing Assistants are available on each shift to provided needed care and services of each resident as outlined on the resident's

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F 836	Continued From page 19 comprehensive care plan. A review of the facility's policy and procedure "Call Lights PROTOCOL", reviewed 21, POLICY: The purpose of this procedure is to respond to the resident's requests and needs. 8. Answer the resident's call as soon as possible. Steps in the Procedure 4. Do what the resident asks of you, if permitted. 5. If you have promised the resident you will return with an item or information, do so promptly. 6. If assistance is needed when you enter the room, summon help by using the call signal. A review of the facility's "Call-Bells & Phone Triage" In-Service sign in sheet dated 5/29/21, revealed that staff were in-serviced on the Topic:Brief description: Facility protocol: it is everyone Responsibility to respond to call-lights/bells.	F 836		
F 880 SS=E	NJAC 8:39 5.1(a) 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	F 880		12/10/21

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F 880	Continued From page 20 a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, 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; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (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 (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.	F 880		

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F 880	Continued From page 21 §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §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 # NJ148226 Based on observation, interview, review of the medical records, and other facility documentation, it was determined that the facility failed to follow the manufacturer's directions for the cleaning and disinfecting of [redacted] ([redacted]) for 4 of 4 residents (Resident [redacted], #[redacted], #[redacted], and #[redacted]) observed during [redacted]). This deficient practice was evidenced by the following: On 10/05/21, from 08:32 AM to 08:50 AM, the surveyor observed the medication pass and the Registered Nurse Charge Nurse (RN/CN) as she went from room to room to perform [redacted] checks [redacted]) of residents on the [redacted] unit [redacted] The surveyor observed the following: 1. On 10/05/21 at 08:32 AM, the RN/CN went into	F 880	F880 Infection Control 1. * RN/CN and [redacted] med nurse were immediately counseled and re-inserviced on [redacted] use and cleaning. * All nurses were re-inserviced on [redacted] use and cleaning. 2. * All residents on [redacted] with [redacted] orders have the potential to be affected. 3. * All residents on [redacted] with [redacted] orders were reviewed for personal glucometers. * Med carts were reviewed for bleach wipes. * A facility wide inservice was given to all nurses on [redacted] use and cleaning. * [redacted] use and cleaning protocol was reviewed and updated as	

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F 880	Continued From page 22 the med cart and removed two [redacted] pads, one [redacted], one [redacted] a [redacted]), and a plastic medicine cup in which she placed the [redacted]. The RN used an alcohol-based hand rub (ABHR) and then donned a pair of gloves. She placed the [redacted] into the [redacted], gathered the rest of the supplies, and went into Resident [redacted]'s room. She placed the plastic medicine cup on the overbed table. While holding the [redacted], she opened the [redacted] wipe, wiped the resident's [redacted], and [redacted] the resident's [redacted] to obtain [redacted]. She placed the [redacted] into the plastic medicine cup. She collected the [redacted], obtained the results, and then placed the [redacted] into the medicine cup. She opened an [redacted] pad, wiped the [redacted] removed her gloves, and discarded them into the trash can in the room. The RN then took the [redacted] r and the medicine cup to the medication cart, where she discarded the [redacted] and the [redacted] into the sharps container and placed the [redacted] machine in the cart. The RN then used ABHR to perform hand hygiene. A review of Resident [redacted] face sheet indicated the resident was admitted with a diagnosis that included but was not limited to [redacted]). A review of the Physician Orders revealed an order for [redacted] to be done every day before meals and before bedtime that included coverage with [redacted] on a [redacted]. 2. On 10/05/21 at 08:40 AM, the RN/CN repeated the same steps and took the [redacted] with the [redacted] in the machine, a [redacted], plastic medication cup, 2 [redacted] pads, donned gloves, and went into Resident [redacted]'s room. The RN/CN	F 880	needed. * A facility wide review of [redacted] orders completed. * The Assistant director of Nursing/Infection Control Preventionist will review with nurses monthly for 6 months, on hire, annually and as needed for compliance to [redacted] use and cleaning. * Assistant Director of Nursing/Infection Control Preventionist will update the policy and procedure and inservice staff as needed. * A Root Cause Analysis was conducted as part of the directed plan of correction because the nurse failed to follow proper use and cleaning of the [redacted] due to lack of knowledge of the infection control policies. * Keep-Out-Covid was viewed by all staff to include, but not limited to Frontline staff. * Module 11B-Environmental Cleaning and Disinfecting was viewed by all staff, Topline staff and Infection Control Preventionist/Assistant director of Nursing. * Module 6A-Standard Precautions was viewed by all staff, Topline staff and Infection Control Preventionist/Assistant director of Nursing . * Module 1-Infection Control and Prevention Program viewed by Topline staff and Infection Control Preventionist/Assistant director of nursing. * Module 11A-Reprocessing Reusable Resident Equipment viewed by Topline staff and Infection Control Preventionist/Assistant director of	

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	315367	A. BUILDING _____ B. WING _____	C 10/05/2021

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F 880	Continued From page 23 obtained the [redacted], the reading and proceeded to follow the same steps of cleaning the machine with an [redacted] wipe in the resident's room. She then removed her gloves and went to the medication cart. She placed the [redacted] and the [redacted] into the sharps container and placed the machine onto the cart. She used ABHR to perform hand hygiene. A review of Resident [redacted] Face Sheet revealed the resident was admitted to the facility with a diagnosis that included but were not limited to [redacted]. A review of the Physician Orders revealed a dated order for [redacted] for [redacted] every day before meals and before bedtime. 3. On 10/05/21 at 08:45 AM, the RN/CN repeated the same steps and took the [redacted] with the [redacted] in the machine, a [redacted], plastic medication cup, 2 [redacted] pads, donned gloves, and went into Resident [redacted]s room. The RN/CN obtained the [redacted], the reading and proceeded to follow the same steps of cleaning the machine with an [redacted] wipe in the resident's room. She then removed her gloves and went to the medication cart. She placed the [redacted] and the [redacted] into the sharps container and placed the machine onto the cart. She used ABHR to perform hand hygiene. Review of Resident [redacted]s Face Sheet indicated the resident was admitted to the facility with a diagnosis that included but were not limited to [redacted]	F 880	Nursing. 4. * The Assistant Director of Nursing/Infection Control Preventionist will review by observation, demonstration of [redacted] use/cleaning of 5 nurses weekly for one month and monthly thereafter for compliance and submit report to DON for 6 months and then quarterly thereafter for 6 months. * The Assistant Director of Nursing/Infection Control Preventionist will review daily compliance with individual [redacted] for each resident with [redacted] orders/and available bleach wipes on each cart, submit report monthly for 6 months and quarterly thereafter for 6 months. * A quarterly QAPI report submitted to QA committee for discussion for compliance and measure success to quarterly QA.	

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F 880	Continued From page 24	F 880		

A review of the Physician Orders revealed a dated order for [redacted] for [redacted] twice daily before breakfast and dinner.

4. On 10/05/21 at 08:50 AM, the RN/CN repeated the same steps and took the [redacted] with the [redacted] in the machine, a [redacted], plastic medication cup, 2 [redacted] pads, donned gloves, and went into Resident [redacted]'s room. The RN obtained the [redacted] the reading and proceeded to follow the same steps of cleaning the machine with an [redacted] wipe in the resident's room. She then removed her gloves and went to the medication cart. She placed the [redacted] and the [redacted] into the sharps container and placed the machine onto the cart. She used ABHR to perform hand hygiene.

Review of resident [redacted] Face Sheet indicated the resident was admitted to the facility with a diagnosis that included but were not limited to: [redacted].

A review of the Physician Orders revealed a dated order for [redacted] for [redacted] before meals and bedtime that included coverage with [redacted] on a [redacted].

During an interview with the surveyor on 10/05/21 at 10:25 AM, the RN/CN stated the protocol to clean the [redacted]r was to use an [redacted] pad, and that was the process she was taught.

During an interview with the surveyor on 10/05/21 at 10:40 AM, the Assistant Director of Nurses (ADON) stated each resident had their own [redacted]r. The cleaning process was to use bleach wipes that are present on the cart.

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F 880	Continued From page 25 During an interview with the surveyor on 10/05/21 at 11:00 AM, the RN medication nurse on [redacted] stated she used [redacted] pads when cleaning the [redacted] after each use. She said she used [redacted] pads because there are no other products to use to clean the [redacted]. The nurse opened the bottom draw of the medication cart and showed the surveyor a container of bleach wipes. The RN stated she only used bleach wipes to clean the top of the medication cart. She stated the main difference between alcohol and bleach wipes was that bleach kills more pathogens (bacteria, viruses, or other microorganisms that can cause disease). During an interview with the surveyor on 10/04/21 at 12:20 PM, the Central Supply staff stated each medication cart had a [redacted], not each resident. During an interview with the surveyor on 10/04/21 at 01:45 PM, the Director of Nurses (DON) stated each resident should have their own [redacted]r. The nurses on the units should have requested more if there was one [redacted] on the cart. The DON said to clean the [redacted] the nurses should use bleach wipes because the manufacture's information indicates to use bleach wipes, not alcohol wipes. During an interview with the surveyor, on 10/05/221 at 12:20 PM, the DON and the ADON both stated the two nurses were initially observed for medication pass by the ADON and passed their medication pass. The ADON said she could not recall the date on which she evaluated them, and there was no place on the form to write the date.	F 880		

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F 880	Continued From page 26 During an interview with the surveyor on 10/04/221 at 2:30 AM, the ADON stated the second day of orientation includes nurse training on policies and procedures. She further stated the nurses are taught that each resident should have their own [redacted] and to use bleach wipes to clean the [redacted]. A review of the CN/RN and the RN checklists labeled "Skills Competency Check List for Nurses" indicated the nurse had been informed of the [redacted]) indicated by a checkmark under the training code "I" indicated initial. A review of a facility policy, dated 2019 and titled; [redacted] Cleaning," included but was not limited to; ...wipe down [redacted] with disinfecting bleach wipes and air dry for 10 seconds. A review of a facility policy dated 01/2013 titled "Cleansing of non-critical reusable patient care equipment" included but was not limited to; ... cleaning and maintenance processes will follow manufacture's recommendations. A review of the [redacted] monitoring system user's guide revealed the meter should be cleaned and disinfected between each resident. The glucometer is validated to withstand a cleaning and distinction cycle of ten times per day for an average period of three years. The products that have been approved for cleaning and disinfecting the [redacted] included : Dispatch Hospital Cleaner Disinfectant Towels	F 880		

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F 880	Continued From page 27 with Bleach® (EPA Registration Number: 56392-8) o Medline Micro-Kill+ (EPA Registration Number: 59894-10) o Clorox Healthcare (EPA Registration Number: 67619-12) o Medline Micro-Kill (EPA Registration Number: 37549-1) NJAC 8:39-19.8 (c)	F 880		

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	061801	A. BUILDING: _____ B. WING _____	C 10/05/2021

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S 000	Initial Comments COMPLAINT # NJ 147495, NJ 148044, NJ 148226, NJ 148430 CENSUS: 168 SAMPLE SIZE: 13 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 observation, interview, and review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey for 33 of 35-day shifts and 29 of 35 overnight shifts reviewed .	S 560	S560 Mandatory Access to Care 1. * Immediate movement of ancillary staff to unit to assist with tasks: call bells, trays, phones, transport, to enable nursing	11/5/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 10/29/21

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S 560	Continued From page 1 This deficient practice was evidenced by the following: Reference: New Jersey Department of Health (NJDOH) memo, dated 1/28/21, "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 2/01/21: 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. Review of the 7-3 shift assignment sheets for Unit L2, and Unit G2 for 10/4/21 revealed that the census on each unit was 62 and three CNA's were assigned to each unit. Review of the 7-3 shift assignment sheet for Unit L2, and Unit G2 for 10/5/21 revealed that L2 had a census of 61 with four CNA's assigned, and G2 had a census of 62 with four CNA's assigned.	S 560	staff to concentrate on direct patient care * No negative outcomes observed. 2. * All residents have the potential to be affected. 3. * Administrator/designee will review staffing for the week and utilize available resources to assure mandatory staffing is maintained, as needs change, immediate response by adjusting schedules and use of other departments to answer phones, call bells, deliver trays and transport. * Administration to focus on mandatory staffing requests and hiring by: - Utilizing agency to increase staffing - Ads placed on several job sites and job fairs - Facility to use Entry Level Care Giver - Facility to offer incentives, increase rates, bonuses - Facility to utilize other departments to answer call bells, deliver trays and transport patients. 4. * The administrator will review staffing ratios and acuities monthly for 6 months to determine efficacy of interventions to increase staff and adjust as needed, results will be submitted to QA committee quarterly for review and discussion.	

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S 560	Continued From page 2 The surveyor requested the following weeks of staffing: 8/8/21, 8/22/21, 8/29/21, 9/5/21, and 9/26/21. Review of the New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report revealed the following: 8/8/21 had 18 CNAs for 177 residents on the day shift (Required no more than 8 residents for each CNA). 8/8/21 had 13 total staff for 177 residents on the overnight shift (Required no more than 14 residents to each staff). 8/9/21 had 18 CNAs for 177 residents on the day shift. 8/9/21 had 12 total staff for 177 residents on the overnight shift. 8/10/21 had 21 CNAs for 177 residents on the day shift. 8/13/21 had 20 CNAs for 178 residents on the day shift. 8/14/21 had 17 CNAs for 178 residents on the day shift. 8/22/21 had 15 CNAs for 184 residents on the day shift. 8/22/21 had 13 total staff to 184 residents on the overnight shift. 8/23/21 had 16 CNAs for 182 residents on the day shift. 8/23/21 had 10 total staff for 182 residents on the overnight shift. 8/24/21 had 15 CNAs for 182 residents on the day shift. 8/25/21 had 17 CNAs for 182 residents on the day shift. 8/25/21 had 10 total staff for 182 residents on the	S 560		

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overnight shift.
8/26/21 had 19 CNAs for 179 residents on the day shift.
8/26/21 had 10 total staff for 179 residents on the overnight shift.
8/27/21 had 17 CNAs for 179 residents on the day shift.
8/27/21 had 10 total staff for 179 residents on the overnight shift.
8/27/21 had 10 total staff for 179 residents on the overnight shift.
8/28/21 had 17 CNAs for 179 residents on the day shift.
8/28/21 had 10 total staff for 179 residents on the overnight shift.
8/29/21 had 15 CNAs for 179 residents on the day shift.
8/29/21 had 10 total staff for 179 residents on the overnight shift.
8/30/21 had 16 CNAs for 179 residents on the day shift.
8/30/21 had 12 total staff for 179 residents on the overnight shift.
8/31/21 had 17 CNAs for 179 residents on the day shift.
8/31/21 had 12 total staff for 179 residents on the overnight shift.
9/1/21 had 15 CNAs for 179 residents on the day shift.
9/1/21 had 12 total staff for 179 residents on the overnight shift.
9/2/21 had 16 CNAs for 179 residents on the day shift.
9/2/21 had 10 total staff for 179 residents on the overnight shift.
9/3/21 had 17 CNAs for 177 residents on the day shift.
9/3/21 had 10 total staff for 177 residents on the overnight shift.
9/4/21 had 17 CNAs for 177 residents on the day

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shift.
9/4/21 had 10 total staff for 177 residents on the overnight shift.
9/5/21 had 16 CNAs for 176 residents on the day shift.
9/5/21 had 10 total staff for 176 residents on the overnight shift.
9/6/21 had 16 CNAs for 176 residents on the day shift.
9/6/21 had 12 total staff for 176 residents on the overnight shift.
9/7/21 had 17 CNAs for 176 residents on the day shift.
9/7/21 had 12 total staff for 176 residents on the overnight shift.
9/8/21 had 16 CNAs for 176 residents on the day shift.
9/8/21 had 12 total staff for 176 residents on the overnight shift.
9/9/21 had 16 CNAs for 176 residents on the day shift.
9/9/21 had 10 total staff for 176 residents on the overnight shift.
9/10/21 had 16 CNAs for 175 residents on the day shift.
9/10/21 had 10 total staff for 175 residents on the overnight shift.
9/11/21 had 14 CNAs for 175 residents on the day shift.
9/11/21 had 10 total staff for 175 residents on the overnight shift.
9/26/21 had 12 CNAs for 178 residents on the day shift.
9/26/21 had 10 total staff for 178 residents on the overnight shift.
9/27/21 had 16 CNAs for 178 residents on the overnight shift.
9/27/21 had 10 total staff for 178 residents on the overnight shift.
9/28/21 had 17 CNAs for 178 residents on the

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S 560	Continued From page 5 day shift. 9/28/21 had 10 total staff for 178 residents on the overnight shift. 9/29/21 had 15 CNAs for 176 residents on the day shift. 9/29/21 had 10 total staff for 176 residents on the overnight shift. 9/30/21 had 15 CNAs for 175 residents on the day shift. 9/30/21 had 12 total staff for 175 residents on the overnight shift. 10/1/21 had 13 CNAs for 172 residents on the day shift. 10/1/21 had 11 total staff for 172 residents on the overnight shift. 10/2/21 had 16 CNAs for 170 residents on the day shift. 10/2/21 had 12 CNAs for 170 residents on the overnight shift. During an interview with the surveyor on 10/5/21 at 10:14 AM, the Administrator stated he was aware of the staffing ratios, and that staffing was "challenging." Review of a facility policy titled, "Staffing" dated March 2007, updated 2021 revealed, "Our facility provides adequate staffing to meet needed care and services for our resident population. Our facility maintains adequate staffing on each shift to ensure that our resident's needs and services are met. Licensed registered nursing and licensed nursing staff are available to provide and monitor the delivery of resident care services. Certified Nursing Assistants are available on each shift to provided needed care and services of each resident as outlined on the resident's comprehensive care plan. Refer to F 836	S 560		

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