STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061902	A. BUILDING: _____ B. WING _____	C 03/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIMECREST SUBACUTE AND REHABILITATIOI	1 O'BRIEN LANE ANDOVER, NJ 07821

(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 Complaint #: NJ153425, NJ153428, NJ151815, and NJ151607 Census: 127 Sample Size: 8 TYPE OF SURVEY: Complaint Survey The facility is not in substantial compliance with all the standards in the New Jersey Administrative Code 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 provisions of 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 Intake NJ151607 Based on interviews, facility document review, and New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, it was determined the facility failed to ensure staffing ratios were met for 29 out of 56 shifts reviewed. This had the potential to affect all residents. Findings included:	S 560	S560 Mandatory Access to Care 1. The facility is actively recruiting license staff and certified nursing assistants by placing an add and working directly with recruitment agency to cover the staffing requirements. The facility has instituted a sign on bonus, and employee referral program. The facility has instituted incentive programs for current staff to assist with covering staffing	4/10/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061902	A. BUILDING: _____ B. WING _____	C 03/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIMECREST SUBACUTE AND REHABILITATIOI	1 O'BRIEN LANE ANDOVER, NJ 07821

(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	Continued From page 1 Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021: One certified nurse aide 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 certified nurse aides, and each direct staff member shall be signed in to work as a certified nurse aide and shall perform nurse aide duties: and One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a certified nurse aide (CNA) and perform certified nurse aide duties. 1. A review of the "Nurse Staffing Report," completed by the facility for the weeks of 01/16/2022 - 01/29/2022, revealed staff-to-resident ratios did not meet the minimum requirements. The facility was deficient in CNA staffing for residents on 14 of 14 day shifts and deficient in total staff for residents on one of 14 overnight shifts as follows: - 01/16/2022 had 12 CNAs for 119 residents on the day shift, required 15 CNAs.	S 560	requirements. 2. All residents have the potential to be affected by this deficient practice. 3. The DON will work with the staffing coordinator in reviewing the nursing/ CNA monthly schedule to ensure appropriate staff is in place. The facility will continue to work closely with staffing agencies in utilizing agency staff ensuring monthly schedule for their staff. 4. The Human Resource Manager or designee will conduct a monthly audit of call outs and recruitment efforts and bring the findings to the QAPI Committee for further recommendations and/ or actions plans as needed. Completion Date: 4/10/22	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061902	A. BUILDING: _____ B. WING _____	C 03/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIMECREST SUBACUTE AND REHABILITATIOI	1 O'BRIEN LANE ANDOVER, NJ 07821

(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	Continued From page 2	S 560		

- 01/17/2022 had 6 CNAs for 118 residents on the day shift, required 15 CNAs.
- 01/17/2022 had 8 total staff for 118 residents on the overnight shift, required 9 total staff.
- 01/18/2022 had 11 CNAs for 118 residents on the day shift, required 15 CNAs.
- 01/19/2022 had 12 CNAs for 118 residents on the day shift, required 15 CNAs.
- 01/20/2022 had 12 CNAs for 118 residents on the day shift, required 15 CNAs.
- 01/21/2022 had 8 CNs for 118 residents on the day shift, required 15 CNAs.
- 01/22/2022 had 12 CNAs for 118 residents on the day shift, required 15 CNAs.
- 01/23/2022 had 7 CNAs for 118 residents on the day shift, required 15 CNAs.
- 01/24/2022 had 9 CNAs for 118 residents on the day shift, required 15 CNAs.
- 01/25/2022 had 11 CNAs for 118 residents on the day shift, required 15 CNAs.
- 01/26/2022 had 11 CNAs for 118 residents on the day shift, required 15 CNAs.
- 01/27/2022 had 12 CNAs for 119 residents on the day shift, required 15 CNAs.
- 01/28/2022 had 12 CNAs for 119 residents on the day shift, required 15 CNAs.
- 01/29/2022 had 12 CNAs for 119 residents on the day shift, required 15 CNAs.

2. For the weeks of 03/06/2022 - 03/19/2022, revealed staff-to-resident ratios did not meet the minimum requirements. The facility was deficient in CNA staffing for residents on 14 of 14 day shifts and deficient in total staff for residents on 1 of 14 evening shifts as follows:

- 03/06/2022 had 11 CNAs for 124 residents on the day shift, required 16 CNAs.
- 03/07/2022 had 10 CNAs for 124 residents on the day shift, required 16 CNAs.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061902	A. BUILDING: _____ B. WING _____	C 03/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIMECREST SUBACUTE AND REHABILITATIOI	1 O'BRIEN LANE ANDOVER, NJ 07821

(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	Continued From page 3	S 560		

- 03/08/2022 had 14 CNAs for 124 residents on the day shift, required 16 CNAs.
- 03/09/2022 had 11 CNAs for 123 residents on the day shift, required 16 CNAs.
- 03/10/2022 had 14 CNAs for 122 residents on the day shift, required 16 CNAs.
- 03/11/2022 had 11 CNAs for 122 residents on the day shift, required 16 CNAs.
- 03/12/2022 had 13 CNAs for 120 residents on the day shift, required 15 CNAs.
- 03/13/2022 had 6 CNAs for 120 residents on the day shift, required 15 CNAs.
- 03/13/2022 had 10 total staff for 120 residents on the evening shift, required 12 total staff.
- 03/14/2022 had 9 CNAs for 120 residents on the day shift, required 15 CNAs.
- 03/15/2022 had 12 CNAs for 120 residents on the day shift, required 15 CNAs.
- 03/16/2022 had 13 CNAs for 122 residents on the day shift, required 16 CNAs.
- 03/17/2022 had 14 CNAs for 122 residents on the day shift, required 16 CNAs.
- 03/18/2022 had 12 CNAs for 122 residents on the day shift, required 16 CNAs.
- 03/19/2022 had 10 CNAs for 121 residents on the day shift, required 16 CNAs.

During an interview on 03/24/2022 at 1:34 PM, the Staff Scheduler (SS) indicated the number of staff scheduled to work was based on the daily census. The SS indicated different employees would usually be called to see if they would stay late or work extra when staff called out. The SS indicated enough staff were scheduled for each shift, and they continued to work hard to make sure all the shifts were covered sufficiently.

During an interview on 03/25/2022 at 2:40 PM, the Administrator acknowledged they had a shortage of staff on some shifts for the days

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061902	A. BUILDING: _____ B. WING _____	C 03/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIMECREST SUBACUTE AND REHABILITATIOI	1 O'BRIEN LANE ANDOVER, NJ 07821

(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	Continued From page 4 indicated: 01/16/2022 through 01/29/2022, 03/06/2022 through 03/19/2022. The Administrator stated they had been doing everything they could to get staff to work at their facility. The Administrator stated that to entice their employees to pick up extra open shifts, they had been offering extra money.	S 560		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
061902 Y1	A. Building B. Wing Y2	4/25/2022 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
LIMECREST SUBACUTE AND REHABILITATION CENTER	1 O'BRIEN LANE ANDOVER, NJ 07821

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	04/10/2022	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	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
3/25/2022	☐ YES ☐ NO