| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 315044 | A. BUILDING _____ B. WING _____ | C 07/12/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **MOHAWK MEADOWS** | **1 O'BRIEN LANE LAFAYETTE, NJ 07848** |

| (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<br><br>Complaint #:<br>NJ172636<br>NJ 175486<br>NJ 175522<br>NJ 175524<br>NJ 175526<br><br>Census: 135<br><br>Sample 4<br><br>The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey. | F 000 | | |

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

Electronically Signed | 08/16/2024

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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|---|---|---|---|
| | 061902 | A. BUILDING: _____ B. WING _____ | C 07/12/2024 |

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| MOHAWK MEADOWS | 1 O'BRIEN LANE LAFAYETTE, NJ 07848 |

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| S 000 | Initial Comments<br><br>Complaint #:<br>NJ 172636<br>NJ 175486<br>NJ 175522<br>NJ 175524<br>NJ 175526<br><br>Census: 135<br><br>Sample 4<br><br>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<br><br>(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.<br><br>This REQUIREMENT is not met as evidenced by:<br>NJ172636<br>NJ 175486<br>NJ 175522<br>NJ 175524<br>NJ 175526 | S 560 | S560<br>Mandatory Access to Care – Minimum Direct Care Staff-to-Resident Ratios<br><br>Element One – Corrective Actions | 8/12/24 |

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

Electronically Signed | 08/16/24

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| | 061902 | A. BUILDING: _____ B. WING _____ | C 07/12/2024 |

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| S 560 | Continued From page 1<br><br>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 14 of 28 day shifts as follows: This deficient practice had the potential to affect all residents.<br><br>Findings include:<br><br>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:<br><br>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.<br>0<br>As per the "Nurse Staffing Report" completed by the facility for the 2 weeks of staffing from 03/24/2024 to 04/6/2024 and 06/23/2024 to 07/06/2024, the staffing to resident ratios did not meet the minimum requirement of one CNA to eight residents for the day shift as documented below: | S 560 | 1. It is the intent of Mohawk Meadows to maintain staffing requirements in compliance with P. L. 2020 c 112, codified at N.J.S.A. 30:13-18(the Act). The Administrator and Director of Nursing/designee will monitor Direct Care/Certified Nursing Assistant CNA) staffing ratios and augment staffing by using agency staff and offering incentives to current direct care staff as necessary.<br><br>2. The certified nurse aides (CNA) staffing issue has been and is being addressed by placing sponsored ads online on job platforms as well as posting within the facility.<br><br>3. Since July 6, 2024, there were six (6) CNAs hired.<br><br>4. Currently, two (2) CNAs are on vacation and four (4) CNAs are on medical leave of absence.<br><br>5. The staffing coordinator was re-educated on August 12, 2024 on the minimum staffing requirements for nursing homes: One Certified Nursing Assistant to every eight residents for the day shift.<br><br>One Direct care staff member to every 10 residents for the evening shift, provided that no fewer than of all staff members shall be CNA, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and<br><br>One direct care staff member to every 14 residents for the night shift, provided | |

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| MOHAWK MEADOWS | 1 O'BRIEN LANE LAFAYETTE, NJ 07848 |

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| S 560 | Continued From page 2<br><br>1. For the 2 weeks of Complaint staffing from 03/24/2024 to 04/06/2024, the facility was deficient in CNA staffing for residents on 5 of 14 day shifts as follows:<br><br>-03/24/24 had 12 CNAs for 119 residents on the day shift, required at least 15 CNAs.<br>-03/29/24 had 14 CNAs for 120 residents on the day shift, required at least 15 CNAs.<br>-03/30/24 had 9 CNAs for 120 residents on the day shift, required at least 15 CNAS.<br>-03/31/24 had 10 CNAs for 119 residents on the day shift, required at least 15 CNAs.<br>-04/06/24 had 11 CNAs for 117 residents on the day shift, required at least 15 CNAs.<br><br>2. For the 2 weeks of staffing prior to survey from 06/23/2024 to 07/06/2024, the facility was deficient in CNA staffing for residents on 9 of 14 day shifts as follows:<br><br>-06/23/24 had 12 CNAs for 137 residents on the day shift, required at least 17 CNAs.<br>-06/24/24 had 12 CNAs for 136 residents on the day shift, required at least 17 CNAs.<br>-06/25/24 had 16 CNAs for 136 residents on the day shift, required at least 17 CNAs.<br>-06/27/24 had 16 CNAs for 134 residents on the day shift, required at least 17 CNAs.<br>-06/28/24 had 15 CNAs for 131 residents on the day shift, required at least 16 CNAs.<br>-06/29/24 had 11 CNAs for 131 residents on the day shift, required at least 16 CNAs.<br>-06/30/24 had 14 CNAs for 131 residents on the day shift, required at least 16 CNAs.<br>-07/05/24 had 14 CNAs for 132 residents on the day shift, required at least 16 CNAs.<br>-07/06/24 had 11 CNAs for 132 residents on the day shift, required at least 16 CNAs. | S 560 | that each direct care staff member shall sign in to work as a CNA and perform CNA duties.<br><br>Element Two – Identification of at-Risk Areas<br><br>The facility recognizes that all residents have the potential to be affected by this practice.<br><br>Element Three – Systemic Change<br><br>1. Staff re-education was initiated on August 12, 2024, by the Administrator and is ongoing to ensure that the staffing reports are provided daily to the Administrator and Director of Nursing (DON), specifying the number of CNAs and professional nurses on each shift. Staffing will be according to the acuities of residents in-house, and facility will continue to staff according to State mandatory regulations.<br><br>2. The facility continues to hire, offer overtime and incentives to maintain at least minimum staffing levels.<br><br>3. Wage increases were awarded to CNA staff on July 1, 2024 to improve staff retention.<br><br>4. The Administrator and the Human Resources office are proactively exploring other means of recruiting such as partnering up with local colleges that may have a CNA program. | |

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| S 560 | Continued From page 3 | S 560 | 5. Regular meetings are held including the Administrator, Director of Nursing, and Human Resources to review direct care staffing and develop strategies for recruitment and retention of direct care staff.<br><br>Element Four – Quality Assurance<br><br>Staffing levels will be monitored once a week for three months through the staffing reports that are given to the Administrator and DON, starting August 12, 2024. These reports will specify the number of CNAs and professional nurses on each shift. Staffing will be according to the acuities of residents in house. Data obtained will be reported at the quarterly QAPI meeting.<br><br>Completion Date: August 12, 2024 | |

# STATE FORM: REVISIT REPORT

| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER | MULTIPLE CONSTRUCTION | DATE OF REVISIT |
|---|---|---|
| 061902 Y1 | A. Building<br>B. Wing Y2 | 8/22/2024 Y3 |

| NAME OF FACILITY | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MOHAWK MEADOWS | 1 O'BRIEN LANE<br>LAFAYETTE, NJ 07848 |

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 | 08/12/2024 | LSC | | LSC | |
| ID Prefix | Correction | ID Prefix | Correction | ID Prefix | Correction |
| Reg. # | Completed | Reg. # | Completed | Reg. # | Completed |
| LSC | | LSC | | LSC | |
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| 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 | |
|---|---|
| 7/12/2024 | ☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO |