

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

PRINTED: 07/23/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315378	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/27/2024
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NAME OF PROVIDER OR SUPPLIER HOMESTEAD REHABILITATION & HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 129 MORRIS TURNPIKE NEWTON, NJ 07860
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(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
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F 000	<p>INITIAL COMMENTS</p> <p>C#:NJ00168765</p> <p>Census: 63</p> <p>Sample: 4</p> <p>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.</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 03/20/2024
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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.

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061905	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/27/2024
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NAME OF PROVIDER OR SUPPLIER HOMESTEAD REHABILITATION & HEALTH CARE CEN	STREET ADDRESS, CITY, STATE, ZIP CODE 129 MORRIS TURNPIKE NEWTON, NJ 07860
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S 000	<p>Initial Comments</p> <p>C#NJ00168765</p> <p>CENSUS: 63</p> <p>SAMPLE SIZE: 4</p> <p>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.</p>	S 000		
S 560	<p>8:39-5.1(a) Mandatory Access to Care</p> <p>(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint # NJ 00168765</p> <p>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 28 of 28 day shifts. The deficient practice was evidenced by the following:</p>	S 560	<p>Specific Corrective Action</p> <p>1. Homestead completed the C.N.A. class from 10/30/2023 to 1/4 2024. Facility will continue the c.n.a. training class</p> <p>2. The facility is actively recruiting certified nursing assistant and Nursing assistant for the C.N.A class by placing a online ad and newspaper, schools, community work</p>	3/20/24

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

TITLE

(X6) DATE

Electronically Signed

03/20/24

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061905	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/27/2024
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S 560	<p>Continued From page 1</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>The surveyor requested staffing for the weeks of 10/15/2023 to 10/28/2023 and 02/11/2024 to 02/24/2024. The facility was deficient in CNA staffing for resident on 28 of 28 day shift:</p> <p>-10/15/23 had 6 CNAs for 66 residents on the day shift, required at least 8 CNAs. -10/16/23 had 6 CNAs for 66 residents on the day shift, required at least 8 CNAs. -10/17/23 had 7 CNAs for 65 residents on the day shift, required at least 8 CNAs. -10/18/23 had 7 CNAs for 65 residents on the day shift, required at least 8 CNAs. -10/19/23 had 7 CNAs for 63 residents on the day shift, required at least 8 CNAs. -10/20/23 had 7 CNAs for 62 residents on the day shift, required at least 8 CNAs.</p>	S 560	<p>force agency and working directly with recruitment agency to cover the staffing requirements</p> <p>3. The facility has instituted a sign-on bonus, employee referral program and offering nursing assistant class.</p> <p>4. The facility has instituted different incentive bonus programs for current staff to assist with the covering staffing requirements.</p> <p>6. Facility had increased the hiring rate for year 2024 to attract qualified candidates</p> <p>Identification</p> <p>All residents have the potential to be affected by this deficient practice.</p> <p>Systemic Changes</p> <p>1. Provide a comprehensive orientation program and structured preceptorship. DON/Designee will monitor daily the progress of the newly hires and obtain feedback daily from the new employee.</p> <p>2. Human Resources Coordinator will do a monthly monitoring and tracking for the retention of newly hired CNA/NA monthly</p> <p>3. Human Resources Coordinator will do a monthly monitoring and tracking of CNA/NA termination and resignation.</p>	
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S 560	<p>Continued From page 2</p> <p>-10/21/23 had 7 CNAs for 62 residents on the day shift, required at least 8 CNAs.</p> <p>-10/22/23 had 5 CNAs for 61 residents on the day shift, required at least 8 CNAs.</p> <p>-10/23/23 had 6 CNAs for 61 residents on the day shift, required at least 8 CNAs.</p> <p>-10/24/23 had 7 CNAs for 61 residents on the day shift, required at least 8 CNAs.</p> <p>-10/25/23 had 5 CNAs for 61 residents on the day shift, required at least 8 CNAs.</p> <p>-10/26/23 had 7 CNAs for 61 residents on the day shift, required at least 8 CNAs.</p> <p>-10/27/23 had 7 CNAs for 63 residents on the day shift, required at least 8 CNAs.</p> <p>-10/28/23 had 5 CNAs for 63 residents on the day shift, required at least 8 CNAs.</p> <p>-02/11/24 had 5 CNAs for 58 residents on the day shift, required at least 7 CNAs.</p> <p>-02/12/24 had 5 CNAs for 58 residents on the day shift, required at least 7 CNAs.</p> <p>-02/13/24 had 4 CNAs for 58 residents on the day shift, required at least 7 CNAs.</p> <p>-02/14/24 had 5 CNAs for 58 residents on the day shift, required at least 7 CNAs.</p> <p>-02/15/24 had 4 CNAs for 58 residents on the day shift, required at least 7 CNAs.</p> <p>-02/16/24 had 5 CNAs for 64 residents on the day shift, required at least 8 CNAs.</p> <p>-02/17/24 had 4 CNAs for 64 residents on the day shift, required at least 8 CNAs.</p> <p>-02/18/24 had 4 CNAs for 61 residents on the day shift, required at least 8 CNAs.</p> <p>-02/19/24 had 4 CNAs for 61 residents on the day shift, required at least 8 CNAs.</p> <p>-02/20/24 had 7 CNAs for 61 residents on the day shift, required at least 8 CNAs.</p> <p>-02/21/24 had 4 CNAs for 61 residents on the day</p>	S 560	<p>4. The Director of Nursing will work with the Staffing Coordinator in reviewing the Nursing/Certified Nursing Assistant Monthly Schedule to ensure appropriate staffing is in place.</p> <p>5. The facility offers per diem flexible schedule</p> <p>Monitoring</p> <p>1. Human Resource Coordinator will do a QAPI on retention of newly hired CNA to ensure that Nursing department will have enough CNA to cover state required staffing to meet the resident's needs monthly x3 months and quarterly thereafter. Reports will be submitted to the QAPI committee monthly and discussed during the Quality Assurance quarterly meeting.</p> <p>2. Human Resource Coordinator will do a QAPI on termination and resignation of CNA to ensure that Nursing department will have enough CNA to cover state required staffing to meet the resident's needs monthlyx3 months and quarterly thereafter. Reports will be submitted to QAPI committee and will be discussed during the Quality Assurance quarterly meeting.</p> <p>3. Director of Nursing/Designee will do a monthly QAPI on Nursing Daily Staffing Schedule to ensure that staffing ratios in all 3 shifts are maintained to meet the resident's needs monthly x 3 months and</p>	

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S 560	Continued From page 3 shift, required at least 8 CNAs. -02/22/24 had 6 CNAs for 61 residents on the day shift, required at least 8 CNAs. -02/23/24 had 6 CNAs for 62 residents on the day shift, required at least 8 CNAs. -02/24/24 had 6 CNAs for 62 residents on the day shift, required at least 8 CNAs.	S 560	quarterly thereafter. Reports will be submitted to the QAPI Committee monthly and discussed during Quality Assurance quarterly meeting.	

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061905	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/22/2024
NAME OF FACILITY HOMESTEAD REHABILITATION & HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 129 MORRIS TURNPIKE NEWTON, NJ 07860	

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	03/20/2024	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 <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 2/27/2024		<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		