

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>061905</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/27/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HOMESTEAD REHABILITATION &amp; HEALTH CARE CEN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>129 MORRIS TURNPIKE NEWTON, NJ 07860</b>
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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) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found not to be in compliance with the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities, infection control regulations and has implemented Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.</p> <p>Survey date: 05/27/22</p> <p>Census: 75</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: Based on interview, and record review, it was determined that the facility failed to ensure staffing ratios were met for 14 of 14 day shifts and 2 of 14 evening shifts reviewed and this deficient practice had the potential to affect all residents.</p> <p>This deficient practice was evidenced by the following:</p> <p>Reference: New Jersey State requirement, Chapter 112. An Act concerning staffing requirements for nursing homes and supplementing Title 30 of the Revised Statutes. Be it Enacted by the Senate and General</p>	S 560	<p>Specific Corrective Action</p> <ol style="list-style-type: none"> <li>1. Currently conducting Certified Nursing Assistant classes start date 5/20/22 to 7/30/22.</li> <li>2. The facility is actively recruiting license staff and certified nursing assistant by placing an ad and working directly with recruitment agency to cover the staffing requirements</li> <li>3. The facility has instituted a sign-on bonus, and employee referral program.</li> </ol>	6/13/22

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

TITLE

(X6) DATE

Electronically Signed

06/13/22

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S 560	<p>Continued From page 1</p> <p>Assembly of the State of New Jersey: C.30:13-18 Minimum staffing requirements for nursing homes effective 2/1/21.</p> <p>1. a. Notwithstanding any other staffing requirements as may be established by law, every nursing home as defined in section 2 of P.L. 1976, c.120 (C.30:13-2) of licensed pursuant to P.L. 1971, c.136 (C.26:2H-1 et seq.) shall maintain the following minimum direct care staff-to-resident ratios:</p> <p>(1) one certified nurse aide to every eight residents for the day shift;</p> <p>(2) 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 nurses aides, and each staff member shall be signed in to work as a certified nurse aide and shall perform certified nuresse aide duties; and</p> <p>(3) one direct care staff member every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a certified nurse aide and perform certified aide duties.</p> <p>b. Upon any expansion of resident census by the nursing home, the nursing home shall be exempt from any increase in direct care staffing ratios for a period of nine consecutive shifts from the date of the expansion of the resident census.</p> <p>c. (1) The computation of minimum direct care staffing ratios shall be carried to the hundredth place.</p> <p>(2) If the application of the ratios listed in subsection a. of this section results in other than</p>	S 560	<p>4. The facility has instituted incentive programs for current staff to assist with covering staffing requirements.</p> <p>Identification</p> <p>All residents have the potential to be affected by this deficient practice</p> <p>Systemic Changes</p> <p>1. 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>2. The facility will continue to work closely with Staffing Agencies in utilizing agency staff ensuring monthly schedule for their staff.</p> <p>3. Will continue to hold ongoing Certified Nursing Assistant class training.</p> <p>Monitoring</p> <p>1. Director of Nursing/Designee will do a monthly QAPI on Nursing Daily Schedule to ensure that staffing nursing daily staffing meets the resident's needs monthly x 3 months and quarterly thereafter. Reports will be submitted to the QAPI Committee monthly and discussed during Quality Assurance quarterly meeting.</p> <p>2. Human Resources will conduct a monthly QAPI on hiring and retention specific to nursing staff to ensure that</p>	

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S 560	<p>Continued From page 2</p> <p>a whole number of direct care staff, including certified nurse aides, for a shift, the number of required direct care staff members shall be rounded to the next higher whole number when the resulting ratio, carried to the hundredth place, is fifty-one hundredth or higher.</p> <p>(3) All computations shall be based on the midnight census for the day in which the shift begins.</p> <p>d. Nothing in this section shall be construed to affect any minimum staffing requirements for nursing homes as may be required by the Commissioner of Health for staff other than direct care staff, including certified nurse aides, or to restrict the ability of a nursing home to increase staffing levels, at any time, beyond the established minimum..."</p> <p>A review of the "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report" completed by the Licensed Nursing Home Administrator (LNHA) for the period of 5/8/22 through 5/21/22, revealed the staffing to resident ratios did not meet the minimum requirement.</p> <p>The facility was deficient in CNA staffing for residents on 14 of 14 days shifts and deficient in total staffing for residents on 2 of 14 evening shifts as follows:</p> <ul style="list-style-type: none"> <li>-05/08/22 had 8 CNAs for 75 residents on the day shift, required 10 CNAs.</li> <li>-05/09/22 had 9 CNAs for 75 residents on the day shift, required 10 CNAs.</li> <li>-05/10/22 had 6 CNAs for 75 residents on the day shift, required 10 CNAs.</li> <li>-05/11/22 had 9 CNAs for 75 residents on</li> </ul>	S 560	<p>Nursing department will have the enough nursing staff to cover required staffing to meet the resident's needs monthly x 3 months and quarterly thereafter. Reports will be submitted to QAPI Committee and discussed during Quality Assurance meeting quarterly.</p>	
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S 560	<p>Continued From page 3</p> <p>the day shift, required 10 CNAs. -05/12/22 had 6 CNAs for 75 residents on the day shift, required 10 CNAs. -05/13/22 had 9 CNAs for 75 residents on the day shift, required 10 CNAs. -05/14/22 had 7 CNAs for 76 residents on the day shift, required 10 CNAs. -05/14/22 had 4 CNAs to 9 total staff on the evening sheet, required 5 CNAs. -05/15/22 had 5 CNAs for 76 residents on the day shift, required 10 CNAs. -05/15/22 had 5 CNAs to 12 total staff on the evening shift, required 6 CNAs. -05/16/22 had 5 CNAs for 76 residents on the day shift, required 10 CNAs. -05/16/22 had 4 CNAs to 9 total staff on the evening shift, required 5 CNAs. -05/17/22 had 5 CNAs for 76 residents on the day shift, required 10 CNAs. -05/18/22 had 5 CNAs for 76 residents on the day shift, required 10 CNAs. -05/19/22 had 6 CNAs for 76 residents on the day shift, required 10 CNAs. -05/20/22 had 5 CNAs for 76 residents on the day shift, required 10 CNAs. -05/21/22 had 6 CNAs for 79 residents on the day shift, required 10 CNAs.</p> <p>On 5/27/22 at 3:10 PM, the surveyor interviewed the LNHA and no additional information was provided.</p>	S 560		

**STATE FORM: REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061905	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/9/2022
Y1	Y2	Y3
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	06/13/2022	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	
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 5/27/2022
  CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
  YES  NO