

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

PRINTED: 08/07/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315347	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/15/2024
NAME OF PROVIDER OR SUPPLIER HAMILTON PLACE AT THE PINES AT WHITING			STREET ADDRESS, CITY, STATE, ZIP CODE 507 ROUTE 530 WHITING, NJ 08759		
(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	<p>INITIAL COMMENTS</p> <p>Complaint #: NJ171349 and NJ171904</p> <p>Census: 53</p> <p>Sample Size: 9</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			

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

TITLE

(X6) DATE

Electronically Signed

03/27/2024

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.

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 656000	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/15/2024
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S 000	Initial Comments The facility was not in compliance with 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 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: Complaint #: NJ171349 and NJ171904 Based on interviews and review of facility documents on 3/14/2024 and 3/15/2024, it was determined that the facility failed to ensure staffing ratios were met for 3 of 14-day shifts reviewed. This deficient practice had the potential to affect all residents. Findings include: 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,	S 560	Plan of Correction S 560 8:39-5.1(a) Mandatory Access to Care 1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice. Residents affected on the specific dates listed in the deficiency were assisted in accordance with their care plans through the support of the assigned Nurses who helped with ADLs, dining during breakfast and lunch, and call bell response. The interdisciplinary team members also helped to respond to call bells and addressed non-clinical requests. In addition, the rehabilitation team rendered	4/29/24

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S 560	<p>Continued From page 1</p> <p>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 facility was deficient in CNA staffing for residents on 3 of 14 day shifts as follows:</p> <p>On 02/26/24 had 5 CNAs for 45 residents on the day shift, required at least 6 CNAs. ON 03/02/24 had 5 CNAs for 51 residents on the day shift, required at least 6 CNAs. On 03/06/24 had 4 CNAs for 51 residents on the day shift, required at least 6 CNAs.</p>	S 560	<p>bedside ADL assistance to residents receiving therapies.</p> <p>2. How the facility will identify other residents having the potential to be affected by the same deficient practice. All residents have the potential to be affected by this deficient practice per N.J.S.A.30:13-18.</p> <p>3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.</p> <p>a.) The Administrator through communication with the Director of Nursing/Charge Nurse will confirm the scheduled, staffing ratios 72 hours in advance and identify the number of residents that may be admitted to facilitate compliance with CNA to resident ratios of 1 to 8; 1 to 10; and 1 to 14 on the day, evening, and night shifts, respectively. The Administrator will direct Admissions to cap the admission numbers accordingly to comply with these CNA staffing ratios for mandatory access to care.</p> <p>b.) The Director of Human Resources will update its departmental policy and procedure to interview each CNA who provides notification of leaving unless the CNA refuses. The policy and procedure will include that the Human Resources Director will inquire about reasons for leaving, suggestions toward improving retention, and offer actions that may facilitate retention as approved by the Administrator.</p>	

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S 560	Continued From page 2	S 560	<p>c.) The Director of Human Resources will complete another review of available agency options within the Pines Village catchment area which are currently not utilized. Departmental protocol will be added to contact each provider not utilized to pursue a staffing contract based upon favorable references.</p> <p>d.) The Director of Human Resources will communicate current CNA opportunities to CNA educational providers in Ocean and neighboring counties and create departmental protocol to continue this communication monthly for any new positions that become available.</p> <p>4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.</p> <p>a.) A report of the Administrator's staffing reviews conducted 72 hours in advance, and number of admissions capped to comply with mandatory CNA staffing ratios, will be submitted to the QAPI Committee on a quarterly basis. This quarterly monitoring will be discontinued when mandatory CNA staffing ratios are met daily for 6 consecutive months.</p> <p>b.) The Human Resources Director will provide the Administrator a monthly report of CNA resignations and exit interviews completed. The report will include CNA responses regarding reason(s) for resigning, and suggestions for improvement, retention actions offered,</p>	

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S 560	Continued From page 3	S 560	<p>and the outcomes. A quarterly report of these exit interview metrics will be submitted by the Human Resources Director to the QAPI Committee and discontinued when mandatory CNA staffing ratios are met daily for 6 consecutive months.</p> <p>c.) The Human Resources Director will provide the Administrator a report of available agency providers not utilized within the Pines Village catchment area. The Human Resources Director will also submit a one-time, quarterly report to the next QAPI Committee that identifies non-utilized agencies within the Pines Village catchment area, results of references, and contracts obtained, to determine opportunities for improvement and follow-up actions.</p> <p>d.) The Human Resources Director will provide the Administrator a report of current CNA opportunities communicated to CNA schools within Ocean and neighboring counties. The Human Resources Director will also submit a quarterly report of new CNA opportunities communicated to CNA schools in the above locations and the number of related CNA applications received. This quarterly monitoring will be discontinued when mandatory CNA staffing ratios are met daily for 6 consecutive months.</p>	

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 656000	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 4/30/2024	Y3
NAME OF FACILITY HAMILTON PLACE AT THE PINES AT WHITING			STREET ADDRESS, CITY, STATE, ZIP CODE 507 ROUTE 530 WHITING, NJ 08759		

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	04/29/2024	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	
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 3/15/2024		<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		