STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315342	A. BUILDING _____ B. WING _____	05/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT BRICK LLC	**415 JACK MARTIN BLVD BRICK, NJ 08724**

(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 Survey Date: 5/31/2022 Census: 83 Sample: 5 A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations as it relates to the implementation of the CMS and Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19.	F 000		

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

Electronically Signed | 06/13/2022

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	656001	A. BUILDING: _____ B. WING _____	05/31/2022

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COMPLETE CARE AT BRICK LLC	415 JACK MARTIN BLVD BRICK, NJ 08724

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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 deficieny 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: Based on interviews and review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff to resident ratios as mandated by the state of New Jersey. This was evident for 3 of 14 day shifts and deficient in Certified Nursing Assistants (CNAs) to total staff on 6 of 14 evening shifts. 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	S 560	1. We conducted a root cause analysis to identify the underlying case of the deficient practice to implement necessary corrective actions: a. Based on RCA the team identified the cause of the deficient practice to be failure to staff the facility to appropriate ratios based on NJ guidelines due to a global acute shortage of staff, specifically certified nursing aides 2. How will we identify other residents having the potential to be affected by the same deficient practice: a. All residents have the potential to be affected	6/1/22

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

Electronically Signed | 06/13/22

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	656001	A. BUILDING: _____ B. WING _____	05/31/2022

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S 560	Continued From page 1 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. "Direct care staff member" means any registered professional nurse, licensed practical nurse, or certified nurse aide who is acting in accordance with that individual's authorized scope of practice and pursuant to documented employee time schedules. The following ratio(s) were effective on 02/01/2021: One 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 than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA 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. As per the "Nursing Staffing Report" completed by the facility for the weeks of 5/15/22 and 5/22/22, the staffing to residents' ratios that did not meet the minimum requirement of 1 CNA to 8 residents for the day shift and total staff for the evening shift as documented below: The facility was deficient in CNA staffing for residents on 5 of 14 day shifts and deficient in CNAs to total staff on 7 of 14 evening shifts as follows: -05/15/22 had 8 CNAs to 19 total staff on	S 560	3. Measures put into place or systemic changes made to ensure that the deficient practice will not recur: a. Implementation of referral bonus program and sign on bonus program to increase applicant pool and increase retention b. CNA class to convert Provisional Nursing Aides to CNAs and thus increase staff c. Re-engineered hiring process to expedite on-boarding process d. Market analysis of CNA rate of pay across the network e. Continued relationships with local CNA/Nursing Schools to help build the applicant pool f. Participate in job fairs at local Community Colleges g. Offering critical shift pay to current staff, including nurses working as CNAs to work additional hours while we look to fill vacancies through internal job postings, job fairs, and external job postings h. Contract with agency companies I. Adding extra nurses on to work as CNAs on 7-3 and 3-11 shifts when CNA staffing does not meet the requirement 4. How the corrective actions will be monitored to ensure the deficient practice will not recur: a. Staffing Coordinator or designee will complete and audit of staffing and ratio requirements daily for one month, then weekly for 2 months, and then monthly for 12 months. Audit will be given to the Director of Nursing	

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S 560	Continued From page 2 the evening shift, required 9 CNAs. -05/16/22 had 9 CNAs for 82 residents on the day shift, required 10 CNAs. -05/16/22 had 9 CNAs to 21 total staff on the evening shift, required 10 CNAs. -05/18/22 had 9 CNAs to 21 total staff on the evening shift, required 10 CNAs. -05/19/22 had 10 CNAs to 22 total staff on the evening shift, required 11 CNAs. -05/22/22 had 8 CNAs for 82 residents on the day shift, required 10 CNAs. -05/22/22 had 8 CNAs to 18 total staff on the evening shift, required 9 CNAs. -05/26/22 had 10 CNAs to 23 total staff on the evening shift, required 11 CNAs. -05/27/22 had 9 CNAs for 84 residents on the day shift, required 10 CNAs. During an interview with the surveyor on 5/31/22 at 1:22 PM, the Staffing Coordinator said she is familiar with the minimum staffing requirements. She went on the say "We are meeting those requirements and are probably over." A review of a facility policy titled (Facility Initials) Nursing Services Staffing with last revised date of 4/2022, did not include information regarding the state mandated minimum direct care staff (CNA) to resident ratio.	S 560	b. The Director of Nursing will report all findings to the QAPI Committee quarterly for 6 months.	

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
656001 Y1	A. Building B. Wing Y2	6/22/2022 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT BRICK LLC	415 JACK MARTIN BLVD BRICK, NJ 08724

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	06/01/2022	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?
5/31/2022	☐ YES ☐ NO