New Jersey Department of Health
STATEMENT OF DEFICIENCIES (X1) P

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:			X3) DATE SURVEY COMPLETED		
			A. BUILDING:		С			
656003			B. WING	WING 01/				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
COMPLETE CARE AT SHORROCK  75 OLD TOMS RIVER ROAD BRICK, NJ 08723								
(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 CROSS-REFERENCED TO THE APPROPROFICIENCY)	D BE	(X5) COMPLETE DATE		
S 000	Initial Comments		S 000					
	Complaint#: NJ151	121						
	Census: 109							
	Sample: 5							
	Standards in the Net Code, Chapter 8:39 Long Term Care Fasubmit a plan of cocompletion date, for that the plan is improved deficiencies may reaccordance with the Jersey Administration.	compliance with the ew Jersey Administrative 9, Standards for Licensure of acilities. The facility must rrection, including a r each deficiency and ensure lemented. Failure to correct esult in enforcement action in e Provisions of the New ve Code, Title 8, Chapter 43E, ensure Regulations.						
S 560	8:39-5.1(a) Mandat	tory Access to Care	S 560		2	2/2/22		
		I comply with applicable I local laws, rules, and						
	This REQUIREMENT by:	NT is not met as evidenced						
	C#: NJ151121			CORRECTIVE ACTIONS ACCOMPLISHED FOR RESIDEN	TS			
	on 1/14/2022, it wa failed to ensure sta maintain the require ratios as mandated for 11 of 14 day shi	s and facility document review s determined that the facility ffing ratios were met to ed minimum staff-to-resident by the state of New Jersey fts for CNAs reviewed. This ad the potential to affect all		FOUND TO HAVE BEEN AFFECT THE DEFICIENT PRACTICE: ¿ The facility actively seeks to h CNAs, that all shifts are scheduled comply with ratios, that any callout no-shows result in calls being made the shift supervisor to fill the shift. residents have been adversely affective.	ire I to Is or Ide by No			
_ABORATOR\	/ DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGI	NATURE	TITLE	(Xe	6) DATE		

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

TITLE

**Electronically Signed** 

01/31/22

PRINTED: 02/14/2022 FORM APPROVED

New Jersey Department of Health								
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
656003		B. WING		C <b>01/13/2022</b>				
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE				
COMPLETE CARE AT SHORROCK 75 OLD TOMS RIVER ROAD								
COMPLE	TE CARE AT SHORK	BRICK, N.	J 08723					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE		
S 560	Continued From pa	ge 1	S 560					
S 560	Findings include:  Reference: New Jet (NJDOH) memo, da with N.J.S.A. (New 30:13-18, new mini nursing homes," incodified as N.J.S.A established minimum nursing homes. The effective on 02/01/2 One Certified Nurse residents for the damember to every 10 shift, provided that shall be CNAs and be signed into work shall perform nurse care staff member in night shift, provided member shall sign perform CNA duties  1.For the weeks of facility was deficien on 11 of 14 day shift, requir On 12/26/21 had 12 the day shift, requir On 12/28/21 had 12 the day shift, requir On 12/28/21 had 12 the day shift, requir	ersey Department of Health ated 01/28/2021, "Compliance Jersey Statutes Annotated) mum staffing requirements for dicated the New Jersey to law P.L. 2020 c 112, . 30:13-18 (the Act), which im staffing requirements in a following ratio (s) were 2021:  Aide (CNA) to every eight by shift. One direct care staff or residents for the evening no fewer of all staff members each direct staff member shall as a certified nurse aide and a aide duties: and One direct to every 14 residents for the direct care staff in to work as a CNA and second and second at CNAs and second at CNAs for 112 residents on a ced 14 CNAs.  2 CNAs for 111 residents on red 14 CNAs. 2 CNAs for 110 residents on red 14 CNAs.	S 560	IDENTIFICATION OF RESIDENT HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFINE PRACTICE; All residents have the potential affected by this situation.  SYSTEMIC CHANGES TO ENSUTHAT THE DEFICIENT PRACTIC NOT RECUR; Facility's Recruitment and Resistrategies and Efforts to comply with State's Staffing Ratios have been in progress, which incluare not limited to the following:  Offer Sign on bonuses to attrace of Recruitment bonus to encourar referrals from current staff of Offering daily and weekend be to attract overtime or PRN staff shound attract overtime or PR	CIENT al to be  RE E DOES cention with the ude but act staff age onuses ifts arious oove staff on y week er o recruit s for			
	the day shift, requir On 01/01/22 had 13 the day shift, requir	3 CNAs for 109 residents on		Nursing and Administrator regardi efforts made to try to comply with State's Staffing Ratios.				

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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:		С		
656003						3/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
COMPLETE CARE AT SHORROCK 75 OLD TOMS RIVER ROAD BRICK, NJ 08723							
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIMEDERICIENCY)	D BE	(X5) COMPLETE DATE	
S 560	On 01/02/22 had 9 the day shift, requir On 01/03/22 had 10 the day shift, requir On 01/04/22 had 10 the day shift, requir On 01/05/22 had 10 the day shift, requir On 01/07/22 had 10 the day shift, requir On 01/07/22 had 10 the day shift, requir	CNAs for 108 residents on red 14 CNAs. CONAS for 110 residents on red 14 CNAs. CONAS for 108 residents on red 14 CNAs.	S 560	Reports will be submitted to the Q Committee monthly X 3 months.	API		

## STATE FORM: REVISIT REPORT

			SIAIEF	ORIVI: RE	VISII REPURI					
PROVIDER / SUPPLIER / CLIA / MULTIPLE CONS			ISTRUCTION				DATE O	F REVISIT		
656003	CATION NUMBI	ER A. Building B. Wing					<sub>Y2</sub> 2/14/20	)22 <sub>Y3</sub>		
NAME OF	FACILITY	l .			STREET ADDRESS, C	CITY, STATE, ZIP CO	DDE			
COMPLI	ETE CARE AT	SHORROCK			75 OLD TOMS RIVER					
				BRICK, NJ 08723						
correctiv	e action was a	ed by a State surveyor to accomplished. Each def le previously shown on t	iciency should	be fully ident	ified using either the r	egulation or LSC	provision number	and the		
ITE	М	DATE	ITEM		DATE	ITEM		DATE		
Y4		Y5	Y4		Y5	Y4		Y5		
ID Prefix	S0560	Correction	ID Prefix		Correction	ID Prefix		Correction		
Reg.#	8:39-5.1(a)	Completed	Reg. #		Completed	Reg.#		Completed		
LSC		02/14/2022	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.#	Reg. # Completed		Reg. #		Completed Reg. #		Completed			
LSC	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 (INITIALS)		DATE	SIGNATU	JRE OF SURVEYOR		DATE				
REVIEWI CMS RO	ED BY	REVIEWED BY (INITIALS)	DATE	TITLE			DATE			
FOLLOWUP TO SURVEY COMPLETED ON 1/13/2022					CORRECTED DEFICIEN ICIENCIES (CMS-2567)					

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EVENT ID:

TDJY12