STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	656004	A. BUILDING: _____ B. WING _____	C 03/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MYSTIC MEADOWS REHAB & NURSING CENT	151 NINTH AVENUE LITTLE EGG HARBOR TW, NJ 08087

(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	Initial Comments Complaint #: NJ148080, NJ151111, and NJ151674 Census: 97 Sample size: 4 TYPE OF SURVEY: Complaint survey The facility is not in substantial compliance with all 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 provisions of 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 Intake #NJ151111 Based on interviews, facility document review, and New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, it was determined that the facility failed to ensure staffing ratios were met. The facility was deficient in certified nursing assistant (CNA) staffing for residents on 13 of 14 day shifts for the weeks of 12/11/2021 to 12/24/2021. The facility was deficient in CNA	S 560	Mystic Meadows Plan of Correction Date survey completed – 3/22/2022 Tentative Date of compliance 5/3/2022 S560 – Mandatory Access to Care 1. All residents who were in the facility for the weeks of 12/11/2021-12/24/2021 were reviewed by their attending physician and none were determined to have had a	4/27/22

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

Electronically Signed | 04/27/22

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S 560	Continued From page 1 staffing for residents on 14 of 14 day shifts for the weeks from 01/01/2022 to 01/14/2022. This deficient practice had the potential to affect all residents. Findings included: 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 at 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: One certified nurse aid 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 certified nurse aides, and each direct staff member shall be signed in to 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 certified nurse aide and perform certified nurse aide duties. 1. A review of the "Nurse Staffing Report," completed by the facility for the weeks of 12/11/2021 - 12/24/2021, revealed staff-to-resident ratios that did not meet the minimum requirements. The facility was deficient	S 560	negative outcome due to facility staffing below the required minimum direct care staff-to-resident ratios as mandated by the State of New Jersey on the listed dates and shifts. Nursing management, administrative staff and contracted agency were also in the facility to ensure resident needs were being met. The staffing coordinator was immediately reeducated by the Licensed Nursing Home Administrator (LHNA) on the State of New Jersey required minimum direct care staff-to-resident ratios. 2. All residents who were in the facility for the weeks of 01/01/2022-01/14/2022; were reviewed by their attending physician and none were determined to have had a negative outcome due to facility staffing below the required minimum direct care staff-to-resident ratios as mandated by the State of New Jersey on the listed dates and shifts. Nursing management, administrative staff and contracted agency were also in the facility to ensure resident needs were being met. The staffing coordinator was immediately reeducated by the Licensed Nursing Home Administrator (LHNA) on the State of New Jersey required minimum direct care staff-to-resident ratios 3. All residents have the potential to be affected by the identified deficient practice. The LHNA conducted an audit of current direct care staffing schedules that do not meet the required minimum staffing ratios. Measures put in place to ensure the deficient practice will not occur:	

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S 560	Continued From page 2 in CNA staffing for residents on 13 of 14 day as follows: -12/11/2021 had 11 CNAs for 107 residents on the day shift, required 14 CNAs. -12/12/2021 had 11 CNAs for 107 residents on the day shift, required 14 CNAs. -12/13/2021 had 12 CNAs for 107 residents on the day shift, required 14 CNAs. -12/14/2021 had 12 CNAs for 107 residents on the day shift, required 14 CNAs. -12/15/2021 had 13 CNAs for 106 residents on the day shift, required 14 CNAs. -12/16/2021 had 12 CNAs for 106 residents on the day shift, required 14 CNAs. -12/17/2021 had 12 CNAs for 106 residents on the day shift, required 14 CNAs. -12/18/2021 had 10 CNAs for 106 residents on the day shift, required 14 CNAs. -12/19/2021 had 11 CNAs for 106 residents on the day shift, required 14 CNAs. -12/20/2021 had 13 CNAs for 110 residents on the day shift, required 14 CNAs. -12/21/2021 had 12 CNAs for 110 residents on the day shift, required 14 CNAs. -12/23/2021 had 11 CNAs for 108 residents on the day shift, required 14 CNAs. -12/24/2021 had 10 CNAs for 108 residents on the day shift, required 14 CNAs. 2. The weeks of 01/01/2022 - 01/14/2022 revealed staff-to-resident ratios that did not meet the minimum requirements. The facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows: -01/01/2022 had 14 CNAs for 113 residents on the day shift, required 15 CNAs. -01/02/2022 had 11 CNAs for 112 residents on the day shift, required 14 CNAs.	S 560	• Mystic Meadows currently has 6 nursing agency contracts. • Daily bonus has been reviewed and increased. • Referral and sign on bonuses are offered. • Call Out Policy has been reviewed and staff has been re-educated • Advertisement signs are placed in front of the building • Mystic Meadows is recruiting on multiple employment search engines and multiple social media platforms • Depending on the needs of the day, nursing management to include Unit Managers, Supervisors and ADON will be evaluated to assist with resident care. • Rates have been increased for CNAs 4. The Staffing Coordinator/Human Resource Director were educated by the Licensed Nursing Home Administrator (LHNA) on the State of New Jersey required minimum direct care staff-to-resident ratios. The LHNA or designee will review the staffing schedule daily to ensure that the minimum direct care staff-to-resident ratios are being met per the census of the facility. The facility will utilize all available contracted staffing agencies to supplement staffing shortages. The staffing coordinator will also prepare a rolling staffing schedule two weeks in advance, updated weekly and forward to the agency the vacancies that require filling to meet or exceed the minimum staffing ratios. The staffing coordinator will update the contracted agency daily of any changes in the number of vacant shifts that cannot be	

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MYSTIC MEADOWS REHAB & NURSING CENT	151 NINTH AVENUE LITTLE EGG HARBOR TW, NJ 08087

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S 560	Continued From page 3 -01/03/2022 had 12 CNAs for 112 residents on the day shift, required 14 CNAs. -01/04/2022 had 11 CNAs for 110 residents on the day shift, required 14 CNAs. -01/05/2022 had 11 CNAs for 110 residents on the day shift, required 14 CNAs. -01/06/2022 had 10 CNAs for 108 residents on the day shift, required 14 CNAs. -01/07/2022 had 11 CNAs for 108 residents on the day shift, required 14 CNAs. -01/08/2022 had 11 CNAs for 108 residents on the day shift, required 14 CNAs. -01/09/2022 had 11 CNAs for 108 residents on the day shift, required 14 CNAs. -01/10/2022 had 11 CNAs for 110 residents on the day shift, required 14 CNAs. -01/11/2022 had 11 CNAs for 110 residents on the day shift, required 14 CNAs. -01/12/2022 had 12 CNAs for 110 residents on the day shift, required 14 CNAs. -01/13/2022 had 11 CNAs for 110 residents on the day shift, required 14 CNAs. -01/14/2022 had 12 CNAs for 110 residents on the day shift, required 14 CNAs. During an interview on 03/25/2022 at 2:00 PM with the Director of Nursing (DON) and Nursing Home Administrator (NHA), the DON indicated the number of staff scheduled to work was based on the daily census, noting they also used agency staff. The DON stated she called different employees to see if they would come into work early, stay late, or work extra. She indicated enough staff was scheduled for each shift, but last-minute call outs were causing insufficient staffing in the facility. The NHA indicated he had only been in the facility for five days, noting he had knowledge of current staffing shortages across the state. The NHA stated they were doing everything they could to get staff to work at their	S 560	filled by the facility's current staffing pool. The facility is continuously and actively seeking and hiring nursing staff via recruiting agencies, mailings, and social media posts. 5. The LHNA or designee will conduct weekly audits X 3 months, then monthly of direct care staff schedules to ensure the required minimum direct care staff-to-resident ratios are being met as mandated by the State of New Jersey. The results of these audits will be presented at the monthly Quality Assurance meeting to ensure compliance and reassessed for further action if needed.	

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S 560	Continued From page 4 facility and currently had contracts with different staffing agencies. According to the DON, they offered sign-on bonuses for all new nursing staff and referral bonuses for staff who referred an employee to the nursing department. The DON also indicated there were times when licensed practical nurses (LPNs) helped the CNAs with their assignments, but this did not reflect on the reported staffing sheets as they were counted in the LPN section.	S 560		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
656004 Y1	A. Building B. Wing Y2	4/28/2022 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
MYSTIC MEADOWS REHAB & NURSING CENTER	151 NINTH AVENUE LITTLE EGG HARBOR TW, NJ 08087

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	04/27/2022	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?
3/25/2022	☐ YES ☐ NO