STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315456	A. BUILDING _____ B. WING _____	C 06/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MYSTIC MEADOWS REHABILITATION AND NURSING CENTER	**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) COMPLETION DATE
F 000	INITIAL COMMENTS COMPLAINT#: NJ154480, NJ154914, NJ155441, #NJ155424 CENSUS: 95 SAMPLE SIZE: 4 THE FACILITY IS IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000		

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

Electronically Signed | 07/28/2022

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.

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	656004	A. BUILDING: _____ B. WING _____	C 06/24/2022

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MYSTIC MEADOWS REHABILITATION AND NURSING	151 NINTH AVENUE LITTLE EGG HARBOR TW, NJ 08087

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S 000	Initial Comments THE FACILITY WAS NOT IN COMPLIANCE WITH THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE, CHAPTER 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#: NJ154480, NJ154914, NJ155441, #NJ155424 Based on interviews and facility document review on 6/15/2022 and 6/24/2022, it was determined that the facility failed to ensure staffing ratios were met for 3 shifts of the 28-day shifts reviewed. There had been no increase in the resident census for a period of nine consecutive shifts. This deficient practice had the potential to affect all residents.	S 560	1. All residents who were in the facility for the weeks of 2/6/2022-2/14/2022 and 6/5/2022-6/18/2022 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	7/27/22

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

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S 560	Continued From page 1 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, 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: 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. 1. For the week of 2/6/2022 through 2/12/2022, the facility was deficient in CNA staffing for residents on 1 of 7 day shifts as follows: On 2/6/2022 had 13 CNAs for 114 residents on the day shift, required 14 CNAs. 2. For the weeks of 6/5/2022 through 6/18/2022, the facility was deficient in CNA staffing for residents on 2 of 14 day shifts as follows : On 6/7/2022 had 10 CNAs for 91 residents on the day shift, required 11 CNAs. On 6/16/2022 had 11 CNAs for 97 residents on	S 560	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. Any residents have the potential to be affected by the deficient practice. 3. The facility has placed the following measures in place to ensure the deficient practice will not occur: The facility has implemented significant above market rate for nurses and certified nursing assistants. Including sign-on bonus where appropriate. The facility continues to conduct ongoing job fairs with immediate interviews and contingency offers. The facility implemented expedited but robust onboarding process to new hires. The facility will use agency staff as needed to meet staffing needs. The facility will utilize or use licensed nurses in the leadership team to compliment call outs or no shows as needed. Non-licensed staff and the facility will assist in rounding's and assisting residents where they can. The facility will use call agency staff to cover for call-outs and no show. 4. The DON/Designee meets with the staffing coordinator daily to review census vs staffing needs. The DON/Designee reviews any call-outs on daily basis. The DON/Designee will monitor call outs and submit findings tot he administrator and QAPI committee for further review	

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S 560	Continued From page 2 the day shift, required 12 CNAs.	S 560	and recommendation. The DON/Designee audits staffing needs x 4 weeks and the results of the audits will be forwarded to the facility QAPI committee for further review and recommendations.	