

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NH14002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/31/2022
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NAME OF PROVIDER OR SUPPLIER SYCAMORE LIVING AT EAST HANOVER	STREET ADDRESS, CITY, STATE, ZIP CODE ONE SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936
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(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
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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: Based on observation, interview, and review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey. This deficient practice was evidenced by the following: Reference: NJ State requirement, CHAPTER 112. An Act concerning staffing requirements for nursing homes and supplementing Title 30 of the Revised Statutes. Be It Enacted by the Senate and General	S 560	1. How the corrective action will be accomplished for the residents affected by the deficient practice: Corrective action taken to rectify the staffing deficiencies are as follows. Facility posted ads for two months or until vacant positions are filled. A job fair was advertised for the dates of July 9, 2022 and July 12, 2022. This was advertised on a paid campaign with various electronic formats. Facility also is under contract with several staffing agencies to fill gaps	6/6/22

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

TITLE

(X6) DATE

Electronically Signed

06/03/22

New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>Assembly of the State of New Jersey: C.30:13-18 Minimum staffing requirements for nursing homes effective 2/1/21.</p> <p>1. a. Notwithstanding any other staffing requirements as may be established by law, every nursing home as defined in section 2 of P.L.1976, c.120 (C.30:13-2) or licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall maintain the following minimum direct care staff -to-resident ratios:</p> <p>(1) one certified nurse aide to every eight residents for the day shift;</p> <p>(2) 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 staff member shall be signed in to work as a certified nurse aide and shall perform certified nurse aide duties; and</p> <p>(3) 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</p> <p>b. Upon any expansion of resident census by the nursing home, the nursing home shall be exempt from any increase in direct care staffing ratios for a period of nine consecutive shifts from the date of the expansion of the resident census.</p> <p>c. (1) The computation of minimum direct care staffing ratios shall be carried to the hundredth place.</p> <p>(2) If the application of the ratios listed in subsection a. of this section results in other than a whole number of direct care staff, including certified nurse aides, for a shift, the number of required direct care staff members shall be rounded to the next higher whole number when the resulting ratio, carried to the hundredth place, is fifty-one hundredths or higher.</p>	S 560	<p>should they exist in the daily schedule and census demands.</p> <p>2. How the facility will identify other residents having the potential to be affected by the same deficient practice:</p> <p>All residents will have the potential to be affected by the same deficient practice.</p> <p>3. Measures or systemic changes made to ensure no recurrence:</p> <p>The nursing staff coordinator will inform the Director of Nursing or designee of any call outs that result in insufficient staffing levels. This will be reported as soon as possible. In addition the facility will recruit additional direct care team members to enhance the facilities in house employee pool. Any staffing deficiencies will be filled prior to the start of the shift with other employees or agency if needed.</p> <p>4. The facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur by:</p> <p>The Director of Nursing/designee will report any staffing issues on a daily basis to the administrator or designee. Any findings will be followed up and documented on then reported during the quarterly QAPI meetings for 6 months.</p>	

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NAME OF PROVIDER OR SUPPLIER SYCAMORE LIVING AT EAST HANOVER	STREET ADDRESS, CITY, STATE, ZIP CODE ONE SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936
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S 560	<p>Continued From page 2</p> <p>(3) All computations shall be based on the midnight census for the day in which the shift begins.</p> <p>d. Nothing in this section shall be construed to affect any minimum staffing requirements for nursing homes as may be required by the Commissioner of Health for staff other than direct care staff, including certified nurse aides, or to restrict the ability of a nursing home to increase staffing levels, at any time, beyond the established minimum ...</p> <p>A review of "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report" for the weeks of 5/15/22 and 5/28/22 revealed the following:</p> <p>The facility was deficient in CNA staffing for residents on 7 of 14 day shifts and deficient in CNAs to total staff on 2 of 14 evening shifts as follows:</p> <ul style="list-style-type: none"> -05/16/22 had 8 CNAs to 17 total staff on the evening shift, required 9 CNAs. -05/17/22 had 8 CNAs to 17 total staff on the evening shift, required 9 CNAs. -05/19/22 had 8 CNAs for 65 residents on the day shift, required 9 CNAs. -05/20/22 had 8 CNAs for 65 residents on the day shift, required 9 CNAs. -05/21/22 had 8 CNAs for 65 residents on the day shift, required 9 CNAs. -05/23/22 had 8 CNAs for 68 residents on the day shift, required 9 CNAs. -05/24/22 had 8 CNAs for 68 residents on the day shift, required 9 CNAs. -05/25/22 had 8 CNAs for 66 residents on the day shift, required 9 CNAs. -05/26/22 had 8 CNAs for 66 residents on the day shift, required 9 CNAs. 	S 560		

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NAME OF PROVIDER OR SUPPLIER SYCAMORE LIVING AT EAST HANOVER	STREET ADDRESS, CITY, STATE, ZIP CODE ONE SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936
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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER NH14002	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/8/2022
NAME OF FACILITY SYCAMORE LIVING AT EAST HANOVER	STREET ADDRESS, CITY, STATE, ZIP CODE ONE SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936	

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	06/06/2022	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 <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 5/31/2022	<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
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/21/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315529	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/31/2022
NAME OF PROVIDER OR SUPPLIER SYCAMORE LIVING AT EAST HANOVER			STREET ADDRESS, CITY, STATE, ZIP CODE ONE SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936		
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F 000	<p>INITIAL COMMENTS</p> <p>Survey Date: 5/31/2022</p> <p>Census: 66</p> <p>Sample: 10</p> <p>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.</p>	F 000			

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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.