Department of Health & Human Services Centers for Medicare & Medicaid Services

Printed: 06/28/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315314	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/12/2023	
NAME OF PROVIDER OR SUPPLIER Anchor Care and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3325 Highway 35 Hazlet, NJ 07730		
For information on the nursing home's	plan to correct this deficiency, please cont	tact the nursing home or the state survey a	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			
F 0728 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	 **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44834 Complaint #: NJ00168186 Based on interview and review of pertinent facility documents, it was determined that the facility failed to ensure that a non-certified Temporary Nurse Aide (TNA) a.) was currently enrolled in a Certified Nursing Assistant (CNA) training program and had completed the first 16 hours of the training program by [DATE], and b.) had completed the CNA training program by [DATE]. This deficient practice was identified for 1 of 2 TNAs (TNA #1) who worked on 5 of 5 nursing units (1 East, 1 West, 2 East, 2 West, and 3 West) and was scheduled to work on an independent resident assignment during 2 of 3 shifts (day and evening shift). The deficient practice was evidenced by the following: The surveyor reviewed TNA #1's employee file: Review of TNA #1's, Certificate of Completion revealed that they were a Temporary Nurse Aide as of [DATE]. Review of TNA #1's Time Date revealed that they became an employee at the facility on [DATE]. Review of TNA #1's Time Cards revealed that they worked the following dates and shifts: 7 AM-3 PM: [DATE], [DATE],			

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.

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

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F 0728 Level of Harm - Minimal harm or potential for actual harm	Review of the, Unit Assignment Sheets revealed that TNA #1 was written on each assignment sheet as a CNA. Review of the Unit Assignment Sheets also revealed that TNA#1 also worked the following dates and shifts:				
Residents Affected - Few	7:00 AM- 3 PM: [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE]. During a telephone interview with the surveyor on [DATE] at 12:15 PM, TNA #1 stated that he worked at the facility for almost a year. TNA #1 continued that he had a TNA certificate not a CNA certification and that he just registered for CNA classes a few days ago. TNA #1 continued that when he was hired that the facility was hiring TNAs without a CNA certification. TNA #1 stated that on [DATE] the Assistant Director of Nursing (ADON) told him that he had to enroll in CNA school to continue working as an aide at the facility. The TNA added that this was the first time that he was told by facility staff that he needed to enroll in CNA classes.				
	During an interview with the surveyor on [DATE] at 1:21 PM, the Licensed Practical Nurse (LPN) #1 stated that she knew and worked with TNA #1. LPN #1 stated that she, thought he was a CNA but I'm hearing that he might have been a TNA. LPN #1 continued that she did not supervise his care any differently than the way that she supervised the care that was provided by all the aides. LPN #1 stated that no one told her anything was different about him than any of the aides.				
	During an interview with the surveyor on [DATE] at 09:20 AM, the ADON stated that the Human Resources Coordinator (HRC) checked to make sure that all the staff's licenses were up to date. She was told by the HRC that TNA #1 had a TNA certificate and that they were not a CNA. The ADON continued that once she found this out, last week, she removed TNA #1 from the schedule and had a conversation with him. TNA #1 had to show proof that he was enrolled in CNA school before he could continue to work at the facility. The ADON continued that the HRC was responsible for making sure that TNAs were not in the building after the expiration of the waiver.				
	#1 as a team member at the facility HRC stated that she tracked licens certifications were not expired. The if an aide was uncertified and was became certified. The HRC stated he started at the facility before she the prior HRC did to confirm that TI have a tracking mechanism in plac #1 should have been working in the HRC stated, I'm not firm on his situ	Tor on [DATE] at 10:35 AM, the HRC state of the HRC stated that as far as she kn ed nurses and CNAs monthly to ensure a HRC continued that TNAs did not have a CNA student, she would track their pr that TNA #1 told people at the facility th was hired as the HRC. The HRC contin NA #1 was enrolled in school, but that s e because it was, part of the role for the facility without providing documentation ation, he's [from an] agency. The HRC t the former HRC followed but that she ck uncertified aides.	ew that he was in CNA school. The e that their licenses and e a license number to track but that rogress during school until they hat he was in school but stated that hued that she did not know what she assumed that they would also e HRC. The surveyor asked if TNA on that he was in CNA school. The continued that she could not tell		
	During a follow up interview with the surveyor on [DATE] at 11:03 AM, TNA #1 stated that depending on the day that he would have roughly 8 residents that he cared for on his assignment. TNA #1 continued that he worked on all the floors of the facility. TNA #1 stated that he fed, bathed, dressed, ambulated, and provided incontinence care for the residents assigned to him. TNA #1 stated that his role in the facility was the same as that of a CNA.				
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F 0728 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	(Each deficiency must be preceded by full regulatory or LSC identifying information) During an interview with the surveyor on [DATE] at 11:19 AM, the Director of Nursing (DON) stated that she could not provide documentation that TNA #1 was enrolled in a CNA school. The DON stated that after the [DATE] th cutoff that TNA #1 should have been taken off the schedule. The DON stated that the importance of nurse aide certification was to ensure that they were knowledgeable and skilled enough to care for the residents. Review of the [DATE] job description for the, Human Resources Coordinator indicated under the, Duties and Responsibilities section, Coordinates new employee for Orientation with Staff Development [.] Monitors Applicant Tracking system [.] Supervises process of employee disciplines, suspensions and terminations. NJAC 8:.d+[DATE].2(g); 43.1; 43.2			