Printed: 05/31/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  NAME OF PROVIDER OR SUPPLIE	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315519	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing  STREET ADDRESS, CITY, STATE, ZI	(X3) DATE SURVEY COMPLETED 01/12/2023 P CODE
Spring Hills Post Acute Hamilton		3 Hamilton Health Place Hamilton, NJ 08690	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES  (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0732	Post nurse staffing information every day.		
Level of Harm - Potential for minimal harm	34389		
Residents Affected - Many	Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to routinely post the Nursing Home Resident Care Staff Report (NHRCSR) since 12/23/22 (13 days) in a place within the facility readily accessible to the residents and the visitors.		
	This deficient practice was evidenced by the following:  On 1/5/23 at 9:45 AM, the surveyor observed the NHRCSR dated 12/23/22 for the day, evening, and night shift. Each shift indicated a census of 39. The NHRCSR was observed posted behind the mounted glass wall display case to the left of the receptionist desk in the front lobby.		
	On 1/5/23 at 1:05 PM, the surveyor interviewed the Director of Nursing who stated that a staff person from Medical Records was responsible for posting the daily nursing staffing ratio but that staff member has been out of work for two weeks and the Human Resource/Staffing Coordinator was responsible for posting the daily nursing staffing ratio.		
	On 1/5/23 at 1:30 PM, the surveyor interviewed the Human Resource Coordinator who confirmed she was responsible for posting the nursing staffing ratio daily in the lobby. She stated she couldn't print the Nursing Home Resident Care Staff Report. We don't have access to the website. She stated the medical records staff person would normally do it for the week. We are trying to reset the password. She acknowledged that the nursing staffing ratio should be posted for each shift daily.  On 1/12/23 at 12:35 PM, the survey team met with the Licensed Nursing Home Administrator, Director of Nursing, Infection Control Preventionist, and the Regional Director of Operations who were made aware of the above findings.  A review of the facility's undated policy for Posting Direct Care Daily Staffing Numbers provided by the LNHA included that the facility will post on a daily basis for each shift, the number of nursing personnel responsible for providing direct care to residents. The policy also included that within two (2) hours of the beginning of each shift, the number of licensed nurses and the number of unlicensed nursing personnel directly responsible for resident care will be posted in a prominent location accessible to residents and visitors and in a clear and readable format.		
	NJAC 8:39-41.2 (a)(b)(c)(1)		

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

(X6) DATE

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 315519

If continuation sheet Page 1 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315519	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 01/12/2023
NAME OF PROVIDER OR SUPPLIER  Spring Hills Post Acute Hamilton		STREET ADDRESS, CITY, STATE, ZIP CODE  3 Hamilton Health Place Hamilton, NJ 08690	
For information on the nursing home's	plan to correct this deficiency, please conf	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0836 Level of Harm - Potential for minimal harm Residents Affected - Many	Ensure the facility is licensed under compliance with all applicable Federorfessional standards.  **NOTE- TERMS IN BRACKETS HE Based on observation, interview, and facility failed to notify the Centers for ownership and facility name change (Code of Federal Regulations) 424.  This deficient practice was evidence According to 42 CFR 424.516 Addit active enrollment status in the Medical (a) Certifying compliance. CMS enrollment that provider or supplier certificant continues to meet, all of the fole (1) Compliance with title XVIII of the (2) Compliance with Federal and State on the type of services or sure (3) Not employing or contracting with the programs, in viole (ii) Excluded from participation in an acovered under the programs, in viole (iii) Debarred by the General Service nonprocurement programs or activities (d) Reporting requirements for physical practitioner organizations. Physicial	r applicable State and local law and operal, State, and local laws, regulations, lave BEEN EDITED TO PROTECT Condition of review of pertinent facility door Medicare & Medicaid Services (CMS e upon 30 days of their sale in July 202, 516.  The state of the following:  The state of the following and maintains an active enrollment fies that it meets, and continues to meet lowing requirements:  The Act and applicable Medicare regulated that licensure, certification, and regulated policies the provider or supplier type will the individuals or entities that meet either the provider of supplier type will the state of the section of section 1128 A(a)(6) of the Active State of the section (GSA) from any other ties, in accordance with the Federal Active State of the section of the secti	erates and provides services in and codes, and with accepted  ONFIDENTIALITY** 34389  cuments, it was determined that the s) and apply for a change in e1 in accordance with 42 CFR  Ints for enrolling and maintaining et, and CMS verifies that it meets, er of the following conditions:  The provision of items and services et.  The Executive Branch procurement or equisition and Streamlining Act of expression of the physician and nonphysician exician exicia

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	ER .		PCODE	
Spring Hills Post Acute Hamilton		3 Hamilton Health Place Hamilton, NJ 08690		
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F 0836	(2) All other changes in enrollment must be reported within 90 days.			
Level of Harm - Potential for minimal harm  Residents Affected - Many	On 1/5/23 at 9:15 AM, the surveyor observed a large white sign on the facility which indicated Spring Hills Post-Acute [NAME]. The name on the sign did not correspond with the CMS approved name and provider registered name which was Atrium Post-Acute Care of [NAME].			
residence many	On 1/5/23 at 10:48 AM, during the Entrance Conference with the Licensed Nursing Home Administrator (LNHA) and the Director of Nursing (DON), the LNHA could not speak to when the name change occurred. He stated that he began his position as the LNHA on 8/18/2022 and the facility's name was already changed to Spring Hills. The surveyor requested a copy of the facility's license.  A review of the facility license that was issued by the New Jersey Department of Health Division of Certificate of Need and Licensing with an issue date of 5/6/22 and an expiration date of 4/30/23. The NJDOH issued the license for the facility name of Spring Hills Post-Acute [NAME] not Atrium Post-Acute Care of [NAME].			
	On 1/9/23 at 10:47 AM, the surveyor interviewed the Regional Director of Operations (RDO) who could not speak to when CMS was notified for a change in ownership and facility name change. The RDO stated that he will attempt to obtain information from the facility's lead attorney for the survey team.  On 1/10/23 at 10:12 AM, the surveyor interviewed the LNHA who stated, I was not involved in the facility's name change. The LNHA had no information regarding when the change of ownership and facility name change occurred.  On that same day at 10:48 AM, the surveyor interviewed the RDO who stated he began his position as the RDO in April 2022 and further stated the CHOW (change of ownership) has not happened yet. He further stated that he hopes to have information for the survey team tomorrow, 1/11/23.			
	the RDO. The RDO stated that faci Certificate of Closing to the survey The RDO further stated that the ap	y team met with the LNHA, DON, Infect lity was sold to Spring Hills on 7/1/202 team which indicated that the Transfer plication for a change in ownership and er stated that the attorney did not file ar	1, and provided a copy of the Closing Date was dated 7/1/2021. I name change was not submitted	
	On 1/12/23 at 10:55 AM, the RDO provided a printed email from the lead attorney which indicated that he filed the CMS 855 A application dated 1/11/23.			
On 1/12/23 at 12:35 PM, the survey team met with the LNHA, DON, IP, and the RDO and of the above findings.			nd the RDO and were made aware	
	NJAC 8:39-5.1 (a)			

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AND PLAN OF CORRECTION	315519	A. Building	01/12/2023	
	515515	B. Wing	5 1, 12,2020	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE		
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES			
	(Each deficiency must be preceded by full regulatory or LSC identifying information)			
F 0880	Provide and implement an infection prevention and control program.			
Level of Harm - Minimal harm or potential for actual harm	40042			
·		nd review of pertinent facility documents		
Residents Affected - Some	failed to a.) ensure the soiled and clean laundry areas were maintained and operated in a sanitary manner to prevent infection control breaches and b.) maintain mop bucket systems in a sanitary manner. This deficient practice was evidenced by the following:			
	On 1/11/23 at 12:10 PM, the surveyor observed the hallway leading to the laundry area as well as both the soiled and clean laundry rooms in the presence of a second surveyor which revealed the following:			
	In the hallway just prior to entering the soiled laundry room, there was a yellow mop bucket that had a shallow amount of dark colored soiled standing water and a soiled mop head.			
	In that same area, there was a black oval mop bucket on a yellow housekeeping cart with a shallow amount of dark colored soiled standing water and a soiled mop head which sat directly in the soiled water.			
	3. In the soiled laundry room, there were two yellow mop buckets both of which had a shallow amount of dark colored soiled standing water in them.			
	4. There was a chemical dispenser nozzle which was in direct contact with the dark colored soiled standing water in one of the mop buckets.			
	There was no soap in the dispense	a handwashing sink that was blocked by a cart and boxes. The faucet handle was missing. soap in the dispenser and the hands-free towel dispenser was jammed. And there was an lined tall gray garbage pail to the left of the sink.		
	1	laundry room, there was a small blue bin against a wall where three folded white blank contact with a piece of sheet rock that was propped against the wall.		
		d office chair which had a personal coat draped over it and multiple top of the seat and in direct contact with the personal jacket.		
	There was a personal olive-green nap sack style bag stored directly on top of a clean fold was in direct contact with four folded white towels.			
		s and a phone charger on the second r dry. There was also a personal black h olded beige blanket.		
	10. There was a long handled soile top of the dryers.	ed duster, a folded light blue bed pad ar	nd a face shield stored directly on	
	(continued on next page)			

			NO. 0936-0391
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· ·			
F 0880  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	Hamilton, NJ 08690  e's plan to correct this deficiency, please contact the nursing home or the state survey agency.  SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)  On 1/11/23 at 12:20 PM, the surveyor interviewed the laundry aide (LA) in the presence of a sec surveyor. She described the laundering processes and stated if there was laundry left in the was		s laundry left in the washing in she processed the COVID VID-19 linens and blankets, the the washing machine was to the indry throughout the day which that when she processed laundry in estated that when she removed elear plastic bag and collected them for the soiled gowns, which the LA elocked, that there was no soap in page had no liner and did not have in a long while and that the garbage rub (ABHR) available in the soiled mechanism disinfected the laundry, evater temperature. She stated that undry rooms and could not speak to IID-19 laundry.  Idged that there was a soiled duster, of the dryers. When she insist stored on top of the dryers were exchowledged that the three clean did that the clean blankets should not exerved on the chair and in direct stored there or touching the gowns. Here when I take them out of lace them on the chair, and later of why not. The LA acknowledged wag on the table and that it was in the ced it directly on top of the hospital or personal keys and phone charger in laundry and stated, that's where I is on the bottom shelf and was in pelonged to the laundry aide that LA touching clean laundry with her dry into the dryer not when folding

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F 0880  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	second surveyor. She acknowledge water and a mop with a soiled mop in two months and that the bucket I to the black mop bucket system whacknowledged that there was a bla the mop head was stored directly in bucket and removed the mop head were two yellow mop buckets in the a disinfectant dispenser nozzle that should have discarded the yellow nup for use and there was no ABHR about that for a long time. The Main was his responsibility to ensure that bucket in the hallway with the soiled probably my staff used last night are cleaned the mop buckets once a word with the soiled probably my staff used last night are cleaned the mop buckets once a word with the soiled probably my staff used last night are cleaned the mop buckets once a word with the soiled probably my staff used last night are cleaned the mop buckets once a word with the soiled probably my staff used last night are cleaned the mop buckets once a word with the surveyor's infect.  Review of the undated facility policity be handled, transported and processalso reflected that Hand hygiene proposed and used while sorting and handlin machines overnight.  Review of the undated facility policity heads will be decontaminated regulations to other personnel, residus that All personnel shall follow the hinfections to other personnel, residus use to encourage compliance hand rub or, alternatively, soap and the soiled was a soiled with the soiled was a	y team met with the facility's administration control concerns in the laundry are y Laundry and Bedding, Soiled, reflected seed according to best practices for infroducts, as well as appropriate PPE (i.e. g contaminated linens. It further reflect y Cleaning and Disinfection of Environic	in the hallway with soiled standing had not used yellow mop buckets ated that the department switched build be laundered. She which had soiled standing water and anould have emptied and rinsed the k. She acknowledged that there standing water and that there was the HD stated that maintenance he hand washing sink was not set do I have been getting on them siled laundry room and stated that it lere stated that the yellow mop was used by his staff and stated, at. The MD then stated that he was tive team. At that time, they had that Soiled laundry/bedding shall ection prevention and control. It e., gloves and gowns) are available ed that Damp laundry is not left in mental Surfaces, reflected that Mop ate of August 2019, reflected that ead of infections. It also reflected to help prevent the spread of at Hand hygiene products and by accessible and convenient for cated to 7. Use an alcohol-based.) Before and after coming on duty.