<table>
<thead>
<tr>
<th><strong>NEW JERSEY DEPARTMENT OF HEALTH</strong></th>
<th><strong>VIOLATION FOUND</strong></th>
<th><strong>MANAGEMENT REMEDY</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</strong></td>
<td>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 10713</td>
<td>(X2) MULTIPLE CONSTRUCTION A. BUILDING________ B. WING________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Provider or Supplier</th>
<th>Street Address, City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAINT MICHAEL'S MEDICAL CENTER</td>
<td>111 Central Avenue, Newark, NJ 07102</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>(X4) ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
</tr>
</thead>
<tbody>
<tr>
<td>D 000</td>
<td>The facility is not in compliance with N.J.A.C. Title 8 Chapter 43G – Hospital Licensing Standards for these complaints (C# NJ00126137 and C#NJ00126183).</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
</tr>
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<tbody>
<tr>
<td>D 000</td>
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<tr>
<th><strong>(X5) COMPLETE DATE</strong></th>
<th><strong>LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nancy Bigio-Flora, Chief Nursing Officer</td>
</tr>
</tbody>
</table>

**DATE SURVEY COMPLETED**: 12/9/2019
Continued from page 1

8:43G:17.1(a) NURSE STAFFING

The hospital shall have in place a staffing plan that addresses nurse staffing requirements and identifies patient needs.

This REQUIREMENT is not met as evidenced by:

Based on staff interview and review of facility documents, it was determined that the facility failed to ensure that the staffing plan is implemented.

Findings include:

Reference: Facility document, Nursing Services-Staffing guidelines...Purpose To provide a means of established staffing patterns which reflect an adequate number and mix of qualified nursing personnel to meet patient nursing care needs on each units. Policy Statements: "The determination of staffing patterns for each nursing unit is based on the following: 1. Nursing care requirements for the patient population served. 2. Established nursing care hours per patient day...8. Patient acuity...."

Corrective Action #1(a)-(c):

The CNO is responsible for the corrective action and compliance with the staffing matrix for the Critical Care Unit:

1. A record will be kept by the Nursing Office and Nurse Manager of any RN who calls out sick prior to the start of their shift.
2. The Charge RN will collaborate with the Nurse Manager and Medical Director of Critical Care to determine if any patients are stable for downgrade to a medical unit.
3. Simultaneously, the Nurse Manager and the Nursing Office will contact any per diems, floats and overtime or agency personnel to supplement staffing.
4. The Nursing Office will advise the Charge RN/Nurse Manager if additional staffing has been secured.

All staff will be educated on the new protocol by 2/28/2020.
1. On 12/9/2019, a review of the Daily Assignment Sheet, dated 7/16/19 for the MICU (Medical Intensive Care Unit) was completed with Staff #9.

   a. The schedule posted for the staff revealed that for the 7AM-7PM shift on 7/16/19, six (6) Registered Nurses (RN) were scheduled.
   b. On the daily staffing sheet there was a sick call and there were five (5) RNs noted on the daily staffing sheet.
   c. The staffing matrix in collaboration with the daily assignment sheet for the MICU on 7/16/19 indicated a staffing deficiency of one (1) registered nurse (RN) from 11AM-3PM.

2. On 12/9/2019, the staffing matrix for the ED (Emergency Department) was reviewed for 7/14/19.

   a. The schedule posted for the staff revealed that for the 7AM-11AM shift on 7/14/19, five (5) RN's were scheduled.

Ongoing compliance will be sustained by:

Critical Care Nurse Manager will complete five (5) audits of staffing logs, including any downgrades, per week for 1 month; if compliance is greater than 90%, will continue 20 audits monthly for 2 more months, if > 95% attained, audits will move to quarterly for 4 quarters.

Corrective action #2(a)-(c) & 3(a):

The CNO is responsible for the corrective action and compliance with the staffing matrix for the Emergency Department:

1. A record will be kept by the Nursing Office and Nurse
b. On the daily staffing sheet there were callouts and there were three (3) RN's noted on the daily staffing sheet.
c. There was a deficiency of two (2) RNs from 7AM-11AM.

#3. Interview with Staff #1 stated, “The assignment sheets for that day are missing.”

a. The facility was unable to provide evidence of the patient assignment sheets for 7/14/19 for the 7AM and 7PM shifts for the ED, therefore, the acuity for the patients and the appropriateness of the assignments could not be determined.

Manager of any RN who calls out sick prior to the start of their shift.
2. The Charge RN will collaborate with the Nurse Manager and Medical Director of the ED to expedite triage patients to an assigned bed in the ED.
3. Simultaneously, the Nurse Manager and the Nursing Office will contact any per diems, floats and overtime or agency personnel to supplement staffing.
4. The Nursing Office will advise the Charge RN/Nurse Manager if additional staffing has been secured.
5. The Charge RN will fax a copy of the patient assignment sheets to the Nursing Office daily to ensure there is a back-up copy.
6. The Nursing Office will retain a binder of the patient assignment sheets with the staffing roster for the ED.

All staff will be educated on this new protocol by 2/28/2020.
d. The above findings were confirmed by Staff #1.

| Ongoing compliance will be sustained by: ED Nurse Manager/Supervisor will complete five (5) audits of staffing logs, including any reassignments, per week for 1 month; if compliance is greater than 90%, will continue 20 audits monthly for 2 more months, if > 95% attained, audits will move to quarterly for 4 quarters.  

#4. Information only. No corrective action is required. |