



State of New Jersey  
DEPARTMENT OF MILITARY AND VETERANS AFFAIRS  
POST OFFICE BOX 340  
TRENTON, NJ 08625-0340

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Governor  
Commander-in-Chief

☆  
MICHAEL L CUNNIFF  
Brigadier General  
Acting Adjutant General

VETERANS AFFAIRS BULLETIN  
No. 2-12\*

14 February 2012

**REQUIRED RECURRING REPORTS**  
**NEW JERSEY VETERANS MEMORIAL HOMES**

1. The following reports are to be forwarded to the Director, Division of Veterans Healthcare Services by the date specified. These reports are applicable only to the New Jersey Veterans Memorial Homes.

- a. **Weekly Status Reports:**
  - Due each Wednesday for the previous week.
  - Format as Attachment 1.
- b. **Pressure Ulcer Monthly Tracking Form:**
  - Due the 3<sup>rd</sup> of each month for the previous month.
  - Format as Attachment 2.
  - Addresses pressure ulcers by nursing unit and stage of development.
- c. **Monthly Activity Report:**
  - Due the 10<sup>th</sup> of each month for the previous month.
  - Format as Attachment 3.
- d. **Monthly Future Activity Report:**
  - Due the 25<sup>th</sup> of each month for upcoming month.
  - Highlights significant coming events scheduled at the VMHs (i.e., shows, trips, VIP visits, planned home activities, committee meetings – Resident Council, Quality Assurance Committee, etc.).
  - Format as Attachment 4.
- e. **Nurses' Daily Census Report:**
  - Due the 10<sup>th</sup> of each month for current resident numbers.
  - Format as Attachment 5 (numbers are sample).

*\*This bulletin replaces VA Bulletin 2-11 with attachments.*

**f. Quarterly Staffing/Salary Report:**

- Due the 15<sup>th</sup> of June and 15<sup>th</sup> of December for current staffing numbers.
- Format as Attachment 6.

**g. Reportable Event Record/Report:**

- As required by N.J.A.C. and DVHS Policies and Procedures Manual.
- Format as Attachment 7.

2. Each paragraph/subparagraph delineated is to be addressed. If no activity/action is planned, then note "Negative Report."

3. Questions or inquiries concerning this bulletin should be addressed to BG Frank R. Carlini, Director, Division of Veterans Healthcare Services at 609-530-6766 or e-mail [Frank.Carlini@njdmava.state.nj.us](mailto:Frank.Carlini@njdmava.state.nj.us).

OFFICIAL:

MICHAEL L. CUNNIFF  
Brigadier General, NJARNG  
Acting Adjutant General



DAVID S. SNEDEKER  
Chief Information Officer  
Director, Information and Administrative  
Services Division

Attachments

Distribution: A, E



**STATE OF NEW JERSEY**  
**DEPARTMENT OF MILITARY AND VETERANS AFFAIRS**  
**DIVISION OF VETERANS HEALTHCARE SERVICES**  
 P.O. BOX 340, EGGERT CROSSING ROAD  
 TRENTON, NEW JERSEY 08625

Frank R. Carlini  
 Director

**MEMORANDUM**

(Date)

**TO:** Frank R. Carlini, Director/DVHS  
**FROM:** Chief Executive Officer – NJ Veterans Memorial Home at \_\_\_\_\_  
**SUBJECT:** Weekly Status Reports – Week of (Date)

Personnel

# of Positions Assigned	# of Positions Filled	# of Paychecks	# of Employees on Leave

Census

# of Beds	Current Residents	# Admitted	# in Hospital	# Discharged	Isolation Beds	Vacant Beds	Scheduled Admissions	Short Term

Restraints

Restraints Currently in Use	Residents with Restraints

Qualified Admissions List

Veterans	#Approved		#Approved Deferred Admission	#In Process	
	Veterans	Non-Veterans		Veterans	Non-Veterans

Direct Care Staff Vacancies

Graduate Nurses	Head Nurses	Licensed Practical Nurses	Certified Nursing Assts.

Direct Care Positions Committed for Orientation

Graduate Nurses	Head Nurses	Licensed Practical Nurses	Certified Nursing Assts.



**DEPARTMENT OF MILITARY AND VETERANS AFFAIRS  
DIVISION OF VETERANS HEALTHCARE SERVICES**

**MONTHLY ACTIVITY REPORT - \_\_\_\_\_  
Month/Year**

**NEW JERSEY VETERANS MEMORIAL HOME AT: \_\_\_\_\_**

**1. INSPECTIONS COMPLETED:**

- a. Internal: Inspections completed, with dates, administrative staff.
- b. External: Inspections/audits conducted by regulatory agencies – DOHSS, VA, OLS, etc. with dates.

**2. STAFF:**

Number of Professional Staff:  
Number of Support Staff:  
Number of Temporary Hires:  
Total Staff:  
Number of Per Diem Staff:  
Total Vacancies:  
Number of Terminations/Resignations:

**3. CONSTRUCTION AND IMPROVEMENTS (Bullet Comments):**

- Ongoing and planned.
- 
- 
- 

**4. ACTIVITIES/MEETINGS/TRAINING (Bullet Comments in chronological order with dates):**

- a. Resident: Trips, Resident Facility Council meetings, concerts, shows, etc.
- b. CEO and Staff: Committee Meetings, celebrations, staff in-service training, VIP visits, complaints, etc.
- c. Unions: Meetings, etc.

**5. ISSUES AND CONCERNS (Bullet Comments):**

- a. Example – Recruitment of direct care staff, etc.

**DEPARTMENT OF MILITARY AND VETERANS AFFAIRS  
DIVISION OF VETERANS HEALTHCARE SERVICES**

**MONTHLY FUTURE ACTIVITY REPORT - \_\_\_\_\_  
Month/Year**

**NEW JERSEY VETERANS MEMORIAL HOME AT:** \_\_\_\_\_

The planned activities reported are for the upcoming month:

**1. INSPECTIONS PLANNED:**

- a. Internal: Inspections completed, with dates, by the VMH administrative staff.
- b. External: Inspections/audits conducted by regulatory agencies – DOHSS, VA, OLS, complaint investigations, etc. with dates.

**2. ACTIVITIES/MEETINGS (Bullet Comments in chronological order with dates):**

- a. Resident: Trips, Resident Facility Council meetings, concerts, shows, etc.
- b. CEO and Staff: Committee Meetings, celebrations, VIP visits, etc.
- c. Unions: Meetings, etc.

**NEW JERSEY VETERANS MEMORIAL HOME AT  
NURSES' DAILY CENSUS REPORT**

UNIT: \_\_\_\_\_ For Period Ending Midnight on: \_\_\_\_\_

		REQUIRED ACTIVITY			
Number of Beds	80	Actual Number of Residents	59	2.5	147.5
Vacancies	1	HTN	0	1.5	0
Census (Beg Total)	59	NM	1	1.5	1.5
Admissions	0	ORTHO	0	1.5	0
<b>Discharges</b>		IVS	0	1.5	0
To Hospital	0	TRACH	1	1.25	1.25
Furlough:	0	RESPIRATOR	0	1.25	0
To VA	0	OXYGEN	8	.75	4.5
Discharged	0	WOUND CARE	7	.75	5.25
To Other Units	0	NG TUBE	0	1.0	0
Expired	0	GT TUBE	5	1.0	5
Actual Number of Residents	59	<b>TOTALS</b>	<b>20</b>		<b>165</b>

MINIMUM STAFFING				STAFFING LEVEL	
SHIFT	11-7	7-3	3-11	ACTUAL FOR 24 HOURS	
RN	8.00	8.00	8.00	RN/LPN	72
LPN	8.00	16.00	16.00	HST/HSA	136
HST/HSA	32.00	48.00	48.00	<b>TOTAL:</b>	<b>208</b>
<b>TOTAL</b>	<b>48.00</b>	<b>72.00</b>	<b>72.00</b>		

ACTUAL ON DUTY				MIN	ACUITY	ACTUAL	
RN	8	8	8	RN	24.00	49.5	24
LPN	16	16	16	LPN	40.00		48
HST/HSA	32	48	56	HST/HSA	128.00	115.5	136
<b>TOTAL</b>	<b>56</b>	<b>72</b>	<b>80</b>	<b>TOTAL</b>	<b>192.00</b>	<b>165</b>	<b>208</b>

STAFFING RATIOS									
	11-7			7-3			3-11		
	# OF STAFF	RATIO		# OF STAFF	RATIO		# OF STAFF	RATIO	
RN	8	1	1:59	8	1	1:59	8	1	1:59
LPN	16	2	1:30	16	2	1:30	16	2	1:30
HST/HSA	32	4	1:15	48	6	1:9.8	56	7	1:8.4

New Jersey Veterans Memorial Home at \_\_\_\_\_  
 Quarterly Staffing/ Salary Report

Institutional Department Specific Titles	Baseline Staffing	Filled	Vacant	Add	Filled Amount \$	Vacant Amount \$
CEO						
Section Chief						
Total						
Add total						
<b>Business</b>						
Bus Manager II						
Asst Bus Manager I						
Adm Analyst						
Adm Analyst 4						
Sup of Accts						
SPACCTS						
Tech Asst Pur						
Head Audit Acct						
Acct 3/Prin Audit Acct						
Tech Asst I						
Acct Asst						
Staff Asst						
Clerk Blar						
Sr Clerk Blar						
Prin Clerk Trans						
Clerk Trans						
Clerical						
Total						
Add total						
<b>Personnel</b>						
Manager Hum Res						
Personnel Asst I						
Personnel Asst II						
Personnel Asst III/IV						
ERO						
Sup Payroll						
Tech Asst Per						
Personnel Aide I						
Princ Clerk						
Total						
Add total						
<b>Information Systems</b>						
AAI						
AAII						
AAIII						
Total						
Add total						
<b>Telephone Operator</b>						
Telephone Operators						
Telephone Oper/typist						
Clerical						
Total						
Add total						
<b>Recreation</b>						
Sup Recreation						
Asst Sup Rec						
STPA						
TPA						
Rec Asst						
Rec Aide						
Sup Chaplinary						
Chaplin						
Vol Serv Asst						
Clerical						
Total						
Add Total						



New Jersey Veterans Memorial Home at \_\_\_\_\_  
 Quarterly Staffing/ Salary Report

Institutional Department Specific Titles	Baseline Staffing	Filled	Vacant	Add	Filled Amount \$	Vacant Amount \$
<b>Food Services</b>						
Food Ser Sup						
AFFSSII						
AFFSSI						
ADSSII						
SFS Area Op						
Head Cook I						
Head Cook II						
Head Cook III						
Cooks						
Sr FS Handler						
Sr FS Worker						
Clerical						
FSW						
Sr FS (Part-time)						
Total						
Add total						
<b>Housekeeping</b>						
HSKP Sup I						
HSKP Sup II						
Asst HSKP Sup II						
HL Wk/RSW						
RSW						
RSW (Part-time)2x1FTE						
Head Housekeep						
Total						
Add total						
<b>Maintenance</b>						
Eng In Chg Maint I						
Eng In Chg Maint II						
Asst Eng Maint						
Chf Oper Eng I						
Chf Oper Eng II						
Op Eng I						
Op Eng II						
Carpenter						
Crw Sup Electric						
Electrician						
Masonry/Plaster						
Painter						
Plumber/Steam						
Mechanic/Non Auto						
Sr Oper Refrig Svc						
Oper Refrig Spec						
Oper Eng Repairer						
Crw Sup Bldg/Grs						
Sr Repairer						
Repairer						
Supt of Inet Grds						
Head Grds Wkr						
Asst Head Grd Wk						
Grd worker						
Truck driver						
Motor Vehicle Operator 1						
Clerk driver						
Bus Driver						
Special Staff Officer 2						
Total						
Add total						
<b>Store Room</b>						
Storekeeper II						
Asst Storekeeper						
Storeroom Clk						
Storekeeper I						
Total						
Add total						

New Jersey Veterans Memorial Home at \_\_\_\_\_  
 Quarterly Staffing/ Salary Report

Institutional Department Specific Titles	Baseline Staffing	Filled	Vacant	Add	Filled Amount \$	Vacant Amount \$
<b>Nursing</b>						
DNS						
ADNS						
SNS						
Head Nurse						
Grad Nurse						
LPN						
HST						
HSA						
HST (PT) 1-0.5FTE						
Clinical Nurse Specialist						
LPN (pt)						
Ward Clerks						
RLS/Adult Day Care						
Therapy Aid						
Total						
Add total						
<b>Medical</b>						
Medical Director						
Physician I						
Physician I						
Dietetic Asst I						
Sup Dietitian						
Clinic Dietitian						
Sup of PT						
Infection Cont						
Clinic Nurse						
Clerical						
Medical Records Supv						
Total						
Add total						
<b>Secretarial</b>						
Any Title						
Staffing Coord						
Total						
Add total						
<b>Social Service</b>						
Soc Wkr Sup II						
Soc Wkr Sup II						
Soc Wkr I						
Soc Wkr II						
Vet Enrollment Counselor						
Adm Clerk						
Total						
Add total						
<b>Adm Support Staff</b>						
QA Support Staff						
Med Records Spec/Part Time						
Med Records Spec						
Medicare Rep/Benefit/Mkt. Cont.						
Instr of Nur/Prog Spec Asst						
Head Nurse/Princ. Trng Tech.						
Total						
Add total						
Combined Total						

**New Jersey Department of Health and Senior Services**  
**Division of Long Term Care Systems**  
**Assessment and Survey Program / Complaint Unit**  
**P. O. Box 367**  
**Trenton, NJ 08625-0367**

**Hotline: 1-800-792-9770, Select #1**  
**Off Hour Emergencies: 609-392-2020**  
**Fax: 609-943-4977 or 609-633-9060**

**REPORTABLE EVENT RECORD/REPORT**

*Please answer all questions fully and address only one event per report.*

Today's Date (MM/DD/YY)

Date of Event (MM/DD/YY)

Time of Event

  AM  PM

Was This a Significant Event?

 Yes  No

Was Significant Event Called In?

 Yes  No

Date (MM/DD/YY)

Time

  AM  PM

Full Name of Facility

Street Address

City

State

Zip Code

Facility Telephone Number

Facility License Number

Provider ID Number

Person Reporting

Title

**Type of Facility:**

- Assisted Living or Comprehensive Personal Care Home
- Adult/Pediatric Day Health Services
- ICF/MR
- Nursing Home
- Residential
- Sub-Acute Care
- Other, Specify:

**Exact Location of Incident:**

**REPORTABLE EVENT RECORD/REPORT  
(Continued)**

**Type of Incident:**

- Elopement
- Environmental Emergency
- Financial Exploitation
- Injury
- Interruption of Service
- Involuntary Discharge
- Involuntary Relocation
- Medication Error
- Resident Care
- Resident-to-Resident Abuse
- Staff-to-Resident Abuse
- Unexpected Death

Other, Specify:

Resident Name

Unit and Room Number

Date of Birth

**Narrative:**

1) Describe the event, to include timeframes/risk factors related to the incident/event (relevant resident Dx):

2) Prior to the event, was a plan of care developed that addressed this issue, and were planned interventions in place when the event occurred? For example, chair alarm and/or lap buddy in place.

Yes     No    If Yes, please describe:

3) What interventions were implemented after the incident/event? For example, supervision, resident sent to hospital, CNA suspended. Please describe investigative findings/conclusions:

**REPORTABLE EVENT RECORD/REPORT  
(Continued)**

**Nurse Aide Involvement:**

If the event is an allegation of abuse, neglect, or misappropriation of resident funds by a nurse aide, please provide the certification number and certificate expiration date. For a nurse aide with no certification, please provide the Social Security Number.

Name	Certification Number	Expiration Date

**Notifications:**

MD, Specify:

OOIE (Ombudsman), Specify Date:  Time:   AM  PM

Other, Specify:

**FOR NJDHSS USE ONLY**

**Reviewed By:** (Surveyor ID Number and Initials)

Date (MM/DD/YY)

**Other Review:** (ID Number and Initials)

Date (MM/DD/YY)

**Disposition:**

- Pending
- No Action
- Complaint Investigation

Referral, Specify:

Closed, Specify Date Closed:

**Comments:**