STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315503	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROYAL SUITES HEALTH CARE & REHABILITATION	**214 WEST JIMMIE LEEDS ROAD , GALLOWAY TOWNSHIP, New Jersey, 08205**

(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) COMPLETION DATE
F0000	INITIAL COMMENTS Complaint #: 2686481, 2808075 Survey Date: 7/1/26 Census: 173 Sample Size: 5 THE FACILITY WAS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F0000		09/03/2026
F0689 SS = D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is NOT MET as evidenced by: COMPLAINT #2808075 Based on interview, medical record review, and review of pertinent facility documentation on 7/1/26, it was determined that the facility failed to ensure the safety of a NJ Ex Order 26, 4B1 resident (Resident #3) who had a NJ Ex Order 26, 4B1 Resident #3 suffered NJ Ex Order 26, 4B1 that occurred on the following dates: NJ Ex Order 26, 4B1 ,	F0689	I. Corrective action (s) accomplished for resident (s) affected: Resident #3 is no longer at the facility. II. Residents identified having the potential to be affected and corrective action taken: All in-house residents who are NJ Ex Order 26, 4B1 have the potential to be negatively affected. These identified residents have been reassessed and their NJ Ex Order 26, 4B1 care plan reviewed by the U. S. FOIA (b) (2) on 8/10/2026. All identified residents had appropriate NJ Ex Order 26, 4B1 care plans in place. III. Measures will be put into place to ensure the deficient practice will not recur: The DON and ADON reviewed the facility policy for "Incident and Accident Reporting" on 8/6/2026 and were reeducated on the facility's "Incident and Accident Reporting" policy on 8/10/26 by the Administrator.	09/03/2026

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 reverse for further 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315503	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/01/2026

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F0689 SS = D	Continued from page 1 NJ Ex Order 26, 4B1. NJ Ex Order 26, 4B1 required emergency room visit for treatment NJ Ex Order 26, 4B1 NJ Ex Order 26, 4B1 resident's NJ Ex Order 26, 4B1 This deficient practice was identified for 1 of 3 residents reviewed for NJ Ex O (Resident #3) and was evidenced by the following: Resident #3 was not at the facility at the time of the survey. A closed record review was conducted. A review of the Admission Record revealed that Resident #3 was admitted to the facility with diagnoses that included but were not limited to: NJ Ex Order 26, 4B1 A review of Resident #3's comprehensive Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated NJ Ex Order 26 indicated that Resident #3 had a Brief Interview for Mental Status (BIMS) score of NJ Ex Order 26, 4B1 indicating that the resident's NJ Ex Order 26, 4B1. Further review of the MDS revealed that the resident required assistance with all activities of daily living (ADL). A review of Resident #3's "Admission Observation (AO)– section NJ Exec O dated NJ Ex Order 26 revealed that the resident had a history NJ Ex Order 2 and that their NJ Ex Order 26, 4 Score was an NJ Ex which meant that the resident was at a NJ Ex Order 26, 4B1. The AO further revealed that the facility could not determine the resident's memory/recall ability. The AO indicated that Resident #3 ha NJ Ex Order 26, 4B1 A review of Resident #3's medical record showed a document titled: NJ Ex Order 26, 4B1 revealed the following NJ Ex Order 2 incidents: 1. NJ Ex Order 26, 4B1 dated NJ Ex Order 26, 4B1 Under incident description, staff documented that a CNA informed the nurse that Resident #3 NJ Exec Order 26.4B1 and that the nurse went into the resident's room and found the resident NJ Ex Order 26, 4B1	F0689	Continued from page 1 100% of NJ Ex O are reviewed by the safety committee U. S. FOIA (b) (2). The safety committee was re educated on the "Incident and Accident Reporting" policy on 8/10/2026. IV. Corrective action will be monitored to ensure the deficient practice will not recur: The DON/ADON/designee will conduct weekly random audits of 100% of residents who are severely cognitively impaired and have a history of falls for 4 weeks and then monthly for 4 months to ensure that new interventions are added if appropriate to the care plan and if the team determines no new interventions are needed, that it is documented in the residents progress note post fall. The DON will trend the audits and report outcomes to the Quality Assurance Performance Improvement (QAPI) committee for two quarters. The QAPI committee will determine the need for any additional monitoring of this area after the second quarterly meeting.	09/03/2026

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F0689 SS = D	Continued from page 2 NJ Ex Order 26, 4B1 Staff further documented that Resident #3 informed the nurse that they NJ Ex Order 26, 4 The document indicated that there was NJ Ex Order 26, 4 noticed by the nurse. The surveyor reviewed a corresponding NJ Exec Order 2 document. Under the NJ Exec Order 26.4b1 and mental status, staff documented that the resident was NJ Exec O and NJ Exec Order 26 to NJ Exec Order 2. The resident's NJ Exec Order 26.4b1 to NJ Exec O NJ Exec O and NJ Exec Order 26 were left blank. Under Notes, it was documented that Resident #3 was educated on the use of the call bell and that the resident continued to participate in NJ Exec Order 2 for NJ Exec Order 26.4b1 The surveyor reviewed Resident #3's NJ Ex O care plan (CP) which revealed the following: Focus: 'NJ Ex Order 26, 4B1 NJ Exec Order 26 NJ Exec Order 26.4b1"; Interventions included monitoring the resident for NJ Exec Order 26.4b1, including NJ Exec Order 26.4b1 and NJ Exec Order 26 Initiated NJ Ex Order 6. -Resident had NJ Ex Order 26, 4B1. Interventions included NJ Ex Order 26, 4B1 Initiated NJ Ex Order 26, 4 -Resident had an NJ Ex Order 26, 4B1 status. Interventions included that the resident required assistance with completing all ADLs. Initiated NJ Ex Order 2 NJ Exec Order 26.4 on at night, initiated on NJ Ex Order 26.4 -P/OT evaluation, initiated on NJ Ex Order 26 -Ensure NJ Ex Order 26, 4B1 initiated on NJ Ex Order 2. NJ Ex Order 26, 4B1 dated NJ Ex Order 26, 4B1 Under Incident description: staff documented that Resident #3 wa NJ Ex Order 26, 4B1 and that the NJ Ex Order 26, 4 Staff further documented that a NJ Ex Order 26, 4B1 was noted on the resident's NJ Ex Order 26, 4B1 with NJ Ex Order 26, 4B1. The NJ Ex Order 26, 4B1 document indicated that staff transferred the resident to the NJ Exec Order 2 for further evaluation. A review of Resident #3's medical record included a New Jersey Universal Transfer Form (UTF), dated	F0689		09/03/2026

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F0689 SS = D	Continued from page 3 NJ Exec Order 2 at 8:53 PM, which indicated that the resident was NJ Ex Order 26, 4B1 NJ Ex Order 26, 4B1. The corresponding NJ Exec Order 2 record dated NJ Ex Order 26, 4B1, revealed that the resident was diagnosed with a NJ Ex Order 26, 4B1 . The surveyor reviewed a corresponding post NJ Ex Note which revealed that Resident #3 scored on their BIMS score, and that the resident was NJ Exec Order 26.4b1. The Note revealed that the resident told staff that they NJ Ex Order 26, 4B1 The NJ Exec O indicated that the resident returned from the NJ Exec Order 2 with no new orders and that the resident continued to participate in NJ Ex Order 26, 4B1 The surveyor reviewed the resident's care plan and found no new entry in the care plan or anywhere else in the medical record regarding revision to the resident's NJ Ex Order 26, 4B1 plan interventions. 3. NJ Ex Order 26, 4B1 dated NJ Ex Order 26, 4B1 Under Incident description, staff documented that a U. S. FOR walked past Resident #3's room, noticed the resident NJ Ex Order 26, 4B1, and the U. S. FOR reported it to the nurse. The document further revealed that the nurse went into the resident's room and saw the resident NJ Ex Order 26, 4B1 and that the nurse and the assisted the resident NJ Ex Order 2 The corresponding post NJ Ex O "Mental Status" assessment revealed that the resident was NJ Exec Order 26.4b A corresponding Note, dated NJ Ex Order 26 indicated that Resident #3 NJ Ex Order 26, 4B1, and that the resident was educated to use the call bell. The surveyor reviewed the resident's care plan and there were no new interventions or changes to the resident's NJ Ex O care plan. 4. NJ Ex Order 26, 4B1 dated NJ Ex Order 26, 4B1 Under Incident description, staff documented that Resident #3 was NJ Ex Order 26, 4B1 next to the bed and that the resident told staff that they NJ Ex Order 26, 4B1 . The corresponding Mental status assessment	F0689		09/03/2026

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F0689 SS = D	Continued from page 4 indicated the resident was [redacted] to [redacted] and [redacted] The resident's orientation to time was left blank. A review of the corresponding Notes dated [redacted] revealed that the residen [redacted]. The Note further indicated that Resident #3 was educated on safety and using the call bell for assistance and the resident would continue to participate in [redacted]. The surveyor reviewed the resident's [redacted] care plan and did not see any changes made to the [redacted] care plan. 5. [redacted] dated [redacted] Under incident description, staff documented that Resident #3 wa [redacted] and that the resident stated they were going to get their tray. The document indicated that staff assessed the resident and noted [redacted] and that the resident was transferred to the [redacted] according to the doctor's order. A review of the corresponding Mental status assessment indicated that the resident was [redacted] to [redacted] and [redacted] The resident's [redacted] to [redacted] and [redacted] were left blank. A corresponding Note dated [redacted], revealed that Resident #3 [redacted] and was [redacted] and that the resident was to continue to participate in [redacted] upon their return. A review of Resident #3's medical record included a [redacted], dated [redacted], which indicated that the resident was [redacted] The corresponding [redacted] record dated [redacted], revealed that the resident was diagnosed with a [redacted]. The surveyor reviewed the resident's care plan and there were no changes made to the resident's [redacted] care plan interventions. 6. [redacted] date [redacted] The Incident description revealed that a CNA informed the nurse that Resident #3 [redacted]. Staff documented that the nurse went into the resident's room and found the resident [redacted], and that the resident stated they	F0689		09/03/2026

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F0689 SS = D	Continued from page 5 were going to the bathroom. A corresponding Note dated [redacted], indicated that Resident #3 was [redacted], that the resident had "[redacted] …", and that the resident was educated on the use of call bells and waiting for assistance. The surveyor reviewed the resident's care plan which revealed the following: Resident #3 had [redacted] [redacted] initiated on [redacted] Encourage resident to use the call bell, initiated on [redacted] Staff to anticipate/assess needs, initiated on [redacted] There was no evidence that the facility revised the resident's [redacted] care plan after reach [redacted], and no evidence that the facility revised the care plan from [redacted]. A review of Resident #3's Progress Notes (PN) from [redacted] revealed nursing documentation as follows: [redacted] in room. Resident verbalized attempting to use the [redacted], [redacted] [redacted], "Resident [redacted] the [redacted], noted [redacted] ." The resident was [redacted] [redacted]), Resident returned to the facility at 5:45 AM after [redacted] [redacted] Note indicated that Resident #3 had a [redacted] and that treatment was ordered. [redacted] Resident [redacted] [redacted] Resident [redacted]. Resident stated they were [redacted]	F0689		09/03/2026

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F0689 SS = D	Continued from page 6 NJ Ex Order 26, 4B1 . NJ Ex Order 26, 4B1 Resident found in the room NJ Ex Order 26, 4B1 Resident reported NJ Ex Order 26, 4B1 . A 'NJ Ex Order 26, 4B1 of the resident's NJ Ex Orde, and the resident was NJ Ex Ord NJ Ex Order 26, 4B1 Resident returned to the facility. NJ Ex Order 26, 4B1 Resident NJ Ex Order 26, 4B1 A NJ Ex Order 26, 4B1 was NJ Ex Order 26, 4B1 . Resident NJ Ex Order 26, 4B1 . There was no documentation in the PN regarding revisions to the resident's NJ Ex care plan. During an interview with the Unit Manager (UM #1) on 7/1/26 at 2:04 PM, she stated that after each incident the assigned nurse was to complete a "Risk Management" form which was then provided to UM #1 for review. She stated that she would then discuss each incident in the next morning meeting with department heads. She further stated that the team would discuss the pertinent facts of the incident, including what time it occurred, the location, and if the NJ Ex Order 26, 4B1 or NJ Ex Order 26, 4B1 She stated that the team would then discuss and determine if additional interventions were needed. UM #1 further stated that if new interventions were added, she would update the CP and document the results in the "Notes" Section of the Risk Management report. In the presence of the surveyor, UM #1 reviewed the above corresponding "Notes" Section that was entered after each NJ Ex. She stated that she presented each NJ Ex at the following day's morning meeting and that no additional CP interventions or changes were noted. She further stated that the facility had sufficient interventions in place and that Resident #3, 'NJ Exec Ord NJ Exec Order 26 ." When questioned about the resident's , UM #1 stated that the resident had 'NJ Exec Order 26.4b1 " and that she felt that Resident #3 NJ Exec Order 26.4b1 of re-education the facility provided, and that was why the facility added no additional interventions to the resident's NJ Ex care plan. The surveyor conducted a joint interview with the U. S. FOIA (b) (2) on 7/1/26 at 2:42 PM.	F0689		09/03/2026

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F0689 SS = D	Continued from page 7 The [U.S. FOO] reviewed the aforementioned documentation for each [NJ Ex]. She stated that the facility discussed each [NJ Ex Order 26, 4B1] at their morning meetings and that she agreed that the interventions in place were appropriate. She further stated that Resident #3 wa [NJ Ex Order 26, 4B1] When asked to explain why Resident #3 continued to experience [NJ Ex O] if their interventions were effective, the [U.S. FOO] stated that residents had the right to make their own decisions. When the surveyor pointed out the multiple documentation by staff which indicated that Resident #3 had [NJ Exec Order 26.4b1] and [NJ Ex Order 26, 4B1], the [redacted] did not provide further information. The facility did not provide any documented evidence of a full assessment of the [NJ Ex Order 26, 4B1] A review of the facility's "Incident and Accident Reporting" policy, dated 5/2025, revealed that the facility would provide a safe environment to minimize a resident's risk of injury. The policy further revealed that falls would be investigated for "causal factors" and that the facility would review care plans and revise as necessary to "prevent future occurrences and/or minimize resident injury." N.J.A.C. 8:39-27.1(a)	F0689		09/03/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 018254	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/01/2026

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S0000	Initial Comments The facility was not in compliance with the standards in the New Jersey Administrative code, 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.	S0000		09/03/2026
S0560	Mandatory Access to Care CFR(s): 8:39-5.1(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on review of pertinent facility documentation, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratios as mandated by the state of New Jersey for 28 day shifts. The deficient practice was evidenced by the following: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021: One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and one direct care staff member to every 14 residents for the night shift, provided	S0560	I. Corrective action (s) accomplished for resident (s) affected: There were no residents identified on the 2567 as affected by the nursing staffing hours from 11/23/25 to 11/29/25, 3/15/26 to 3/21/26, and 6/14/26 to 6/27/26. II. Residents identified having the potential to be affected and corrective action taken: All in-house residents had the potential to be negatively affected by the nursing staffing hours from 11/23/25 to 11/29/25, 3/15/26 to 3/21/26, and 6/14/26 to 6/27/26. III. Measures will be put into place to ensure the deficient practice will not recur: The staffing coordinator was reeducated by the Director of Nursing (DON) on 8/10/26 of the minimum staffing requirements Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021: One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff	09/03/2026

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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ROYAL SUITES HEALTH CARE & REHABILITATION	214 WEST JIMMIE LEEDS ROAD , GALLOWAY TOWNSHIP, New Jersey, 08205

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S0560	Continued from page 1 that each direct care staff member shall sign in to work as a CNA and perform CNA duties. For the week of AAS11 staffing from 11/23/25 to 11/29/25, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows: -11/23/25 had 11 CNAs for 161 residents on day shift, required at least 20 CNAs. -11/24/25 had 14 CNAs for 161 residents on day shift, required at least 20 CNAs. -11/25/25 had 15 CNAs for 159 residents on day shift, required at least 20 CNAs. -11/26/25 had 14 CNAS for 159 residents on day shift, required at least 20 CNAs. -11/27/25 had 15 CNAs for 159 residents on day shift, required at least 20 CNAs. -11/28/25 had 11 CNAs for 159 residents on day shift, required at least 20 CNAs. -11/29/25 had 15 CNAs for 159 residents on day shift, required at least 20 CNAs. For the weeks AAS11 staffing from 3/15/26 to 3/21/26, the facility was deficient in CNA staffing for residents on of 7 of 7 day shifts as follows: -3/15/26 had 13 CNAs for 169 residents on day shift, required at least 21 CNAs. -3/16/26 had 14 CNAs 169 residents on day shift, required at least 21 CNAs. -3/17/26 had 12 CNAs 169 residents on day shift, required at least 21 CNAs. -3/18/26 had 17 CNAs 169 residents on day shift, required at least 21 CNAs. -3/19/26 had 15 CNAs for 169 residents on day shift, required at least 21 CNAs. -3/20/26 had 14 CNAs 174 residents on day shift, required at least 22 CNAs. -3/21/26 had 16 CNAs for 174 residents on day shift, required at least 222 CNAs.	S0560	Continued from page 1 members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and 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 CNA and perform CNA duties. The DON/Assistant Director of Nursing (ADON) reviewed the N.J. state mandatory nurse staffing regulation on 8/6/26. The DON/ADON will review the facility census and acuities and nurse staffing ratios daily to ensure that the necessary staff is available to meet the staffing requirements for the next quarter. If nursing staffing does not meet the staffing requirements, then in-house staff will be contacted for available shifts to work and agencies utilized by the facility will be called to ensure nursing staffing meets the required staffing levels. IV. Corrective action will be monitored to ensure the deficient practice will not recur: The DON/ADON will review the facility census and acuities and nurse staffing ratios daily to ensure that the necessary staff is available to meet staffing requirement. Results of the daily census/acuities/staffing ratios will be reported to Quality Assurance Performance Improvement (QAPI) committee for the next quarter. The QAPI committee will determine the need for any additional monitoring of this area after the quarter.	09/03/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 018254	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROYAL SUITES HEALTH CARE & REHABILITATION	**214 WEST JIMMIE LEEDS ROAD , GALLOWAY TOWNSHIP, New Jersey, 08205**

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S0560	Continued from page 2 For the weeks AAS11 staffing from 6/14/25 to 6/27/26, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows: -6/14/26 had 12 CNAs for 165 residents on day shift, required at least 21 CNAs. -6/15/26 had 19 CNAs 165 residents on day shift, required at least 21 CNAs. -6/16/26 had 16 CNAs 165 residents on day shift, required at least 21 CNAs. -6/17/26 had 17 CNAs for 165 residents on day shift, required at least 21 CNAs. -6/18/26 had 16 CNAs 165 residents on day shift, required at least 21 CNAs. -6/19/26 had 15 CNAs for 174 residents on day shift, required at least 22 CNAs. -6/20/26 had 14 CNAs for 174 residents on day shift, required at least 22 CNAs. -6/21/26 had 9 CNAs 174 residents on day shift, required at least 22 CNAs. -6/22/26 had 18 CNAs for 174 residents on day shift, required at least 22 CNAs. -6/23/26 had 19 CNAs for 175 residents on day shift, required at least 22 CNAs. -6/24/26 had 19 CNAs 175 residents on day shift, required at least 22 CNAs. -6/25/26 had 15 CNAs for 175 residents on day shift, required at least 22 CNAs. -6/26/26 had 18 CNAs for 175 residents on day shift, required at least 22 CNAs. -6/27/26 had 18 CNAs 172 residents on day shift, required at least 21 CNAs.	S0560		09/03/2026
S1680	Mandatory Nurse Staffing CFR(s): 8:39-25.2(b)(1)&(2) (b) The facility shall provide nursing services by registered professional nurses, licensed practical nurses, and nurse aides (the hours of the director of nursing are not included in this computation, except for the direct care hours of the director of nursing in	S1680	I. Corrective action (s) accomplished for resident (s) affected: There were no residents identified on the 2567 as affected by the nurse staffing reports for the week of 6/21/26 to 6/27/26. II. Residents identified having the potential to be	09/03/2026

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S1680	Continued from page 3 facilities where the director of nursing provides more than the minimum hours required at N.J.A.C. 8:39-25.1(a)) on the basis of: 1. Total number of residents multiplied by 2.5 hours/day; plus 2. Total number of residents receiving each service listed below, multiplied by the corresponding number of hours per day: Wound care 0.75 hour/day Nasogastric tube feedings and/or gastrostomy 1.00 hour/day Oxygen therapy 0.75 hour/day Tracheostomy 1.25 hours/day Intravenous therapy 1.50 hours/day Use of respirator 1.25 hours/day Head trauma stimulation/advanced neuromuscular/orthopedic care 1.50 hours/day This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on review of the Nurse Staffing Reports for the weeks of 06/21/2026 to 06/27/2026, it was determined that the facility failed to provide at least minimum staffing levels for 1 of 14 days. The required staffing hours and actual staffing hours are as follows: For the week of 06/21/26 Required Staffing Hours: 459.00 On 06/21/26 facility had 440.00 actual staffing hours, for a difference of -19.00 hours.	S1680	Continued from page 3 affected and corrective action taken: All in-house residents had the potential to be negatively affected by the nurse staffing reports for the week of 6/21/26 to 6/27/26. III. Measures will be put into place to ensure the deficient practice will not recur: The staffing coordinator was reeducated by the Director of Nursing (DON) on 8/10/26 of the minimum hours required at N.J.A.C 8:39-25.1(a)) on the basis of: 1. Total number of residents multiplied by 2.5 hours/day; plus 2. Total number of residents receiving each service listed below, multiplied by the corresponding number of hours per day: Wound care 0.75 hour/day Nasogastric tube feedings and/or gastrostomy 1.00 hour/day Oxygen therapy 0.75 hour/day Tracheostomy 1.25 hours/day Intravenous therapy 1.50 hours/day Use of respirator 1.25 hours/day Head trauma stimulation/advanced neuromuscular/orthopedic care 1.50 hours/day The DON/Assistant Director of Nursing (ADON) reviewed the N.J. state mandatory nurse staffing regulation on 8/6/26. The DON/ADON will review the facility census and acuities and nurse staffing ratios daily to ensure that the necessary staff is available to meet the staffing requirements for the next quarter. If nursing staffing does not meet the staffing	09/03/2026

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S1680		S1680	Continued from page 4 requirements, then in-house staff will be contacted for available shifts to work and agencies utilized by the facility will be called to ensure nursing staffing meets the required staffing levels. IV. Corrective action will be monitored to ensure the deficient practice will not recur: The DON/ADON will review the facility census and acuities and nurse staffing ratios daily to ensure that the necessary staff is available to meet staffing requirement. Results of the daily census/acuities/staffing ratios will be reported to Quality Assurance Performance Improvement (QAPI) committee for the next quarter. The QAPI committee will determine the need for any additional monitoring of this area after the quarter.	09/03/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315503	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROYAL SUITES HEALTH CARE & REHABILITATION	**214 WEST JIMMIE LEEDS ROAD , GALLOWAY TOWNSHIP, New Jersey, 08205**

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 9/8/26 in relation to the 7/1/26 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		

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 reverse for further 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

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 018254	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/08/2026

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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 9/8/26 in relation to the 7/1/26 State of New Jersey Complaint survey. The facility was found to be in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities.	S0000		

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE