STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315392	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Job Haines Home For Aged People	**250 BLOOMFIELD AVE , BLOOMFIELD, New Jersey, 07003**

(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 The Risk-Based Survey (RBS) process was used to conduct a federal recertification survey. Survey Dates: 6/15/26 to 6/16/26 Census: 37 Sample size: 6 A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.	F0000		06/29/2026
F0638 SS = D	Qrtly Assessment at Least Every 3 Months CFR(s): 483.20(c) §483.20(c) Quarterly Review Assessment A facility must assess a resident using the quarterly review instrument specified by the State and approved by CMS not less frequently than once every 3 months. This REQUIREMENT is NOT MET as evidenced by: Based on interview, record review, and review of pertinent facility documents it was determined that the facility failed to ensure a quarterly assessment was completed within 14 days. The deficient practice was identified for 1 of 4 residents (Resident # 44) reviewed for the Resident Assessment Task. The deficient practice was evidenced by the following: A review of Resident # 44's Electronic Medical Record under MDS [Minimum Data Set; an assessment tool] revealed a Quarterly Assessment with an Assessment Reference Date of NJ Ex Order 26.4(b)(1) that was found to be in an incomplete status. On 06/15/2026 at 12:18 PM during an interview with the surveyor, the U. S. FOIA (b) (2) confirmed the surveyor's finding that Resident # 44's MDS Quarterly Assessment was not completed or transmitted. The U. S. FOIA (b) (2) told the surveyor	F0638	Corrective action for resident affected The quarterly MDS assessment for resident #44 was completed and transmitted immediately upon discovery of the missed deadline. The interdisciplinary team reviewed the resident's care plan and revisions were made to reflect the resident's current status. 2-Identification of other residents who may be affected An audit of all current residents' MDS schedules was conducted to identify any additional assessments that were overdue or approaching due dates. Any discrepancies identified were corrected immediately. 3- Systemic changes to prevent recurrence The facility implemented the following measures Policy updated (see attachment) .The U. S. FOIA (b) (2) and interdisciplinary team were re-educated on CMS requirements for quarterly assessments, including the requirement that quarterly OBRA assessments be completed within 92 days of the previous OBRA assessment and transmission timeframes.	06/30/2026

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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: 315392	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Job Haines Home For Aged People	**250 BLOOMFIELD AVE , BLOOMFIELD, New Jersey, 07003**

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F0638 SS = D	Continued from page 1 that it must have been an oversight. A review of the facility-provided MDS 3.0 NH Final Validation Report revealed that the MDS Quarterly Assessment from 5/14/2026 was completed as of 06/15/2026. The facility did not provide a policy or procedure. N.J.A.C. § 8:39-11.2 (e)	F0638	Continued from page 1 An MDS tracking system/calendar was implemented in facility EMR to monitor all OBRA assessment due dates. See attached (Attachment 1) .Weekly review of the MDS schedule will be conducted by the MDS coordinator and overseen by the director of Nursing. .A back up process was established to ensure assessments are completed timely during staff absences/vacancies or unexpected scheduling changes. 4- Monitoring and quality assurance .The MDS coordinator or designee will perform a weekly audit of all OBRA assessment due dates for 8 weeks, then monthly for 3 months. . Results of these audits will be reported to the Quality assurance and Performance Improvement (QAPI) Committee monthly. .The QAPI Committee will evaluate trends and implement additional corrective actions as necessary to ensure ongoing compliance.	06/30/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315392	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/29/2026

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Job Haines Home For Aged People	**250 BLOOMFIELD AVE , BLOOMFIELD, New Jersey, 07003**

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 07/29/2026 in relation to the 06/16/2026 Recertification survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315392	(X2) MULTIPLE CONSTRUCTION A. BUILDING **03 - JOB HAINES** B. WING	(X3) DATE SURVEY COMPLETED **06/16/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Job Haines Home For Aged People	**250 BLOOMFIELD AVE , BLOOMFIELD, New Jersey, 07003**

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K0000 Bldg. 03	INITIAL COMMENTS A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 06/15/2026 and 06/16/2026 and the facility was found to be in non-compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90 (a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 existing Health Care Occupancy. Job Haines Home for Aged People is a three-story building with a basement. The first floor and basement were built in 1903 and the second and third floors were built in 1986, It is composed of Type II protected construction. The facility is divided into four smoke zones. The generator powers approximately 50 % of the building as per the U. S. FOIA (b) (2) The occupied beds were 37 of 40 Licensed beds.	K0000		07/10/2026
K0311 SS = E Bldg. 03	Vertical Openings - Enclosure CFR(s): NFPA 101 Vertical Openings - Enclosure 2012 EXISTING Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6. 19.3.1.1 through 19.3.1.6 If all vertical openings are properly enclosed with construction providing at least a 2-hour fire resistance rating, also check this box. This STANDARD is NOT MET as evidenced by: Based on observation and review of facility documentation on 06/15/2026 and 06/16/2026 in the presence of the facility's U. S. FOIA (b) (2) it	K0311	orrective Action A contractor was hired to fix the doors identified and install appropriate latching devices to the fire doors. Work will be completed on July 7, 2026. (Attachment 7) How will the facility identify other residents having the potential to be affected by the same deficient practice. All other fire doors were inspected and fixed as appropriate. What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur. The Maintenance Director/designee has been given a Monthly Fire Door Inspection Log which will be completed on the third weekend of each month. Deficiencies will be either repaired on the spot by	07/10/2026

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315392	(X2) MULTIPLE CONSTRUCTION A. BUILDING **03 - JOB HAINES** B. WING	(X3) DATE SURVEY COMPLETED **06/16/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Job Haines Home For Aged People	**250 BLOOMFIELD AVE , BLOOMFIELD, New Jersey, 07003**

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K0311 SS = E Bldg. 03	Continued from page 1 was determined that the facility failed to ensure that 3 of 5 exit access stairwell doors tested, were capable of maintaining the 2 hour fire rated construction. This deficient practice had the potential to affect the 37 Residents and was evidenced by the following: On 06/15/2026 (day one of survey) during the survey entrance at approximately 10:12 AM, a request was made to the facility U. S. FOIA (b) (2) to provide a copy of the facility lay-out. A review of the facility lay-out identified the facility was a three-story building with a basement. There are two (2) stairwells for the Long Term Care section of the facility. Observations on the two-day tour of the building revealed the following:On 06/15/2026 at approximately 9:51 AM, on the second floor during a closure test of the exit access stairwell door next to room #SA-29 was opened to a 90-degree opening to the door frame and allowed to self-close, the door did not positive latch into its frame.This test was repeated two additional times with the same results. On 06/16/2026 at approximately 11:04 AM, on the first floor during a closure test of the exit access stairwell door near Resident room #N-121 was opened to a 90-degree opening to the door frame and allowed to self-close, the door did not positive latch into its frame.This test was repeated two additional times with the same results. At approximately 11:18 AM, on the first floor during a closure test of the exit access stairwell door leading to the basement was opened to a 90-degree opening to the door frame and allowed to self-close, the door did not positive latch into its frame. The stairwell doors would need to positive latch to maintain the stairwells 2 hour fire rated construction. The U. S. FOIA (b) confirmed the findings at the times of observations. The U. S. FOIA (b) (2) was informed of the deficient practice during the Life Safety Code survey exit on 06/16/2026 at approximately 12:15 PM. NJAC 8:39-31.2 (e).	K0311	Continued from page 1 the Maintenance Department, or a contractor will be hired to make appropriate repairs. Any deficiencies found during these monthly inspections will be communicated immediately to the Administrator. (Attachment 2) How the facility will monitor its corrective actions to ensure that the deficient practice will not recur. The Director of Maintenance or designee will present the results of these inspections at the facility Safety Meeting and QAPI Meeting quarterly.	07/10/2026
K0351 SS = D Bldg. 03	Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems.	K0351	1.Corrective Action A contractor inspected the location for the missing sprinkler head identified for the elevator room on June 18, 2026. Appropriate sprinkler head and other material needed were ordered and will be expedited with an anticipated installation date of July 9, 2026. (Attachment 3) How will the facility identify other residents having the potential to be affected by the same deficient practice.	07/10/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315392	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - JOB HAINES B. WING	(X3) DATE SURVEY COMPLETED 06/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Job Haines Home For Aged People	250 BLOOMFIELD AVE , BLOOMFIELD, New Jersey, 07003

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K0351 SS = D Bldg. 03	Continued from page 2 In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This STANDARD is NOT MET as evidenced by: Based on observations on 06/15/2026 in the presence of the facility U. S. FOIA (b) (2)), it was determined that the facility failed to install sprinklers, as required by CMS regulation 483.90 (a) physical environment to all areas in accordance with the requirements of National Fire Protection Association (NFPA) 101: 2012 Edition sections 19.3.5.1, 9.7, 9.7.1.1 and NFPA 13 installation of Sprinkler Systems 2012 Edition. This deficient practice had the potential to affect the 37 Residents and was evidenced by the following: Observations on 06/15/2026 in the presence of the Admin. at approximately 10:23 AM, inspection on the basement level revealed no evidence of sprinkler coverage inside the 28 inch by 5 feet 2 inch Elevator #3 mechanical closet. The U. S. FOIA (b) confirmed the finding at the time of observation. The U. S. FOIA (b) (2) was informed of the deficient practice during the Life Safety Code survey exit on 06/16/2026 at approximately 12:15 PM. NJAC 8:39-31.2 (c), -31.2 (e), NFPA 13.	K0351	Continued from page 2 All residents have the potential to be affected by this. What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur. The Maintenance Director or designee will conduct monthly monitoring of the identified sprinkler head. The findings of these inspections will be reported to the Administrator immediately. The Maintenance Director or designee will also review the sprinkler inspection company's quarterly inspection reports and immediately report any deficiencies to the Administrator How the facility will monitor its corrective actions to ensure that the deficient practice will not recur. The Director of Maintenance or designee will present the results of these inspections at the facility Safety Meeting and QAPI Meeting quarterly.	07/10/2026
K0355 SS = D Bldg. 03	Portable Fire Extinguishers CFR(s): NFPA 101 Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This STANDARD is NOT MET as evidenced by: Based on observations on 06/15/2026 in the presence of the facility's U. S. FOIA (b) (2) it	K0355	Corrective Action Maintenance immediately moved and hung the identified fire extinguishers to the proper height. (Attachments 5 and 6) How will the facility identify other residents having the potential to be affected by the same deficient practice. Maintenance immediately inspected all fire extinguishers and documented the visual inspection on the tag on the fire extinguishers that were	07/03/2026

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Job Haines Home For Aged People	250 BLOOMFIELD AVE , BLOOMFIELD, New Jersey, 07003

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K0355 SS = D Bldg. 03	Continued from page 3 was determined that the facility failed to 1.) install 1 of 19 fire extinguishers within the required height and 2.) Perform a monthly visual examination and document the inspection on the tag attached to the fire extinguisher for 2 of 19 fire extinguishers in accordance with the National Fire Protection Association (NFPA) 10, 2010 Edition. This deficient practice had the potential to affect the 37 Residents and was evidenced by the following: Observations during the building tour in the presence of the Admin. revealed 19 fire extinguishers located in various places with the following results: On 06/15/2026: 1) At approximately 9:40 AM, one ABC Type fire extinguisher located inside stairwell MH-204 was mounted at 5'-8-1/2" to the center of the pressure indicating needle gauge. 2) At approximately 9:45 AM on the second floor, one ABC Type fire extinguisher located near the Nursing station was last annually inspected April 2026. There was no evidence of a monthly visual examination being performed and documented on the tag attached to the extinguisher for May 2026. 3) At approximately 10:14 on the basement level, one ABC Type fire extinguisher the housekeeping office was last annually inspected April 2026. There was no evidence of a monthly visual examination being performed and documented on the tag attached to the extinguisher for May 2026. The [redacted] confirmed the findings at the times of observations. The [redacted] was informed of the deficient practice during the Life Safety Code survey exit on 06/16/2026 at approximately 12:15 PM. NJAC 8:39-31.2 (c), -31.2 (e).	K0355	Continued from page 3 missing and verified that the fire extinguishers were hung within NFPA guidelines. What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur. A log was created of all fire extinguishers and location in the entire building. The log will be completed monthly when all fire extinguishers are inspected and also document that they are hung at proper height. Necessary corrections will be made on the spot as needed. (Attachment 4) The findings of these inspections will be reported to the Administrator immediately. How the facility will monitor its corrective actions to ensure that the deficient practice will not recur. The Director of Maintenance or designee will present the results of these inspections at the facility Safety Meeting and QAPI Meeting quarterly.	07/03/2026

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E0000	Initial Comments An Emergency Preparedness survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 06/15/2026 and 06/16/2026. Job Haines Home for Aged People was found to be in compliance with Medicare/Medicaid at 42 CFR, Subpart 483.73, Requirements for Long Term Care Facilities.	E0000		06/16/2026

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K0000 Bldg. 03	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 07/29/2026 in relation to the 06/16/2026 Life Safety Code survey. The facility was found to be in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy.	K0000		

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E0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 07/29/2026 in relation to the 06/16/2026 Emergency Preparedness survey. The facility was found to be in compliance with the requirement for participation in Medicare/Medicaid at 42 CFR, Subpart 483.73, Emergency Preparedness.	E0000		

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