STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315113	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLOVER MEADOWS HEALTHCARE AND REHABILITATION CENTE	112 FRANKLIN CORNER ROAD , LAWRENCEVILLE, New Jersey, 08648

(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 Complaints: #2745085, #3040030 Standard Survey: 6/22/2026 to 6/26/2026 Census: 86 Sample Size: 20 + 3 closed records The facility is not in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for long term care facilities, deficiencies were cited.	F0000		07/17/2026
F0812 SS = E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and review of other facility documentation, it was determined that the	F0812	1. Corrective Action for the Resident(s)/Practice Cited The U. S. FOIA (b) (2) received individual, documented re-education on the Hairnet and Beard Guard Policy and the Hand and Hygiene Policy, and completed a return demonstration of proper hand hygiene and hairnet use, conducted by the NJ Ex Order 26, 48 on 6/29/2026. All dietary staff performed hand hygiene competency with the U. S. FOIA (b) (2) on 6/29/2026. 2. Identification of Other Residents/Areas with Potential to Be Affected All residents have the potential to be affected by the facility's failure to handle potentially hazardous foods and maintain kitchen sanitation in a safe consistent manner in order to prevent food borne illness. 3. Systemic Measures and Changes to Prevent Recurrence All dietary staff received mandatory in-service re-education on the importance of proper hairnet usage and of performing proper hand hygiene when necessary by the Infection Preventionist Nurse on 6/29/2026. The Administrator or designee will conduct unannounced direct observational audits of 4 individual kitchen staff members performing hand	07/20/2026

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: 315113	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLOVER MEADOWS HEALTHCARE AND REHABILITATION CENTE	112 FRANKLIN CORNER ROAD , LAWRENCEVILLE, New Jersey, 08648

(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
F0812 SS = E	Continued from page 1 facility failed to handle potentially hazardous foods and maintain kitchen sanitation in a safe consistent manner in order to prevent food borne illness. The deficient practice was evidenced by the following: On 6/23/26 at 8:28 AM, the surveyor entered the kitchen and observed the [U. S. FOIA] preparing and handling food at the kitchen counter without a hairnet on. At that time, the surveyor interviewed the [U. S. FOIA] and he acknowledged that he was not wearing a hairnet. The [U. S. FOIA] then left from preparing and handling the food at the kitchen counter, walked to and opened the kitchen door to exit the kitchen to retrieve a hairnet, then opened the kitchen door to re-enter the kitchen, walked back to the kitchen counter and continued to prepare and handle the food in the kitchen without washing his hands. The surveyor interviewed the [U. S. FOIA] who stated, "Oh, I should have washed my hands, I am sorry," then went and washed his hands. The [U. S. FOIA] stated the importance of the hair net was to prevent contamination and prevent hair from falling into the food. The [U. S. FOIA] stated the importance of handwashing was to avoid cross contamination and germs after touching the door and prevent germs from going into the food. The [U. S. FOIA] further stated, " I should have worn my hair net before handling the food and washed my hands after getting the hair net outside of the kitchen." On 6/25/26 at 11:00 AM, the surveyor interviewed the [U. S. FOIA (b) (2)] who stated the expectation was for kitchen staff to wear hairnets, beardnets, wash hands after leaving the kitchen and upon entry, and to wash hands again prior to handling food. The [U. S. FOIA (b)] further stated the [U. S. FOIA] should have worn a hairnet upon entering the kitchen, and after he went to get his hairnet, he should have washed his hands prior to continuing to handle the food. On 6/25/26 at 12:20 PM, the survey team met with the [U. S. FOIA (b) (2)] the [U. S. FOIA (b) (2)] in training and the [U. S. FOIA (b) (2)]. The surveyor made the facility administration aware of the above-mentioned concerns. A review of the Hand Hygiene Competency	F0812	Continued from page 1 hygiene weekly for four weeks, then monthly thereafter for three months, using a standardized audit tool. The Administrator or designee unannounced direct observational audits of 4 individual kitchen staff members to ensure they are hairnet/beard guard compliant, weekly for four weeks, then monthly thereafter for three months, using a standardized audit tool. 4. Monitoring / Quality Assurance Audit results will be reported to and reviewed by the facility's Quality Assurance and Performance Improvement (QAPI) Committee monthly for 3 months, then quarterly, to determine sustained compliance; the Committee will extend or intensify monitoring if trends indicate continued non-compliance.	07/20/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315113	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLOVER MEADOWS HEALTHCARE AND REHABILITATION CENTE	112 FRANKLIN CORNER ROAD , LAWRENCEVILLE, New Jersey, 08648

(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
F0812 SS = E	Continued from page 2 Validation provided by the [U. S. FOIA (b)] revealed the [U. S. FOIA] had completed the annual return demonstration on 2/6/26. A review of the facility's "Hairnet and Beard Guard Policy," updated on 1/2026, and provided by the LNHA. The Policy indicated, "contain hair and facial hair from contaminating food and food services." The Procedure revealed: 1. All employees are to cover their hair at all times. 3. Any employee entering the kitchen must adhere to these rules. A review of the facility's "Hand and Hygiene," policy updated on 11/2025, and provided by the LNHA. The policy indicated "It is the policy of the facility to prevent the spread of infection by hand washing." NJAC 8:39-17.2(g)	F0812		07/20/2026
F0677 SS = D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to provide the necessary services to maintain [NJ Exec Order 26.4 NJ Exec Order 26.4] for a resident who was [NJ Exec Order 26.4B1] on the staff for Activities of Daily Living (ADL). This deficient practice was observed for 1 of 1 resident (Resident #47) reviewed for ADL care. The deficient practice was evidenced by the following: On 6/22/26 at 10:55 AM, during an initial tour, the surveyor observed Resident #47 watching TV in their bed. The surveyor observed the resident's [NJ Ex Order 26, 4B NJ Ex Order 26, 4B1]. The resident stated, [NJ Ex Order 26, 4B1] while pointing towards their [redacted]. The resident stated [NJ Ex Order 26, 4B1], [NJ Ex Order 26, 4B1], and [NJ Ex Order 26, 4B1]. The resident stated, [NJ Ex Order 26, 4B1]	F0677	1. Corrective Action for the Resident(s) Cited On June 29, 2026, nursing staff provided Resident #47 with [NJ Ex Order 26, 4B1] with the resident's consent. A facility-wide audit was conducted immediately by the [U. S. FOIA (b) (2)] or designee to ensure all residents dependent on Activities of Daily Living (ADL's) [NJ Ex Order 26, 4B1] 2. Identification of Other Residents with Potential to Be Affected All residents have the potential to be affected by the facilities failure to ensure that residents have facial hair removed, and ensuring fingernails are kept clean and trimmed. 3. Systemic Measures to Prevent Recurrence All [U. S. FOIA (b) (2)] received re-education between 6/29/2026 and 7/14/2026 on the importance of providing proper ADL care to residents, specifying the importance of all resident's facial hair being properly groomed in a timely manner as well as fingernail care. The Unit Managers or designee will audit 6 residents to ensure properly groomed nails, and properly kept facial hair of ADL-dependent residents weekly x 4 weeks, and monthly x 3 months.	07/20/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315113	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLOVER MEADOWS HEALTHCARE AND REHABILITATION CENTE	112 FRANKLIN CORNER ROAD , LAWRENCEVILLE, New Jersey, 08648

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F0677 SS = D	Continued from page 3 The surveyor reviewed the Electronic Medical Record (EMR) for Resident #47: A review of the Admission Record (AR) revealed the resident was admitted to the facility with diagnoses which included but were not limited to [redacted]. A review of the quarterly Minimum Data Set (MDS), an assessment tool dated [redacted], revealed Resident #47 had a Brief Interview for Mental Status (BIMS) of [redacted], indicating the resident's [redacted]. Further review of the MDS indicated that the resident was [redacted] on staff for their ADLs including [redacted]. A review of the individualized comprehensive care plan (ICCP) created on [redacted] included a focus area that the resident had an ADL [redacted] and required assistance with care with a [redacted] Interventions included but were not limited to; the resident required assistance of 1 person during ADLs .... Evaluate the ability to perform the items of ADLs (... [redacted] On 6/24/26 at 11:43 AM, the surveyor observed the resident's lunch tray in front of them. The resident stated that the aide U. S. FOIA (b) (2)) had given them a bed bath. The surveyor observed the resident wit NJ Ex Order 26, 4B1 [redacted] On 6/24/26 at 12:19 PM, the surveyor interviewed CNA #1 who was assigned to Resident #47. During an interview with the surveyor, CNA #1 stated that she was familiar with the resident. CNA #1 stated during morning care and showers, she helped her residents brush their NJ Exec Order 26.4b1 [redacted] and then she further stated, "I also do their hair if they need help, which all my residents do." CNA #1 stated if she observed a resident with [redacted], she would ask the residents first and then she would [redacted]. CNA #1 stated normally the residents ask for it and if they did not ask for it, she would NJ Ex Order 26, 4B1. She then stated, NJ Ex Order 26, 4B1 [redacted] and NJ Ex Order 26, 4B1 [redacted]	F0677	Continued from page 3 4. Monitoring / Quality Assurance Audit results will be reported to and reviewed by the facility's Quality Assurance and Performance Improvement (QAPI) Committee monthly for 3 months, then quarterly, to evaluate sustained compliance; the Committee will direct additional action if trends warrant.	07/20/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315113	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/26/2026

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F0677 SS = D	Continued from page 4 NJ Ex Order 26, 4B1 CNA #1 stated if she was not allowed NJ Ex Order 2 the resident's NJ Ex Order then she would clean NJ Ex Order 26, 4B1 and make sure there was NJ Ex Order 26, 4B1 She stated if the residents had NJ Ex Order 26, 4B1 which could make the residents NJ Exec O CNA #1 stated the resident had never NJ Exec Order 2 care. CNA #1 stated Resident #47 was NJ Exec Order 26.4 which meant the resident NJ Exec Order 26.4b1 and they needed NJ Exec Order 26.4 from NJ Exec O to NJ Exec The surveyor accompanied CNA #1 to Resident #47's room and she confirmed the resident had " NJ Ex Order 2 On 6/24/26 at 12:54 PM, during an interview with the surveyor, the Licensed Practical Nurse (LPN#1) stated she did not know if the CNAs NJ Ex Order 26, 4B1 and if the resident was able to NJ Exec Ord themselves then they would give them the supplies. LPN #1 stated NJ Ex Order 2 d and they were NJ Ex Order 26, 4B1 while they were waiting for the NJ Ex Orde to clean them, their NJ Ex Order 26, 4B1 , and the NJ Ex Order 26, 4B1 and that could make them NJ Exec O LPN #1 stated the residents with NJ Ex Order 26, 4B1 and that way the NJ Ex Order 26, 4B1 LPN #1 stated if she observed a resident with NJ Ex Order 26, 4B1 , she would ask the resident first and assist them accordingly. She stated NJ Ex Order 26, 4B1 . She stated the residents might not like their appearance with NJ Ex Order 26, 4B and if they did not mind then we would take care of them. After the surveyor inquiry, LPN #1 observed Resident #47's NJ Ex Orde and the NJ Ex Order 26, 4B and stated the CNA was NJ Ex Order 26, 4B1 On 6/24/26 at 1:12 PM, during an interview with the surveyor, the U. S. FOIA (b) (2) stated the expectation from the staff was that they were supposed to NJ Ex Order 26, 4B1 the resident's NJ Ex Orde and ask the residents if they wanted to be shaved and then shave them. The surveyor made the U. S. FOIA (b) (2) aware of the above-mentioned findings for Resident #47. The U. S. FOIA (b) (2) stated the staff was supposed to check and observe residents' NJ Ex Order 26, 4B1 on the shower days and as needed to keep them NJ Exec O as it was a part of NJ Exec Order 26 care. The U. S. FOIA (b) (2) stated shaving was also a part of NJ Exec Order 2 care as for dignity. The U. S. FOIA (b) (2) stated the nurses, and the	F0677		07/20/2026

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CLOVER MEADOWS HEALTHCARE AND REHABILITATION CENTE	112 FRANKLIN CORNER ROAD , LAWRENCEVILLE, New Jersey, 08648

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F0677 SS = D	Continued from page 5 CNAs were responsible for [redacted] unless the resident had any medical condition such as [redacted] then they would not do it. She stated it was for [redacted], and the residents did not need to ask for [redacted]. On 6/25/26 at 9:49 AM, the surveyor made the [redacted] aware of the above-mentioned findings for Resident #47. She stated [redacted] was provided on daily basis during care. The [redacted] stated for [redacted], the resident should be asked during [redacted] could be done at any time. The [redacted] stated it was important for "dignity." On 6/25/26 at 12:20 PM, the survey team met with the [redacted]. The surveyor made the facility administration aware of the above-mentioned concerns for Resident #47. A review of the facility provided policy "Resident Hygiene" date updated 1/2026 revealed under Policy: To ensure that all residents in the facility receive the necessary assistance,… and services to maintain optimal personal hygiene, grooming,….. promoting physical and psychosocial well-being. Procedure: C. Hair and Nail Care – Residents' fingernails and toenails will be trimmed, cleaned, and filed regularly. Facial shaving ….assistance will be provided…. A review of the facility provided "ADL Care Policy" date updated 11/2025 revealed under Policy: It is the policy and procedure of this facility for the CNA's to adequately provide ADL care to the residents. Procedure: 1. ADL care, including assisting residents with … grooming…. NJAC 8:39-27.1(a), 27.2(g)	F0677		07/20/2026

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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 06/26/2026 Recertification 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315113	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILD... B. WING	(X3) DATE SURVEY COMPLETED 06/26/2026

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K0000 Bldg. 01	INITIAL COMMENTS A Life Safety Code Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH), Health Facility Survey and Field Operations on 06/24/26. 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 Occupancies. Clover Meadows Healthcare and Rehabilitation Center is a one-story building with partial basement built in January 1969 with Type III (200) construction with brick exterior walls, block bearing walls, unprotected wood truss roof, and concrete floors. The facility has eight smoke compartments. The facility has a 50 KW (kilowatt) emergency diesel generator. The facility has two dry sprinkler valves and one wet valve. The facility has 91 occupied beds of 100 on the day of the survey.	K0000		

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E0000	Initial Comments An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH) on 06/24/26. The facility was found to be in compliance with 42 CFR 483.73.	E0000		

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