

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>315200</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>11/10/2025</b>
NAME OF PROVIDER OR SUPPLIER <b>ARISTACARE AT PARKSIDE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 W STIMPSON AVE , LINDEN, New Jersey, 07036</b>	
(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	<p>INITIAL COMMENTS</p> <p>Complaints #: 360182, 2615988, 2588614, 2624806, 2564102</p> <p>Survey Date: 11/10/2025</p> <p>Census: 209</p> <p>Sample Size: 18</p> <p>A Complaints Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. No deficiencies were cited for this survey.</p> <p>THE FACILITY IS IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.</p>	F0000		12/01/2025

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
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New Jersey State Department of Health

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S0000	Initial Comments  The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 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		12/01/2025
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:  Complaints #: 2564102, 2588614, 2615988, 2624806, 360182  Based on interviews and review of other facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff to resident ratios as mandated by the state of New Jersey. This deficient practice was identified for 25 out of 42 day shifts reviewed.  Findings Include:  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 at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. "Direct care staff member" means any registered professional nurse, licensed practical nurse, or certified nurse aide who is acting in accordance with that individual's authorized scope of practice and	S0560	Immediate actions taken for affected residents:  Regulatory staffing was reviewed and education provided to the staffing coordinator.  On the days the staffing shortage occurred, supervisor staff were assigned to provide direct support to ensure all resident needs were met.  There were no negative outcomes identified for residents affected by the deficient practice.  Identification of other residents who have the potentially to be affected:  All residents have the potential to be affected.  Systemic changes will prevent recurrence:  To continue hiring C.N.As and utilize agency.  Offer staff bonuses to assist with staffing coverage.  DON will have weekly meetings with staffing coordinator to review upcoming schedules and to determine staffing needs.	11/19/2025

Office of Primary Care and Health Systems Management

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S0560	<p>Continued from page 1 pursuant to documented employee time schedules. The following ratio(s) were effective on 02/01/2021:</p> <p>One Certified Nursing Assistant (CNA) to every eight residents for the day shift.</p> <p>One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and</p> <p>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.</p> <p>As per the "Nursing Staffing Report" completed by the facility as documented below:</p> <p>1. For the week of Complaint staffing from 06/15/2025 to 06/21/2025, the facility was deficient in CNA staffing for residents on 3 of 7 day shifts as follows:</p> <p>-06/16/25 had 20 CNAs for 193 residents on the day shift, required at least 24 CNAs.</p> <p>-06/18/25 had 22 CNAs for 190 residents on the day shift, required at least 24 CNAs.</p> <p>-06/20/25 had 23 CNAs for 189 residents on the day shift, required at least 24 CNAs.</p> <p>2. For the week of Complaint staffing from 08/10/2025 to 08/16/2025, the facility was deficient in CNA staffing for residents on 4 of 7 day shifts as follows:</p> <p>-08/10/25 had 24 CNAs for 202 residents on the day shift, required at least 25 CNAs.</p> <p>-08/11/25 had 24 CNAs for 200 residents on the day shift, required at least 25 CNAs.</p> <p>-08/14/25 had 23 CNAs for 200 residents on the day shift, required at least 25 CNAs.</p> <p>-08/16/25 had 21 CNAs for 200 residents on the day shift, required at least 25 CNAs.</p> <p>3. For the week of Complaint staffing from 09/07/2025 to 09/13/2025, the facility was deficient in CNA staffing for residents on 1 of 7 day shifts as follows:</p>	S0560	<p>Continued from page 1</p> <p>Implemented text blast for upcoming staff needs.</p> <p>Continue to contract with staffing agency to ensure backup availability.</p> <p>Weekly staffing meeting conducted to ensure staffing according to census.</p> <p>How will the facility monitor for ongoing compliance:</p> <p>The DON/designee will conduct staffing audit 5 days a week x 4 weeks and weekly x 2 months to ensure compliance with the NJ staffing requirements,</p> <p>The findings will be report during the Quality Assurance Performance and Improvement (QAPI) meetings monthly and quarterly.</p>	

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S0560	<p>Continued from page 2</p> <p>-09/07/25 had 23 CNAs for 196 residents on the day shift, required at least 24 CNAs.</p> <p>4. For the week of Complaint staffing from 09/21/2025 to 09/27/2025, the facility was deficient in CNA staffing for residents on 5 of 7 day shifts as follows:</p> <p>-09/21/25 had 22 CNAs for 196 residents on the day shift, required at least 24 CNAs.</p> <p>-09/22/25 had 18 CNAs for 196 residents on the day shift, required at least 24 CNAs.</p> <p>-09/25/25 had 25 CNAs for 205 residents on the day shift, required at least 26 CNAs.</p> <p>-09/26/25 had 23 CNAs for 204 residents on the day shift, required at least 25 CNAs.</p> <p>-09/27/25 had 23 CNAs for 204 residents on the day shift, required at least 25 CNAs.</p> <p>5. For the 2 weeks of Complaint staffing from 10/26/2025 to 11/08/2025, the facility was deficient in CNA staffing for residents on 12 of 14 day shifts as follows:</p> <p>-10/26/25 had 24 CNAs for 212 residents on the day shift, required at least 26 CNAs.</p> <p>-10/27/25 had 19 CNAs for 211 residents on the day shift, required at least 26 CNAs.</p> <p>-10/28/25 had 23 CNAs for 210 residents on the day shift, required at least 26 CNAs.</p> <p>-10/29/25 had 25 CNAs for 209 residents on the day shift, required at least 26 CNAs.</p> <p>-10/30/25 had 21 CNAs for 209 residents on the day shift, required at least 26 CNAs.</p> <p>-10/31/25 had 22 CNAs for 209 residents on the day shift, required at least 26 CNAs.</p> <p>-11/01/25 had 23 CNAs for 209 residents on the day shift, required at least 26 CNAs.</p> <p>-11/02/25 had 19 CNAs for 208 residents on the day shift, required at least 26 CNAs.</p>	S0560		

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S0560	<p>Continued from page 3</p> <p>-11/03/25 had 25 CNAs for 207 residents on the day shift, required at least 26 CNAs.</p> <p>-11/04/25 had 23 CNAs for 207 residents on the day shift, required at least 26 CNAs.</p> <p>-11/05/25 had 24 CNAs for 207 residents on the day shift, required at least 26 CNAs.</p> <p>-11/07/25 had 24 CNAs for 204 residents on the day shift, required at least 25 CNAs.</p> <p>A review of the facility-provided undated policy titled "Staffing Policy Statement" revealed the following under Direct Care Staff to Resident Ratio: Direct care staff member means any registered professional nurse, licensed practical nurse, or certified aide who is acting in accordance with that individual's authorized scope of practice and pursuant to documented employee time schedules.</p> <ol style="list-style-type: none"> <li>One certified nurse aide to every eight residents for the day shift.</li> <li>One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be certified nurse aides, and each direct staff member shall perform certified nurse aide duties: and</li> <li>One direct care staff member to every 14 residents for the night shift, providing that each direct care staff member shall perform certified nurse aide duties.</li> </ol>	S0560		

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F0000	<p><b>INITIAL COMMENTS</b></p> <p>An offsite/desk review of the facility's Plan of Correction was conducted on 11/24/2025 in relation to the 11/10/2025 Complaints survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.</p>	F0000		12/01/2025

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.

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S0000	Initial Comments  An offsite/desk review of the facility's Plan of Correction was conducted on 11/24/2025 in relation to the 11/10/2025 State of New Jersey Re-Licensure 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		12/01/2025

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