

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315217	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/10/2025
NAME OF PROVIDER OR SUPPLIER ARISTACARE AT NORWOOD TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 40 NORWOOD AVENUE , PLAINFIELD, New Jersey, 07060	
(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>Complaint #: 2580165</p> <p>Complaint Survey: 11/10/2025</p> <p>Census: 101</p> <p>Sample Size: 3</p> <p>A Complaint Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. The facility is in compliance.</p>	F0000		11/24/2025

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 062020	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/10/2025
NAME OF PROVIDER OR SUPPLIER ARISTACARE AT NORWOOD TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 40 NORWOOD AVENUE , PLAINFIELD, New Jersey, 07060	
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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		11/24/2025
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: Based on interview and review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff to resident ratio, as mandated by the State of New Jersey. This deficient practice was identified on 6 of 14 day shifts reviewed, and was evidenced as follows: This deficient practiced 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 at 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.	S0560	All residents have the potential to be affected by this practice. The facility will utilize new means of recruitment and will continually alter these methods to recruit. These efforts will include, but not limited to, offering sign on bonuses, referral bonuses for existing staff and attendance at job fairs. The facility will continue to work with certification programs to recruit nursing assistants. The facility will also focus on retention. These efforts will include, but not limited to, conducting staff surveys for employee satisfaction, staff meetings to gain staff feedback and suggestions and rounding. The Administrator, Director of Human Resources and Staffing Manager will meet on a weekly basis to discuss recruitment and retention. Written minutes of the meeting will be recorded. The Staffing Manager or designee will audit the staffing ratios on a weekly basis for one month and then monthly for two months. The results will be discussed in the facility's monthly Quality Assurance and Performance Improvement meeting for three months and then as needed. The Administrator will take action as needed.	11/24/2025

Office of Primary Care and Health Systems Management

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S0560	<p>Continued from page 1</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 for the staffing for the weeks from 10/26/2025 to 11/08/2025 for the Complaint Survey, the facility was deficient in CNA staffing for residents on 6 of 14 day shifts as follows:</p> <p>-10/26/25 had 11 CNAs for 96 residents on the day shift, required at least 12 CNAs.</p> <p>-11/01/25 had 9 CNAs for 95 residents on the day shift, required at least 12 CNAs.</p> <p>-11/02/25 had 8 CNAs for 95 residents on the day shift, required at least 12 CNAs.</p> <p>-11/04/25 had 11 CNAs for 95 residents on the day shift, required at least 12 CNAs.</p> <p>-11/07/25 had 11 CNAs for 98 residents on the day shift, required at least 12 CNAs.</p> <p>-11/08/25 had 10 CNAs for 98 residents on the day shift, required at least 12 CNAs.</p> <p>On 11/10/2025 at 11:27 AM, the surveyors interviewed the Staffing Coordinator, who stated she was aware of the CNA staffing ratios and that the facility can meet them because of the low census.</p> <p>A review of the facility's undated policy "Staffing" revealed Policy: this facility provides adequate and competent staffing to meet needed care and service for our resident population. Policy Interpretation and implementation: 1. This facility maintains adequate staffing on each shift to ensure that our resident's needs and services are met. 2. Certified Nursing Assistants are available on each shift to provide the needed care and services of each resident as outlined on the resident's comprehensive care plan....4. This facility furnishes information from payroll records setting forth the average numbers and types of personnel (in full-time equivalents) on each shift</p>	S0560		

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S0560	Continued from page 2 during at least one (1) week of each quarter to appropriate state agencies as required...5. This facility continues to strive to meet the guidance from the DOH. (Department of Health)	S0560		
S1680	<p>Mandatory Nurse Staffing</p> <p>CFR(s): 8:39-25.2(b)(1)&(2)</p> <p>(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 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:</p> <p>1. Total number of residents multiplied by 2.5 hours/day; plus</p> <p>2. Total number of residents receiving each service listed below, multiplied by the corresponding number of hours per day:</p> <p>Wound care 0.75 hour/day</p> <p>Nasogastric tube feedings and/or gastrostomy 1.00 hour/day</p> <p>Oxygen therapy 0.75 hour/day</p> <p>Tracheostomy 1.25 hours/day</p> <p>Intravenous therapy 1.50 hours/day</p> <p>Use of respirator 1.25 hours/day</p> <p>Head trauma stimulation/advanced neuromuscular/orthopedic care 1.50 hours/day</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on review of the Nurse Staffing Reports for the weeks of 10/26/205 to 11/08/2025, it was determined</p>	S1680	<p>All residents have the potential to be affected by this practice.</p> <p>The Director of Nursing or designee will calculate the required hours of nursing care on a daily basis. The Staffing Manager will adjust the staffing as needed.</p> <p>The Administrator, Director of Nursing and Staffing Manager will meet on a weekly basis to review the required nursing hours. Written minutes of the meeting will be recorded.</p> <p>The Staffing Manager or designee will audit the required hours on a weekly basis. The staffing manager or designee will coordinate the results of the weekly audit and review the weekly findings in the monthly Quality Assurance Performance Improvement meeting for three months and then as needed. The Director of Nursing or designee will provide a report of the findings to the Quality Assurance Performance Improvement committee for action as appropriate.</p>	11/24/2025

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S1680	<p>Continued from page 3 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:</p> <p>For the week of 11/02/25</p> <p>Required Staffing Hours: 293</p> <p>-11/02/25 had 368 actual staffing hours, for a difference of -5 hours.</p> <p>A review of the facility's undated policy "Staffing" revealed Policy: this facility provides adequate and competent staffing to meet needed care and service for our resident population. Policy Interpretation and implementation: 1. This facility maintains adequate staffing on each shift to ensure that our resident's needs and services are met...4. This facility furnishes information from payroll records setting forth the average numbers and types of personnel (in full-time equivalents) on each shift during at least one (1) week of each quarter to appropriate state agencies as required...5. This facility continues to strive to meet the guidance from the DOH. (Department of Health)</p>	S1680		

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F0000	<p>INITIAL COMMENTS</p> <p>An offsite/desk review of the facility's Plan of Correction was conducted on 12/15/2025 in relation to the 11/10/2025 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.</p>	F0000		12/15/2025

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 12/15/2025 in relation to the 11/10/2025 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		12/15/2025

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