STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315358	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWVIEW NURSING AND REHABILITATION CENTER	**235 DOLPHIN AVE , NORTHFIELD, New Jersey, 08225**

(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 #: 360283 CENSUS:120 SAMPLE SIZE: 3 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.	F0000		01/23/2026

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: 060101	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/26/2025

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MEADOWVIEW NURSING AND REHABILITATION CENTER	**235 DOLPHIN AVE , NORTHFIELD, New Jersey, 08225**

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S0000	Initial Comments COMPLAINT #: 360283 CENSUS:120 SAMPLE SIZE: 3 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		01/23/2026
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: Complaint #: 360283 Based on review of facility documents on 12/26/2025, it was determined that the facility failed to ensure staffing ratios were met for 1 of 14-day reviewed. This deficient practice had the potential to affect all residents. 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 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:	S0560	Criteria #1 No immediate corrective action could be taken due to past noncompliance. Criteria #2 All residents have the potential to be affected by state staffing numbers being lower than required. Criteria #3 Meadowview has successfully completed our first in-house CNA class. We had three individuals graduate and currently have our second class in progress with five individuals. New civil service titles were adopted within Meadowview to allow us to hire individuals, without certifications, have them participate in the CNA class at Meadowview, and upon completion of the class and passing their exam, we would convert their Civil Service title to that of on Institutional Attendant (CNA). This would allow us hire new CNAs to increase our staffing numbers. In addition, we completed an audit of why we are not attracting new CNAs. With that information, we are working with the Union to make changes to the established schedule.	02/02/2026

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S0560	Continued from page 1 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 that each direct care staff member shall sign in to work as a CNA and perform CNA duties. For the 2 weeks of staffing prior to complaint survey from 11/30/25 to 12/20/25, the facility was deficient in CNA staffing for residents on 1 of 14 day shifts as follows: On 12/14/25 the facility had 13 CNAs for 118 residents on the day shift, required at least 15 CNAs.	S0560	Continued from page 1 In addition, we went out for RFP and accepted two more staffing agencies to increase our options when we get last minute call outs, and the current agencies are unable to fill the slots. We continue to curtail admissions if we see we are not meeting the minimum staffing numbers. Criteria #4 We will continue with our QAPI process and establish new interventions to obtain more staffing. The staffing coordinator will continue to communicate with the DON and LNHA of staffing numbers and we will review the report in our quarterly QAPI meeting. But we are not only reviewing it quarterly, but we are also reviewing it on a daily basis. Criteria #5 February 2, 2026	02/02/2026

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWVIEW NURSING AND REHABILITATION CENTER	**235 DOLPHIN AVE , NORTHFIELD, New Jersey, 08225**

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 02/03/2026 in relation to the 12/26/2025 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		02/05/2026

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.

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New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 02/03/2026 in relation to the 12/26/2025 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		02/05/2026

Office of Primary Care and Health Systems Management

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