

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315279 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 11/25/2025 |
|---|--|---|---|---|
| NAME OF PROVIDER OR SUPPLIER EMBASSY MANOR AT EDISON NURSING AND REHABILITATION | | | STREET ADDRESS, CITY, STATE, ZIP CODE 10 BRUNSWICK AVENUE , EDISON, New Jersey, 08817 | |
| (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 #: 2622271, 2563946</p> <p>CENSUS: 223</p> <p>SAMPLE SIZE: 4</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 | | |

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 State Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061205 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 11/25/2025 |
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| S0000 | Initial Comments Initial Comments The NJDOH conducted a Complaint survey on 11/25/25. COMPLAINT #2622271, 2563946 Census: 223 SAMPLE SIZE: 4 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 | | |
| 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 #: 2622271, 2563946 Based on review of facility documents on 11/25/2025, it was determined that the facility failed to ensure staffing ratios were met for the shifts reviewed below. 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 | S0560 | S0560 – Failure to meet Certified Nursing Assistant staffing ratios: No residents suffered any adverse effects from the inadequate number of CNAs. All Residents have the potential to be affected by staffing shortages. The facility conducted a comprehensive staffing analysis to identify trends of understaffing and promptly implemented multiple corrective measures. These include advertisement of open shifts through nursing agencies, offering bonuses to cover open shifts, and displaying prominent signage encouraging walk-in applicants. Recruitment efforts were expanded on 12/24/2025 to include sign-on bonuses, referral bonuses, and competitive wage adjustments to increase staffing supply. To address staff unreliability and ensure consistent coverage, as of 12/18/2025, the facility is enforcing strict adherence to the call-out policy. Staff who fail to comply with call-out procedures or engage in no-call/no-show (NCNS) behavior receive progressive | 12/31/2025 |

Office of Primary Care and Health Systems Management

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| S0560 | <p>Continued from page 1 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:</p> <p>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.</p> <p>For the 1 week of AAS-11 staffing dated 7/6/2025-7/12/2025, the facility was deficient in CNA staffing on 4 of 10 day shifts as follows:</p> <p>On 7/6/2025 had 23 CNAS for 218 residents on the day shift, required at least 27 CNAs.</p> <p>On 7/8/2025 had 26 CNAS for 218 residents on the day shift, required at least 27 CNAs.</p> <p>On 7/11/2025 had 26 CNAS for 221 residents on the day shift, required at least 28 CNAs.</p> <p>On 7/12/2025 had 26 CNAS for 220 residents on the day shift, required at least 27 CNAs.</p> <p>For the 2 weeks of AAS-11 staffing dated 11/9/2025-11/22/2025, the facility was deficient in CNA staffing on 10 of 14 day shifts as follows:</p> <p>On 11/9/2025 had 23 CNAS for 232 residents on the day shift, required at least 29 CNAs.</p> <p>On 11/10/2025 had 28 CNAS for 232 residents on the day shift, required at least 29 CNAs.</p> <p>On 11/12/2025 had 27 CNAS for 232 residents on the day shift, required at least 29 CNAs.</p> <p>On 11/14/2025 had 28 CNAS for 230 residents on the day shift, required at least 29 CNAs.</p> <p>On 11/15/2025 had 27 CNAS for 230 residents on the day shift, required at least 29 CNAs.</p> | S0560 | <p>Continued from page 1 disciplinary action, including written warnings. Employees demonstrating repeated patterns of unreliability to be placed on performance improvement plans, up to and including termination, to maintain a dependable workforce.</p> <p>As of 12/18/2025, the DON/Designee began having weekly meetings with the staffing coordinator and Director of HR to discuss upcoming schedules and anticipate staffing needs. The Director of Nursing, or designee, will report the findings to the Administrator weekly and monthly at the QAPI committee for action as appropriate.</p> <p>Anticipated completion date of all corrective action is 12/31/2025</p> | |

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| S0560 | Continued from page 2 On 11/16/2025 had 26 CNAs for 229 residents on the day shift, required at least 29 CNAs. On 11/19/2025 had 28 CNAs for 229 residents on the day shift, required at least 29 CNAs. On 11/20/2025 had 27 CNAs for 229 residents on the day shift, required at least 29 CNAs. On 11/21/2025 had 27 CNAs for 226 residents on the day shift, required at least 28 CNAs. On 11/22/2025 had 27 CNAs for 225 residents on the day shift, required at least 28 CNAs. | S0560 | | |

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| F0000 | <p>INITIAL COMMENTS</p> <p>An offsite/desk review of the facility's Plan of Correction was conducted on 12/26/2025 in relation to the 11/25/2025 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.</p> | F0000 | | |

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| S0000 | Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 12/26/2025 in relation to the 11/25/2025 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 | | |

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