

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315509		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/08/2025	
NAME OF PROVIDER OR SUPPLIER Roosevelt Care Center At Old Bridge				STREET ADDRESS, CITY, STATE, ZIP CODE 1133 MARLBORO ROAD , OLD BRIDGE, New Jersey, 08857			
(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 #: NJ186939 (393264), 393267 Census: 158 Sample Size: 5 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			09/17/2025

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: 12023		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/08/2025	
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S0560	<p>Mandatory Access to Care</p> <p>The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Complaint #: NJ186939 (393264), 393267</p> <p>Based on interviews and review of facility documents on 09/5/2025 and 9/8/2025, it was determined that the facility failed to ensure staffing ratios were met for 11 of 14-day shifts reviewed. This deficient practice had the potential to affect all residents.</p> <p>Findings include:</p> <p>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:</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 2 weeks of staffing prior to complaint survey from 08/17/2025 to 08/30/2025, the facility was deficient in CNA staffing for residents on 11 of 14-day shifts as follows:</p>		S0560	<p>HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE PRACTICE: Administrator, DON and staffing coordinator will work together to staff day shift better to fulfil the requirement and ensure compliance. There is also a recruitment advertisement for LPNS, CNAS and RNS. Management is conducting weekly analysis on CNA needs.</p> <p>HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE: All residents have the potential to be affected.</p> <p>WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: Administrator educated the staffing coordinator on the importance of ensuring sufficient staffing for each shift. The staffing coordinator will audit the staffing par daily and staff each unit accordingly.</p> <p>HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: The Director of Nursing / Assistant Director of Nursing along with staffing coordinator will conduct staffing/scheduling audits 2 times per week x 4 weeks then monthly x 2 months to discuss staffing needs according to par levels with census. All findings will be reported to the Administrator at the quarterly QA meeting.</p>		09/08/2025	

Office of Primary Care and Health Systems Management

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S0560	<p>Continued from page 1</p> <p>On 08/17/25 had 14 CNAs for 157 residents on the day shift, required at least 20 CNAs.</p> <p>On 08/18/25 had 19 CNAs for 157 residents on the day shift, required at least 20 CNAs.</p> <p>On 08/19/25 had 18 CNAs for 157 residents on the day shift, required at least 20 CNAs.</p> <p>On 08/20/25 had 19 CNAs for 157 residents on the day shift, required at least 20 CNAs.</p> <p>On 08/22/25 had 15 CNAs for 161 residents on the day shift, required at least 20 CNAs.</p> <p>On 08/23/25 had 18 CNAs for 161 residents on the day shift, required at least 20 CNAs.</p> <p>On 08/24/25 had 14 CNAs for 161 residents on the day shift, required at least 20 CNAs.</p> <p>On 08/25/25 had 18 CNAs for 163 residents on the day shift, required at least 20 CNAs.</p> <p>On 08/26/25 had 19 CNAs for 162 residents on the day shift, required at least 20 CNAs.</p> <p>On 08/28/25 had 19 CNAs for 162 residents on the day shift, required at least 20 CNAs.</p> <p>On 08/29/25 had 19 CNAs for 161 residents on the day shift, required at least 20 CNAs.</p>			S0560			