

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315522		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/12/2025	
NAME OF PROVIDER OR SUPPLIER ACCELERATE SKILLED NURSING AND REHAB PISCATAWAY				STREET ADDRESS, CITY, STATE, ZIP CODE 10 STERLING DRIVE , PISCATAWAY, New Jersey, 08854			
(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 #: 2576273, 2577243, 259442, 2596017</p> <p>Census: 104</p> <p>Sample Size: 5</p> <p>The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.</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.

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: 12056		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/12/2025	
NAME OF PROVIDER OR SUPPLIER ACCELERATE SKILLED NURSING AND REHAB PISCATAWAY				STREET ADDRESS, CITY, STATE, ZIP CODE 10 STERLING DRIVE , PISCATAWAY, New Jersey, 08854			
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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>Based on review of pertinent facility documentation, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratios as mandated by the state of New Jersey for 11 day shifts. The deficient practice was evidenced by the following:</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 AAS-11 staffing, the facility was deficient in CNA staffing for residents on 11 of 14 day shifts as follows:</p> <p>-08/24/25 had 8 CNAs for 106 residents on the day shift, required at least 13 CNAs.</p> <p>-08/25/25 had 12 CNAs for 106 residents on the day shift, required at least 13 CNAs.</p>		S0560	<p>S0560 - Staffing Requirements</p> <p>There were no identified negative outcomes for any residents.</p> <p>All residents have the potential to be affected.</p> <p>The staffing coordinator was in-serviced on the minimum staffing requirements. The facility has implemented multiple recruitment efforts including on-line recruiting platforms. In addition, efforts have been made to increase employee retention, including updating orientation process with a focus on ensuring staff are given resources to properly acclimate to the facility. The facility is also updating our employee handbook with education to ensure the rules are followed.</p> <p>The Director of Nursing will review the staffing daily for three months to ensure minimum staffing requirements are met. Identified variances will be immediately addressed. Audits will be reviewed through the monthly QAPI process for the next three months.</p>		10/06/2025	

Office of Primary Care and Health Systems Management

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S0560	<p>Continued from page 1</p> <p>-08/28/25 had 12 CNAs for 102 residents on the day shift, required at least 13 CNAs.</p> <p>-08/30/25 had 11 CNAs for 102 residents on the day shift, required at least 13 CNAs.</p> <p>-08/31/25 had 10 CNAs for 102 residents on the day shift, required at least 13 CNAs.</p> <p>-09/01/25 had 11 CNAs for 104 residents on the day shift, required at least 13 CNAs.</p> <p>-09/02/25 had 11 CNAs for 104 residents on the day shift, required at least 13 CNAs.</p> <p>-09/03/25 had 12 CNAs for 104 residents on the day shift, required at least 13 CNAs.</p> <p>-09/04/25 had 12 CNAs for 104 residents on the day shift, required at least 13 CNAs.</p> <p>-09/05/25 had 12 CNAs for 104 residents on the day shift, required at least 13 CNAs.</p> <p>-09/06/25 had 11 CNAs for 103 residents on the day shift, required at least 13 CNAs.</p>			S0560			