| 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 05/14/2026 |
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **ACCELERATE SKILLED NURSING AND REHAB PISCATAWAY** | **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 |
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| F0000 | INITIAL COMMENTS<br><br>Complaint: 3011508<br><br>Survey date: 05/14/2026<br><br>Census: 113<br><br>Sample Size: 3<br><br>THE FACILITY WAS IN COMPLIANCE WITH THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE, CHAPTER 8:39, STANDARDS FOR LICENSURE OF LONG-TERM CARE FACILITIES. | F0000 | | 07/31/2020 |

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 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 05/14/2026 |
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| **ACCELERATE SKILLED NURSING AND REHAB PISCATAWAY** | **10 STERLING DRIVE , PISCATAWAY, New Jersey, 08854** |

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| S0000 | Initial Comments<br><br>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 | | 07/31/2026 |
| S0560 | Mandatory Access to Care<br><br>CFR(s): 8:39-5.1(a)<br><br>The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.<br><br>This LICENSURE REQUIREMENT is NOT MET as evidenced by:<br><br>complaint #: 3011508, 2999283<br><br>Based on review of facility documents on 05/14/2026, it was determined that the facility failed to ensure staffing ratios were met for 3 of 14 day shifts reviewed, and 1 of 14 evening shift. This deficient practice had the potential to affect all residents.<br><br>Findings include:<br><br>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:<br><br>One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff | S0560 | 1. IMMEDIATE ACTION: Upon identification of the deficiency, the Administrator and Director of Nursing (DON) immediately reviewed current and upcoming staffing schedules to ensure all shifts meet the minimum required CNA-to-resident ratios. Any shifts identified as below ratio were immediately supplemented through agency staff, overtime, or per diem resources.<br><br>2. IDENTIFICATION OF OTHER RESIDENTS AFFECTED: All residents were potentially affected by insufficient CNA staffing. A retrospective review of staffing data for the prior 60 days was conducted to identify all shifts that fell below the required ratio. Corrective measures were applied retroactively where possible.<br><br>3. SYSTEMIC CHANGE/POLICY REVISION: The facility revised its staffing scheduling policy to incorporate: (a) daily calculation of the midnight census to determine minimum CNA requirements per shift using the ratios (1:8 days, 1:10 evenings CNAs, 1:14 nights); (b) a required pre-shift review by the charge nurse or supervisor to confirm ratio compliance before each shift begins; (c) an on-call and agency staffing protocol to be activated any time a shift is projected to fall below ratio; (d) mandatory documentation of actual CNA counts and census in the shift log. The Staffing Coordinator was re-educated on the calculation methodology, including carrying to the hundredth decimal place and rounding up at 0.51 as required by statute.<br><br>4. EDUCATION: The Administrator, DON, Assistant Director of Nursing (ADON), and all scheduling/charge staff were educated by reginal | 07/31/2026 |



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| S0560 | Continued from page 1<br>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.<br><br>For the 2 weeks of complaint AAS 11 staffing from 04/26/2026-05/9/2026, the facility was deficient in CNA staffing for 3 of 14 day shifts as follows:<br><br>On 4/26/26 facility had 13 CNAs for 113 residents on the day shift, required at least 14 CNAs.<br><br>On 5/3/26 facility had 13 CNAs for 113 residents on the day shift, required at least 14 CNAs.<br><br>On 5/9/26 facility had 12 CNAs for 113 residents on the day shift, required at least 14 CNAs.<br><br>The facility is deficient in CNA to total staff on 1 of 14 evening shifts as follows:<br><br>On 5/7/26 facility had 12 total staff for 112 residents on the evening shift, required at least 13 total staff. | S0560 | Continued from page 1<br>HR director on minimum staffing ratio requirements, proper calculation methods, and the new staffing compliance protocol. Education was documented in staff personnel files.<br><br>5. MONITORING/QA: The DON will audit the Nurse Staffing Report weekly to verify ratio compliance for each shift. Any shift falling below ratio will be immediately investigated and documented with corrective action taken. Staffing compliance data will be reported to the QAPI committee monthly. | 07/31/2026 |

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| F0000 | INITIAL COMMENTS<br><br>There were no federal citations with this survey | F0000 | | |

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New Jersey Department of Health

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| S0000 | Initial Comments<br><br>An offsite/desk review of the facility's Plan of Correction was conducted on 08/03/2026 in relation to the 05/14/2026 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 | | |

Office of Primary Care and Health Systems Management

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