

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315417	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/16/2026
NAME OF PROVIDER OR SUPPLIER REFORMED CHURCH HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1990 ROUTE 18 NORTH , 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	<p>INITIAL COMMENTS</p> <p>COMPLAINT #: 2694054</p> <p>CENSUS: 97</p> <p>SAMPLE SIZE: 3</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		04/13/2026

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
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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 030709	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/16/2026
NAME OF PROVIDER OR SUPPLIER REFORMED CHURCH HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1990 ROUTE 18 NORTH , OLD BRIDGE, New Jersey, 08857	
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S0000	Initial Comments COMPLAINT #: 2694054 CENSUS:97 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		04/01/2026
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: Based on review of facility documents on 3/16/26, it was determined that the facility failed to ensure staffing ratios were met for 2 of 14-day shifts reviewed. This deficient practice had the potential to affect all residents. Findings include: For the 2 weeks of staffing prior to survey from 3/1/26-3/14/26, the facility was deficient in CNA staffing for residents on 2 of 14 day shifts as follows: On 3/7/26 had 11 CNAs for 94 residents on the day shift, required at least 12 CNAs.	S0560	Facility Name: Reformed Church Home- Access to Care -S0560 1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? On March 7 and on March 9, Reformed Church Home experienced a CNA shortage due to last minute call outs and limited per diem availability on short notice. Since all residents have the potential to be affected, immediate measures were taken to ensure resident care was not compromised. Nurses were reassigned to provide direct care. Multiple agencies were called to see if we could get last minute coverage. 11-7 staff were asked to stay for an additional shift.	04/10/2026

Office of Primary Care and Health Systems Management

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 4/13/2026 in relation to the 3/16/2026 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.	F0000		04/13/2026

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