STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315338	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAWRENCE REHAB & HCC/THE MEADOWS AT LAWRENCE	**1 BISHOPS DRIVE , LAWRENCEVILLE, New Jersey, 08648**

(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 #: 2981276, 2976234 Survey date: 04/27/2026 Census: 112 Sample Size: 4 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		04/29/2026

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

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 031103	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S0000	Initial Comments 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		04/29/2026
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 pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff-to-shift ratios as mandated by the state of New Jersey for 1of 14-day shifts reviewed. This deficient practice had the potential to affect all residents. This deficient practice was evidenced by the following: Reference: New Jersey Department of Health (NJDOH) memo, dated 1/28/21, "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 at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 2/01/21: 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 than half of all staff members shall be CNAs, and each	S0560	Plan of Correction 1. The facility is unable to retroactively adjust the staffing ratio of the dates noted. The facility verified that licensed nursing staff, unit management, and ancillary support personnel assisted with resident care activities during the identified shift to support resident needs and continuity of care services. 2. All residents had the potential to be affected by this practice; however, no adverse outcomes related to staffing coverage were identified. 3. The facility's recruitment and retention action plan was reviewed and revised to strengthen staffing coverage and support ongoing compliance with New Jersey minimum staffing requirements. Recruitment initiatives implemented include: • Expanded CNA recruitment outreach through online employment platforms, community-based recruitment efforts, and workforce referral initiatives. • Increased focus on hiring for difficult-to-fill evening and weekend shifts. • Review and implementation of scheduling flexibility and shift incentive opportunities to improve recruitment and retention outcomes. • Increased utilization of internal staffing pools and contingency staffing resources when vacancies or call-outs occur. • Participation in ongoing recruitment events and	05/08/2026

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 031103	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/27/2026

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S0560	Continued from page 1 direct staff member shall be signed in to work as a CNA 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. Review of the New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report revealed the facility was deficient in CNA staffing for residents on 1 of 14-day shifts as follows: On 04/12/2026 had 20 CNAs for 168 residents on the day shift, required at	S0560	Continued from page 1 partnerships to support CNA candidate development and hiring pipelines. • Continued monitoring of staffing patterns and open positions by facility leadership to proactively address staffing needs before shifts occur. 4. The Administrator and/or designee will conduct audits of daily staffing schedules and staffing ratio compliance as follows: • Five (5) times weekly for four (4) weeks. • Then weekly for an additional two (2) months. Audits will include review of: • CNA staffing ratios by shift. • Daily staffing worksheets. • Call-outs and replacement coverage. • PBJ staffing documentation. Findings will be reviewed through the facility's Quality Assurance and Performance Improvement (QAPI) process. Any identified concerns will be addressed promptly with corrective action implemented as indicated.	05/08/2026

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F0000	INITIAL COMMENTS There were no federal tags cited during this survey.	F0000		

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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 05/12/2026 in relation to the 04/27/2027 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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