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 07/15/2026

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 #: 2988988, 3074567 Census: 153 Sample Size: 7 A complaint survey was conducted on 07/15/2026 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. A review of the Facility Reportable Event (FRE), indicated the abuse incident occurred on NJ Ex Order 26.4(b)(1) at 12:37 P.M. The FRE indicated that on NJ Ex Order 26.4(b)(1) Resident #2's representative reported to the facility that CNA #1 was observed on video camera NJ Ex Order 26. and NJ Ex Order 26.4(b)(1) Resident #2. During the survey, a finding which constituted Immediate Jeopardy (IJ) was identified under 42 CFR 483.12(a)(1) F 600, as the facility failed to ensure a cognitively impaired resident (Resident #2) was protected from abuse. The surveyor notified the U.S. FOIA (b)(6) the U.S. FOIA (b)(6) and U.S. FOIA (b)(6) of the F 600 IJ and provided them with the IJ template on 07/15/2026 at 2:47 PM. The Immediate Jeopardy (IJ) began on NJ Ex Order 26.4(b)(1) at approximately 12:30 P.M., when the facility became aware of the video footage that showed CNA #1 NJ Ex Order of Resident #2. The IJ is past noncompliance. The surveyor verified the implementation of the Removal Plan (RP) on-site on 07/15/2026 and determined that there is sufficient evidence that the facility self-corrected the noncompliance on NJ Ex Order 26.4(b)(1) The facility's RP dated 07/14/2026, shows how the facility removed the immediacy and prevented serious harm from occurring or reoccurring by implementing the following:	F0000		07/30/2026

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

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 07/15/2026

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	Continued from page 1 On NJ Ex Order 26.4(b)(1) immediately upon notification of a concern identified by the family from the resident's personal camara footage, the involved CNA was identified and placed on immediate suspension pending NJ Ex Order 26.4(b)(1) The resident was immediately assessed by the U.S. FOIA (b)(6) with NJ Ex Order 26.4(b)(1) identified. On NJ Ex Order 26.4(b)(1), Social Services met with the involved resident to address immediate NJ Ex Order 26.4(b)(1) needs. On NJ Ex Order 26.4(b)(1), the U.S. FOIA (b)(6) notified the party responsible, attending physician, NJ Ex Order 26.4(b)(1) and the Long -Term Care Ombudsman were notified of the NJ Ex Order 26.4(b)(On NJ Ex Order 26.4(b)(1), the Social Services completed NJ Ex Order 26.4(b)(1) evaluation with no negative outcome. On NJ Ex Order 26.4(b)(1) oriented residents on the same assignment sheet were interviewed by the Social Services and or designee using the "do you feel NJ Ex O here?" script to identify any unreported concerns of NJ Ex Order 26.4(b)(1) . No variances were identified. On NJ Ex Order 26.4(b)(1), residents on the same assignment NJ Ex Order 26.4(b)(1) immediately received a NJ Ex Order 26.4(b)(1) by a licensed nursing staff to rule out NJ Ex Order 26.4(b)(1) and no variances were identified. On NJ Ex Order 26.4(b)(1) a 30-day look-back NJ Ex Order 26.4(b)(1)) of all incident reports, grievances, and self-reports has been initiated by the U.S. FOIA to ensure no prior NJ Ex Order 26.4(b)(1 met NJ Ex Order criteria and were appropriately reported. No variances were identified. On NJ Ex Order 26.4(b)(1) a mandatory in-service for all staff (clinical and non-clinical) on NJ Ex Order Prohibition, Recognition, Reporting, and Preservation of Evidence was initiated by the Executive Vice President, Nurse Educator, Administrator and DON-completed on NJ Ex Order 26.4(b)(1) . All new hires will receive this training prior to first shift. On NJ Ex Order 26.4(b)(1), re-education of supervisory staff (Department Heads, Supervisors, U.S. FOIA (b)(6) U.S. FOIA (on immediate investigation and 2-hour/24-hour reporting requirements completed by the U.S. FOIA (b)(6) and U.S. FOIA (b)(6) .	F0000		07/30/2026

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 07/15/2026

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	Continued from page 2 On NJ Ex Order 26.4(b)(1), installation of additional signage throughout the facility reminding residents and families of the 24/7 abuse reporting hotline and ombudsman contact information. The U.S. FOIA (b)(6) /designee will conduct a minimum of 15 random residents interviews weekly for the next 90 days (or until QAPI [Quality Assurance and Performance Improvement] committee deems substantial compliance) using the standardized abuse screening tool. A random 5 non-interviewable residents will have a skin check completed by a Licensed Nurse weekly for the next 90 days (or until QAPI deems substantial compliance). Results of interviews, skin checks, and allegations will be reported at the weekly IDT [Interdisciplinary Team] risk meeting and monthly QAPI meeting. The U.S. FOIA /designee will audit 10 random employee records weekly for documentation of abuse training completion. Audit results will be tracked on the QAPI Abuse Prohibition Monitoring Tool and reviewed monthly by the QAPI committee, U.S. FOIA (b)(6), and U.S. FOIA (b)(6) Monitoring will continue until three consecutive months of substantial compliance are achieved, at which time QAPI committee may recommend reduction in frequency.	F0000		07/30/2026
F0600 SS = SQC-J	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion;	F0600	"Past Noncompliance - no plan of correction required"	07/30/2026

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 07/15/2026

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
F0600 SS = SQC-J	Continued from page 3 This REQUIREMENT is NOT MET as evidenced by: Complaint #: 2988988, 3074567 Based on observation, interviews, review of medical records and review of pertinent facility documents on 07/14/2026 and 07/15/2026, it was determined that the facility failed to ensure that a [NJ Ex Order 26.4(b)(1)] resident (Resident #2) who was on staff for care, was protected from [NJ Ex Order 26.4(b)(1)] and [NJ Ex Order 26.4(b)(1)] by a Certified Nursing Assistant (CNA #1). Resident #2 was [NJ Ex Order 26.4(b)(1)] and [NJ Ex Order 26.4(b)(1)] by CNA #1 on [NJ Ex Order 26.4(b)(1)] This deficient practice was identified for 1 of 7 residents (Resident #2) reviewed for [NJ Ex Order] and was evidenced by the following: A review of the facility's policy on "Abuse, Neglect, and Exploitation and Misappropriation Prevention Program," revised date of April 2021, included under "Policy Statement": Residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual or physical or chemical restraint not required to treat the resident's symptoms." Under "Policy Interpretation and Implementation" include: The resident abuse, neglect and exploitation prevention program consists of a facility-wide commitment and resource allocation to support the following objectives: 1. Protect residents from abuse, neglect, exploitation or misappropriation of property by anyone including but not limited to: a. facility staff. A review of the Facility Reportable Event (FRE), indicated the [NJ Ex Order] incident occurred on [NJ Ex Order 26.4(b)(1)] at 12:37 PM. The FRE indicated that on [NJ Ex Order 26.4(b)(1)] Resident #2's representative reported to the facility that they saw CNA#1 on video camera [NJ Ex Order 26] and [NJ Ex Order 26.4(b)] Resident #2. A review of the facility's Summary and Conclusion (SC) of the incident, revealed that when the facility interviewed CNA #1, she denied any [NJ Ex Order 26.4(b)(1)] but when the facility showed her the video footage of her actions, CNA #1 acknowledged that her actions towards Resident #2 could have been	F0600		07/30/2026

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 07/15/2026

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
F0600 SS = SQC-J	Continued from page 4 NJ Ex Order 26 The surveyor reviewed the footage of the personal camera located in the resident's room on 07/15/2026, which revealed the following: On NJ Ex Order 26.4(b)(1) between the hours of 12:00 AM and 1:00 AM, CNA #1 was noted NJ Ex Order 26.4(b)(1) the Resident #2 with NJ Ex Order 26.4(b)(1) the resident's NJ Ex Order 26.4 As CNA #1 walked up to the resident's bed, she NJ Ex Order 26 the resident NJ Ex Or the bed and then NJ Ex Order 26.4(b) the resident's NJ Ex Or and placed them on the bed. After CNA #1 left the room, the resident NJ Ex Order 26.4(b)(1) the bed and was seen standing near the bed. At this point, CNA #1 walked back into the resident's room and using NJ Ex Order 26.4(b)(1), she NJ Ex Order 26 Resident #2 NJ Ex Order 26.4(b)(1) and told the resident to NJ Ex Order 26.4(and . CNA #1 then lifted the resident's NJ Ex O and placed them under the blanket. When the resident attempted to show CNA #1 something by saying, "NJ Ex Order 26.4(b)(1)," CNA #1 replied "no", and told the resident to "NJ Ex Order 26.4(b)(1)." Further review of the video footage revealed that when Resident #2 started to NJ Ex Order 26.4(b)(1) CNA #1 told the resident to NJ Ex Order 26.4(. Resident #2 stated to CNA#1 that they could NJ Ex Order 26.4(b)(1) CNA #1 walked to the resident, and using NJ Ex Order 26.4(b)(1), she NJ Ex Order 26.4 the resident NJ Ex Order 26.4(b)(1) and placed the resident NJ Ex Order 26.4(b)(1 the bed. The resident told the CNA #1 that they needed NJ Ex Order 26.4(b)(1). CNA #1 repeatedly said NJ Ex to the resident. CNA #1 then sat on the resident's bed NJ Ex Order 26. the resident. When Resident #2 attempted to NJ Ex Order 26.4(b)(1), CNA #1 used her NJ Ex Order 26.4(b) to NJ Ex Order 26.4 the resident's NJ Ex and NJ Ex Order 26 the resident NJ Ex Order 26.4(b)(1) the bed. Resident #2 tried to NJ Ex Order 26.4(b)(1), CNA #1 placed her NJ Ex Order 26.4(b) and NJ Ex Order 26.4(b) the resident's NJ Ex Order 26.4(b)(1) area and the resident NJ Ex Or the bed. Resident #2 stated: NJ Ex Order 26.4(b) to which CNA #1 responded by telling the resident to NJ Ex Order 26.4(and NJ Ex Order 26.4(b)(1). Resident #2 stated to CNA #1, NJ Ex Order 26.4(b)(1) and CNA #1 replied "NJ Ex O Resident #2 tried to NJ Ex Orde and NJ Ex Order 26.4(b)(1) the bed, CNA #1 used her NJ Ex Order 26.4(b)(and NJ Ex Order 26.4(b)(the resident's NJ Ex Order 26.4(b)(1) again and NJ Ex Order 26 the resident back down. A review of Resident #2's Admission Record (AR), an admission record summary, revealed that the resident was admitted to the facility with the following diagnoses which included but are not	F0600		07/30/2026

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 07/15/2026

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
F0600 SS = SQC-J	Continued from page 5 limited to: NJ Ex Order 26.4(b)(1) [redacted] and NJ Ex Order 26.4(b)(1) A review of the Minimum Data Set (MDS), an assessment tool dated NJ Ex Order 26.4(b)(1), indicated the resident had a Brief Interview for Mental Status (BIMS) score of [redacted] out of 15, which indicated the resident's cognition was NJ Ex Order 26.4(b)(1). The MDS further revealed the resident NJ Ex Order 26.4(b)(1) [redacted] from staff in the NJ Ex Order 26.4(b)(1) A review of Resident #2's Care Plan (CP) with an initiated date NJ Ex Order 26.4(b)(1) under "Focus," revealed that Resident #2 has NJ Ex Order 26.4(b)(1) performance deficit related to NJ Ex Order 26.4(b)(1) has NJ Ex Order 26.4(b) and needs assistance with NJ Ex Order 26.4. Under "Interventions," the care plan indicated that the resident requires NJ Ex Order 26.4(b)(1) with NJ Ex Or [redacted] The surveyor called the assigned Licensed Practical Nurse (LPN #1) that worked on the night of the incident, but was unable to reach her. On 07/14/2026 at 12:53 PM, the surveyor interviewed the U.S. FOIA (b)(6) [redacted], U.S. FOIA (b)(6) and U.S. FOIA (b)(6) [redacted] They acknowledged that the CNA #1's action would be considered NJ Ex Order 2 [redacted]. The EVP stated that staff knew that there was a video camera in Resident #2's room. EVP stated there was signage on the door to Resident #2's room regarding the presence of video camera being in use in the resident's room. The surveyor reviewed CNA #1's employee file which showed that CNA #1 received NJ Ex Order [redacted] training a year before the NJ Ex Order [redacted] incident occurred. CNA #1's employee file revealed NJ Ex Order 26.4(b)(1) related incident against CNA #1 which occurred prior to CNA #1's employment at the facility. The surveyor attempted to call CNA #1 for an interview, but CNA #1 did not respond. The Immediate Jeopardy (IJ) began on NJ Ex Order 26.4(b)(1) [redacted] at approximately 12:30 P.M., when the facility became aware of the video footage that showed CNA #1 NJ Ex Order [redacted] of Resident #2.	F0600		07/30/2026

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 07/15/2026

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
F0600 SS = SQC-J	Continued from page 6 The IJ is past noncompliance. The surveyor verified the implementation of the Removal Plan (RP) on-site on 07/15/2026 and determined that there is sufficient evidence that the facility self-corrected the noncompliance on NJ Ex Order 26.4(b)(1) The facility's RP dated 07/14/2026, showed how the facility removed the immediacy and prevented serious harm from occurring or reoccurring by implementing the following: On NJ Ex Order 26.4(b)(1) immediately upon notification of a concern identified by the family from the resident's personal camera footage, the involved CNA was identified and placed on immediate suspension pending NJ Ex Order 26.4(b)(1) The resident was immediately assessed by the U.S. FOIA (b)(6), with NJ Ex Order 26.4(b)(1) or NJ Ex Order 26.4(b)(1) identified. On NJ Ex Order 26.4(b)(1), Social Services met with the resident involved to address immediate NJ Ex Order 26.4(b)(1) needs. On NJ Ex Order 26.4(b)(1), the U.S. FOIA (b)(6) notified the party responsible, attending physician, law enforcement and the Long -Term Care Ombudsman were notified of the NJ Ex Order 26.4(b)(On NJ Ex Order 26.4(b)(1), the Social Services completed NJ Ex Order 26.4(b)(1) evaluation with NJ Ex Order 26.4(b)(1) On NJ Ex Order 26.4(b)(1), oriented residents on the same assignment sheet were interviewed by the Social Services and or designee using the "do you feel NJ Ex O here?" script to identify any unreported concerns of NJ Ex Order 26.4(b)(1) . No variances were identified. On NJ Ex Order 26.4(b)(1), residents on the same assignment unable to verbally communicate immediately received a NJ Ex Order 26.4(b)(1) assessment by a licensed nursing staff to rule out NJ Ex Order 26. or NJ Ex Order 26. No variances were identified. On NJ Ex Order 26.4(b)(1), a 30-day look-back NJ Ex Order 26.4(b)(1)) of all incident reports, grievances, and self-reports has been initiated by the U.S. FOIA to ensure NJ Ex Order 26.4(b)(1) met NJ Ex Order 2 and were appropriately reported. Mo variances were identified. On NJ Ex Order 26.4(b)(1) a mandatory in-service for all staff (clinical and non-clinical) on NJ Ex Order 2 Prohibition, Recognition, Reporting, and Preservation of Evidence was initiated by the U.S. FOIA (b)(6)	F0600		07/30/2026

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 07/15/2026

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
F0600 SS = SQC-J	Continued from page 7 U.S. FOIA (b)(6) U.S. FOIA (b)(6), U.S. FOIA (b)(6) and U.S. FOIA -completed on NJ Ex Order 26.4(b)(1). All new hires will receive this training prior to first shift. On NJ Ex Order 26.4(b)(1), re-education of supervisory staff (Department Heads, Supervisors, U.S. FOIA (b)(U.S. FOIA (on immediate investigation and 2-hour/24-hour reporting requirements completed by the U.S. FOIA (b)(6) and U.S. FOIA (b)(6) . On NJ Ex Order 26.4(b)(1), installation of additional signage throughout the facility reminding residents and families of the 24/7 abuse reporting hotline and ombudsman contact information. The U.S. FOIA (b)(6) /designee will conduct a minimum of 15 random residents interviews weekly for the next 90 days (or until QAPI committee deems substantial compliance) using the standardized abuse screening tool. A random 5 non-interviewable residents will have a skin check completed by a Licensed Nurse weekly for the next 90 days (or until QAPI deems substantial compliance). Results of interviews, skin checks, and allegations will be reported at the weekly IDT risk meeting and monthly QAPI meeting. The U.S. FOIA /designee will audit 10 random employee records weekly for documentation of abuse training completion. Audit results will be tracked on the QAPI Abuse Prohibition Monitoring Tool and reviewed monthly by the QAPI committee, Medical Director, and Administrator. Monitoring will continue until three consecutive months of substantial compliance are achieved, at which time QAPI committee may recommend reduction in frequency. N.J.A.C. 8:39- 4.1(a)5	F0600		07/30/2026

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 07/15/2026

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
S0000	Initial Comments Complaint #: 2988988, 3074567 Census: 153 Sample Size: 7 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		07/30/2026
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: Complaint: 3023303 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 7-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	S0560	1. Corrective action for residents identified as potentially affected Upon notification of the staffing variances identified during the May 17, 2026, through July 11, 2026 survey review period, the Administrator and Director of Nursing immediately reviewed staffing schedules, CNA assignment sheets, call-out records, incident reports, and nursing documentation for residents residing in the facility during the cited period. The facility immediately evaluated staffing coverage and implemented staff reassignment, increased nursing oversight, and supplemental staffing resources as needed to ensure resident care needs continued to be appropriately addressed. Corrective measures were implemented to ensure CNA staffing levels meet New Jersey minimum staffing requirements and to strengthen staffing oversight moving forward. 2. Identification of other residents who may be affected All residents residing in the facility during the cited timeframe were considered potentially affected. The Director of Nursing completed a retrospective review of staffing schedules, call-out records, and	08/09/2026

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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 07/15/2026

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
S0560	Continued from page 1 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 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 7-day shifts as follows: On 05/17/2026 had 17 CNAs for 157 residents on the day shift, required at least 20 CNAs.	S0560	Continued from page 1 staffing-to-census ratios for the preceding thirty days. The review determined that the identified variances were primarily related to unexpected call-outs and temporary staffing fluctuations and did not indicate a systemic staffing failure. 3. Systemic measures implemented to prevent recurrence The facility implemented enhanced staffing controls to support compliance with N.J.S.A. 30:13-18. The Staffing Coordinator and Director of Nursing will verify the census and staffing grid before each shift to ensure required CNA staffing levels are met. Enhanced call-out procedures and a staffing escalation process were implemented to obtain replacement coverage through internal staff, voluntary overtime, and staffing pool resources when needed. To strengthen recruitment and retention, the facility scheduled a job fair, hired a new Staffing Coordinator, and rolled out a staff retention program. Education was also provided to nursing leadership regarding New Jersey staffing requirements and the revised staffing oversight process. 4. Monitoring to ensure ongoing compliance The Director of Nursing or designee will review census and staffing reports daily to verify CNA staffing compliance. The Administrator and Director of Nursing will conduct weekly staffing audits for ninety days. Any identified staffing variance will be immediately addressed and corrective action implemented. Staffing compliance will be reviewed through the Quality Assurance and Performance Improvement (QAPI) program monthly for three months and quarterly thereafter to ensure sustained compliance.	08/09/2026

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 08/11/2026

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 An onsite review of the facility's Plan of Correction for a IJ Past Noncompliance was conducted on 07/15/2026 in relation to the 07/15/2026 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	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

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 08/11/2026

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
S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 8/11/26 in relation to the 7/15/26 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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE