

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315419	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/25/2025
NAME OF PROVIDER OR SUPPLIER N J EASTERN STAR HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 111 FINDERNE AVENUE , BRIDGEWATER, New Jersey, 08807	
(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 #: 2620219</p> <p>Sample Size: 4</p> <p>Census: 74</p> <p>The NJDOH conducted a complaint survey on 9/23/2025. The survey was officially completed on 9/23/2025.</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		09/30/2025

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: 031804	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/25/2025
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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		09/30/2025
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 facility document review on 9/23/2025, it was determined that the facility failed to ensure staffing rations were met to maintain the required minimum staff to resident ratio as mandated by the State of New Jersey for 6 of 14 day shifts from 09/07/2025 through 09/20/2025. This deficient practice was evidenced by the following: 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: 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	S0560	I. No residents were found to have been negatively affected by the deficient practice. Resident assessments were completed by Nursing Supervisors following the identified dates to ensure all care needs were met, and no adverse outcomes were identified. An Apparent Cause Analysis was performed to determine the reason the required staffing ratio was not met on those 6 day shift days identified during the survey. It was determined that the facility's budgeted CNA staffing for those dates met the required ratio. However, no CNA was available or willing to take the shift, and despite contacting internal staff and multiple agency partners, the facility was unable to secure coverage. Re-inservice of nursing supervisors and Staffing Coordinator was conducted to reiterate the importance of filling callouts for the oncoming shift and the importance of meeting the patient care ratios. There were no negative outcomes identified. II. All residents have the potential to be affected by the deficient practice. The facility reviewed staffing patterns surrounding the cited dates to ensure resident needs were met, and will continue to monitor staffing ratios to ensure all residents continue to receive appropriate care.	12/25/2025

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S0560	<p>Continued from page 1 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</p> <p>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>The surveyor requested staffing for the weeks of 09/07/2025 through 09/20/2025</p> <p>For the 2 weeks of AAS-11 staffing, the facility was deficient in CNA staffing for residents on 6 of 14 day shifts as follows:</p> <p>-09/08/25 had 8 CNAs for 70 residents on the day shift, required at least 9 CNAs.</p> <p>-09/09/25 had 8 CNAs for 70 residents on the day shift, required at least 9 CNAs.</p> <p>-09/10/25 had 8 CNAs for 70 residents on the day shift, required at least 9 CNAs.</p> <p>-09/11/25 had 8 CNAs for 70 residents on the day shift, required at least 9 CNAs.</p> <p>-09/15/25 had 8 CNAs for 73 residents on the day shift, required at least 9 CNAs.</p> <p>-09/16/25 had 8 CNAs for 73 residents on the day shift, required at least 9 CNAs.</p>	S0560	<p>Continued from page 1</p> <p>III.</p> <p>Staffing Coordinator and Nursing Supervisors were re-educated regarding the importance to comply with the required minimum direct care to staff ratios as mandated by the State of New Jersey.</p> <p>Schedule done for entire month and reviewed weekly and daily and by shift to manage any last-minute staff call-outs.</p> <p>The facility maintains staffing agreements with six (6) agencies to increase availability during unforeseen vacancies.</p> <p>The internal list of CNAs willing to work overtime has been updated, and the list of nurses willing to work in CNA capacity has also been revised.</p> <p>The facility continues to recruit LPN students completing clinical rotations to work temporarily as CNAs while awaiting licensure.</p> <p>Recruitment strategies were enhanced by updating job postings and increasing sign-on bonuses to attract additional CNA candidates.</p> <p>Internal staff offered financial incentive to fill last minute vacant shifts as needed.</p> <p>IV.</p> <p>Daily meeting between DON/designee and Staffing Coordinator/designee to review nursing schedule for projected compliance with ratios.</p> <p>DON will perform an audit of staffing schedules 5x per 1 week, then 2x per week for 4 weeks. Results of audit will be presented to the QAPI committee.</p>	

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F0000	INITIAL COMMENTS The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		

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S0000	Initial Comments POC accepted. There is no Deficient Practice Statement for this citation	S0000		

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