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 10/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
N J EASTERN STAR HOME	**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	INITIAL COMMENTS Survey: Complaint Intake ID#: NJ00188211 Survey Dates: 10/28/25-10/29/25 Census: 69 Sample size: 3 A Complaint Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. The facility was in compliance, and no deficiencies were cited for this survey.	F0000		11/18/2025

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

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 10/29/2025

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S0000	Initial Comments The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 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	S0000		11/18/2025
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 interviews and review of other facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff to resident ratios as mandated by the state of New Jersey. This was evident for the 2 weeks of staffing prior to survey from 10/12/25-10/25/25, the facility was deficient CNA staffing for residents on 3 of 14-day shifts. Findings include: 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 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 02/01/2021: One Certified Nurse Aide (CNA) to every eight residents	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 for each date to determine the reason the required staffing ratio was not met: October 19, 2025: An Apparent Cause Analysis was conducted to determine the cause of the deficient practice. The facility had an agency CNA scheduled to meet the required ratio; however, the scheduled agency CNA did not report to work and did not provide advance notice. Despite attempts to secure last-minute coverage through available staff and agency partners, no CNA was available to fill the shift. October 20, 2025: An Apparent Cause Analysis was conducted and determined that the facility's budgeted CNA staffing for this date 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.	12/18/2025

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S0560	Continued from page 1 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. · For the 2 weeks of AAS-11 staffing, the facility was deficient in CNA staffing for residents on 3 of 14 day shifts as follows: -10/19/25 had 8 CNAs for 72 residents on the day shift, required at least 9 CNAs. -10/20/25 had 8 CNAs for 69 residents on the day shift, required at least 9 CNAs. -10/21/25 had 8 CNAs for 69 residents on the day shift, required at least 9 CNAs.	S0560	Continued from page 1 October 21, 2025: An Apparent Cause Analysis was conducted and determined that the facility's budgeted CNA staffing for this date 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. III. 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. Schedule done for entire month and reviewed weekly and daily and by shift to manage any last-minute staff call-outs. The facility maintains staffing agreements with six (6) agencies to increase availability during unforeseen vacancies. 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. The facility continues to recruit LPN students completing clinical rotations to work temporarily as	

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S0560		S0560	Continued from page 2 CNAs while awaiting licensure. Recruitment strategies were enhanced by updating job postings and increasing sign-on bonuses to attract additional CNA candidates. Internal staff offered financial incentive to fill last minute vacant shifts as needed. IV. Daily meeting between DON/designee and Staffing Coordinator/designee to review nursing schedule for projected compliance with ratios. 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.	

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 12/22/25 in relation to the 10/29/25 Complaint survey. The facility was found to be in compliance with the 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.

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New Jersey State Department of Health

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S0000	Initial Comments An offsite//desk review of the facility's Plan of correction was conducted on 12/22/25 in relation to the 10/29/25 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 Facilities.	S0000		

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