

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315039</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>12/18/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROOSEVELT CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>118 PARSONAGE ROAD , EDISON, New Jersey, 08837</b>	
(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  A Recertification Survey was conducted by Healthcare Management Solutions, LLC on behalf of New Jersey Department of Health (NJDOH).  Survey Dates: 12/15/25 – 12/18/25  Survey Census: 161  Sample Size: 30  Supplemental Residents: 18  THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS RECERTIFICATION VISIT.	F0000		01/19/2026
F0584 SS = D	Safe/Clean/Comfortable/Homelike Environment  CFR(s): 483.10(i)(1)-(7)  §483.10(i) Safe Environment.  The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.  The facility must provide-  §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.  (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk.  (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.	F0584	The corrective action accomplished for those residents affected by #s 161 and 15 was to call our plumbing vendor, <a href="#">NJ Exec Order 26.4b1</a> , who was in the center on 11-26-25 to address the concerns from the Resident Council Meeting on 11-20-25. The exhaust line was overheating and lowered the temperature on the water heater and they adjusted the mixing valve to keep the water within the 95-120 degree range. The system was cleaned and checked and found to be providing adequate hot water. The system was adjusted again on 12-18-25 to replace a spring in the mixing valve to further ensure water temperature efficiency. Water temperatures have been within range.  All residents have the potential to be affected by water temperatures.  Systematic changes implemented will add shower room water checks to the preventive maintenance check list in addition to the bathroom sink check. Temperatures will be recorded daily to ensure they are within range.  The center will monitor the corrective action by	02/10/2026

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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NAME OF PROVIDER OR SUPPLIER  <b>ROOSEVELT CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>118 PARSONAGE ROAD , EDISON, New Jersey, 08837</b>	
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F0584 SS = D	<p>Continued from page 1</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview, record review, document review, and policy review, the facility failed to ensure water was at a comfortable temperature in the [redacted] rooms on the [redacted] floor for two (Resident (R)161 and R15) of three residents reviewed for a comfortable/homelike environment out of a total sample of 30 residents. [redacted] in water that is not warm enough can have serious negative effects, particularly for those with underlying health conditions and can decrease their quality of life.</p> <p>Findings include:</p> <p>Review of Resident Council Minutes, dated 11/20/25, provided by the facility revealed under the Maintenance section "Residents on the [redacted] stated, NJ Exec Order 26.4b1 and [redacted] room is cold. This was adjusted."</p> <p>Review of Resident Council Minutes, dated 11/20/25, provided by the facility revealed under the Maintenance section "Resident on [redacted] and [redacted] ask if the water can be warmer. Residents were educated that as per State Regulations, hot water boilers can only be set between 95 and 110 degrees."</p> <p>1. Review of R161's quarterly "Minimum Data Set</p>	F0584	<p>Continued from page 1</p> <p>auditing the revised Daily Maintenance checklists by the Director of Operations and the Administrator daily x 4 weeks, and then monthly for 3 months. Resident Council concerns and the maintenance work log book will be monitored for water temperature issues, and corrected in a timely manner. Audits of shower room water temperatures will be submitted to the Quality Assurance Committee by the Maintenance Director quarterly for further review, as appropriate.</p>	02/10/2026

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<p>F0584 SS = D</p>	<p>Continued from page 2 (MDS)" with an Assessment Reference Date (ARD) date of [redacted], located in the "MDS" tab of the electronic medical record (EMR), revealed an admission date of [redacted], a "Brief Interview for Mental Status (BIMS)" score of [redacted] out of 15 indicated R161 was [redacted], required [redacted] for [redacted], and had diagnoses of [redacted], [redacted], [redacted], and [redacted].</p> <p>Review of R161's comprehensive "MDS" with an ARD date of [redacted], located in the "MDS" tab of the EMR, revealed it was [redacted] for R161 to [redacted].</p> <p>Review of R161's "Care Plan," located in the EMR under the "Care Plan" tab revealed nothing about activities of daily living for [redacted] or [redacted].</p> <p>Review of R161's [redacted] documentation from [redacted] to [redacted], located in the EMR under the "task" tab revealed R161 [redacted] except on [redacted] when he/she received [redacted].</p> <p>On 12/15/25 at 11:40 AM, R161 was sitting in his/her room in a wheelchair, [redacted] and [redacted]. R161 [redacted] about the [redacted] water always being too cold and therefore, he/she had [redacted] to [redacted]. R161 stated he/she had reported the cold water to the caregivers for more than a month with no resolution. R161 stated the cold-water problem was brought up again in resident council last month.</p> <p>2. Review of R15's quarterly "Minimum Data Set (MDS)" with an ARD date of [redacted], located in the "MDS" tab of the EMR, revealed an admission date of [redacted], a "BIMS" score of [redacted] out of 15 indicated R15's [redacted] was [redacted], was [redacted] for [redacted], and had diagnoses of [redacted], [redacted], and [redacted].</p> <p>Review of R15's comprehensive "MDS" with an ARD date of [redacted], located in the "MDS" tab of the EMR, revealed it was [redacted] for R15 to [redacted].</p> <p>Review of R15's "Care Plan," located in the EMR under the "Care Plan" tab revealed nothing about activities of daily living for [redacted] or [redacted].</p>	<p>F0584</p>		<p>02/10/2026</p>

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<p>F0584 SS = D</p>	<p>Continued from page 3</p> <p>Review of R15's <sup>NJ Exec Order 26.4b1</sup> documentation from <sup>NJ Exec Order 26.4b1</sup> to <sup>NJ Exec Order 26.4b1</sup>, located in the EMR under the "task" tab revealed R15 <sup>NJ Exec Order 26.4b1</sup> only <sup>NJ Exec Order 26.4b1</sup>.</p> <p>On 12/16/25 at 8:33 AM, R15 was in bed <sup>NJ Exec Order 26.4b1</sup> and <sup>NJ Exec Order 26.4b1</sup>. R15 was asked about his/her care in the facility. R15 <sup>NJ Exec Order 26.4b1</sup> with his/her care except he/she <sup>NJ Exec Order 26.4b1</sup> because the <sup>NJ Exec Order 26.4b1</sup> water was too cold.</p> <p>During an interview on 12/17/25 at 8:27 AM, Licensed Practical Nurse (LPN)2 was asked if any residents had complained of the water temperature being too cold in the <sup>NJ Exec Order 26.4b1</sup> on the <sup>NJ Exec Order 26.4b1</sup>. LPN2 stated "sometimes, and yesterday, [12/16/25], maintenance fixed it."</p> <p>During an interview on 12/17/25 at 8:44 AM, the <sup>U.S. FOIA (b)(6)</sup> was asked about the water temperature in the <sup>NJ Exec Order 26.4b1</sup> rooms on the <sup>NJ Exec Order 26.4b1</sup> floor. <sup>U.S. FOIA (b)(6)</sup> stated the water temperatures were checked every morning randomly at resident sinks but not in the <sup>NJ Exec Order 26.4b1</sup> rooms in the stalls. <sup>U.S. FOIA (b)(6)</sup> then measured the hot water in the left <sup>NJ Exec Order 26.4b1</sup> stall in the <sup>NJ Exec Order 26.4b1</sup> room on the <sup>NJ Exec Order 26.4b1</sup> floor on the yellow hall. The hot water measured 92.5 degrees Fahrenheit (F). <sup>U.S. FOIA (b)(6)</sup> stated the <sup>NJ Exec Order 26.4b1</sup> heads insert air which lowers the temperature which would explain why the temperatures are different from the resident sinks. The <sup>U.S. FOIA (b)(6)</sup> was present and stated the facility had a new boiler installed two years ago due to the age of the building but not due to a mechanical problem. <sup>U.S. FOIA (b)(6)</sup> went on to say, "It's difficult to adjust the temperature because the building is multi-level." <sup>U.S. FOIA (b)(6)</sup> stated the temperature of the water for the State requirement was 100 to 110 degrees F.</p> <p>During an interview on 12/17/25 at 2:00 PM, Certified Nurse Aide (CNA)1 was asked if the water in the <sup>NJ Exec Order 26.4b1</sup> rooms was ever too cold when he/she gave residents a <sup>NJ Exec Order 26.4b1</sup>. <sup>U.S. FOIA (b)(6)</sup> stated, "At times," but he/she reports it to the nurse, and they get maintenance to fix it.</p> <p>During a follow up interview on 12/18/25 at 2:30 PM, the <sup>U.S. FOIA (b)(6)</sup> stated a plumber was onsite to replace a spring in the mixing valve but not because it malfunctioned. Maintenance stated the spring was replaced to make the system more efficient.</p> <p>Review of the facility policy titled "Safe Water Temperature," dated 01/01/25, provided by the</p>	<p>F0584</p>		<p>02/10/2026</p>

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F0584 SS = D	Continued from page 4 facility, revealed, "2. Staff will report abnormal findings, such as complaints of water too cold or hot, burns or redness, or any problems with water temperature (ex. water is painful to touch or causes redness) to the supervisor and/or maintenance staff. 3. Water temperature for bathing and handwashing will be set to a temperature of no more than 120 degrees F."  NJAC 8:39-4.1(a)  NJAC 8:39-5.1(a)	F0584		02/10/2026
F0684 SS = D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care  Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.  This REQUIREMENT is NOT MET as evidenced by:  Based on observation, interview, record review, and policy review, the facility failed to implement an appropriate intervention to NJ Ex Order 26.4(b)(1) for a resident in a chair for one (Resident (R)106) out of a total sample of 30 residents. This failure had the potential for severe complications due to NJ Ex Order 26.4(b)(1).  Findings include:  Review of R106's comprehensive "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) date of , located in the "MDS" tab of the electronic medical record (EMR), revealed an admission date of , a "Brief Interview for Mental Status (BIMS)" score of out of 15 indicated R106's was on for and had diagnoses of and .  Review of R106's "care plan," revised located in the EMR under the "Care Plan," tab revealed "R106 has and has for r/t [related to]	F0684	The corrective action accomplished for Resident 106 was to immediately the resident by the Unit Manager and C.N.A. to ensure and of the and while seated in the chair. The Unit Manager immediately notified the physician and an order was obtained for evaluation and . The Unit Manager referred the resident to and completed an assessment to determine appropriate and needs. The immediately recommended replacing the chair with a one to prevent the from . The Unit Manager replaced the chair to a one and updated the resident's plan of care. The Director of Nursing educated the resident's family about the risks and benefits of using this kind of support, which is not recommended by the and the physician.  2. All residents have the potential to be affected by this practice.  3. Systematic changes will be made by the Facility Educator to educate nursing and rehab staff on F684 related to the implementation of appropriate interventions for residents' positioning and off-loading.  The Director of Rehab in-serviced the nursing staff on how to properly position residents in a geriatric chair. The Occupational Therapist, Physical Therapist, and Unit Manager and/or designee will evaluate new admissions and residents with significant changes to determine appropriate positioning and off-loading devices as needed.  The Facility Educator will provide in-service training	02/16/2026

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<p>F0684 SS = D</p>	<p>Continued from page 5</p> <p>NJ Exec Order 26.4b1 ... NJ Exec Order 26.4b1</p> <p>Interventions included NJ Exec Order 26.4b1</p> <p>The care plan did not address the and when in the chair.</p> <p>Review of R106's NJ Exec Order 26.4b1 "Chart Details," dated NJ Exec Order 26.4b1, located in the EMR under the "Miscellaneous" tab, revealed the NJ Exec Order 26.4b1 and documented as an NJ Exec Order 26.4b1.</p> <p>On 12/17/25 at 9:04 AM and at 11:36 AM, R106 was observed in his/her room asleep in a NJ Exec Order 26.4b1 chair NJ Exec Order 26.4b1 that was NJ Exec Order 26.4b1. R106 was NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 as his/her NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1.</p> <p>On 12/17/25 at 12:22 PM, R106 was observed in his/her room in the same position in the NJ Exec Order 26.4b1 chair NJ Exec Order 26.4b1 with his/her NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. R106 was being NJ Exec Order 26.4b1 by his/her NJ Exec Order 26.4b1 lunch. NJ Exec Order 26.4b1 that R106 had a NJ Exec Order 26.4b1 on his/her NJ Exec Order 26.4b1.</p> <p>On 12/17/25 at 1:53 PM, R106 was observed in the NJ Exec Order 26.4b1 chair NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1. NJ Exec Order 26.4b1. NJ Exec Order 26.4b1 was at R106's side in the dining room on the NJ Exec Order 26.4b1 floor listening to an activity.</p> <p>On 12/17/25 at 3:02 PM, R106 was in his/her room in the same position in the NJ Exec Order 26.4b1 chair NJ Exec Order 26.4b1 with his/her NJ Exec Order 26.4b1. NJ Exec Order 26.4b1 from the NJ Exec Order 26.4b1.</p> <p>During an interview on 12/17/25 at 3:03 PM, U.S. FOIA (b)(6) was asked to observe R106 in his/her room in the NJ Exec Order 26.4b1 chair. Upon entering, the NJ Exec Order 26.4b1 was asked about R106 being in the chair for six hours, from 9:00 am to 3:00 PM with his/her NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 or NJ Exec Order 26.4b1 by the NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. The U.S. FOIA was asked if R106's NJ Exec Order 26.4b1 should be NJ Exec Order 26.4b1 or NJ Exec Order 26.4b1 have a NJ Exec Order 26.4b1 that would NJ Exec Order 26.4b1 R106's NJ Exec Order 26.4b1 from NJ Exec Order 26.4b1 when in his/her NJ Exec Order 26.4b1 chair. The U.S. FOIA then NJ Exec Order 26.4b1 the NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 around to demonstrate the use.</p>	<p>F0684</p>	<p>Continued from page 5 to shift supervisors and unit managers on the timely updating of the care plan for positioning and off-loading devices.</p> <p>4. The corrective action will be monitored as the Unit Managers and /or designees will audit the care plan for 5 residents weekly x 4 weeks and 10 residents monthly x 3 months.</p> <p>The Director of Rehab and/or designee will audit 5 residents in a geriatric chair weekly x 4 weeks and 10 residents monthly x 3 months.</p> <p>The ADON and/or designee will audit 3 residents with arterial wounds for placement of off-loading/positioning devices weekly x 4 weeks and 5 residents monthly x 3 months.</p> <p>The DON, ADON, and Rehab Director will present their audits to the Quality Assurance Committee quarterly for further review as appropriate.</p>	<p>02/16/2026</p>

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<p>F0684 SS = D</p>	<p>Continued from page 6 During an interview on 12/18/25 at 11:45 AM, Medical Doctor (MD)1 was asked if R106 being in the same position yesterday, [redacted] from 9:00 AM to 3:00 PM, while in the [redacted] chair [redacted] with R106's [redacted] NJ Exec Order 26.4b1 was [redacted] for R106's [redacted] NJ Exec Order 26.4b1. MD1 stated whatever the staff were doing was appropriate until deemed otherwise. MD1 was asked if she/her was aware family made a [redacted] out of [redacted] and [redacted] in R106's room for him/her [redacted] his/her [redacted] MD1 stated, "No," but [redacted] is very [redacted] and if R106 was [redacted] they would report it. MD1 stated R106 had [redacted] in his/her [redacted] due to [redacted] and [redacted] [redacted] NJ Exec Order 26.4b1</p> <p>During an interview on 12/18/25 at 2:11 PM, [redacted] U.S. FOIA (b)(6) was asked about R106 being in the [redacted] chair three times weekly and if she was aware of the [redacted] NJ Exec Order 26.4b1 and [redacted] FM1 had brought for a [redacted] to [redacted] R106's [redacted] [redacted] stated she wasn't aware until today, [redacted] U.S. FOIA [redacted] NJ Exec Order 26.4b1</p> <p>Review of the facility policy titled "Pressure Injury Prevention Guidelines," dated 06/01/25, provided by the facility revealed "g. When in chair, provide adequate seat tilt to prevent sliding forward. Ensure the feet are properly supported."</p> <p>NJAC 8:39-27.1(a)</p>	<p>F0684</p>		<p>02/16/2026</p>

New Jersey Department of Health

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S0000	Initial Comments  The facility is 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 Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations.	S0000		01/19/2026

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 2/19/2026 in relation to the 12/18/2025 Recertification survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315039</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02 - ROOSEVELT ...</b>  B. WING	(X3) DATE SURVEY COMPLETED  <b>12/18/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROOSEVELT CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>118 PARSONAGE ROAD , EDISON, New Jersey, 08837</b>	
(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
K0000 Bldg. 02	INITIAL COMMENTS  A Life Safety Code Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH), Health Facility Survey and Field Operations on 12/16/25 and the facility was found to be in non-compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancies.  Roosevelt Care Center is a four-story building built in 2004. It is composed of Type II protected construction. The facility is divided into 12 - smoke zones. The 450 KW diesel generator powers approximately 90% of the building per the <b>U.S. FOIA (b)(6)</b> . The current occupied beds are 162 of 180.	K0000		02/10/2026
K0351 SS = F Bldg. 02	Sprinkler System - Installation  CFR(s): NFPA 101  Spinkler System - Installation  2012 EXISTING  Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems.  In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers.  In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems.	K0351	The 25x12-foot electrical room will be assessed by our vendor, who will arrange for drawings by a qualified engineer, and then submit them to the Department of Community Affairs (DCA) for approval to install sprinkler heads in the electrical room. Permits will be obtained and approved as appropriate by the State and County. As this is a timely procedural process, we anticipate receiving all the necessary approvals by 4-30-26.  All residents have the potential to be affected by this finding.  The Director of Maintenance (DOM) will add the Electrical Room to the preventive maintenance checklist and schedule monthly inspections to ensure the sprinkler system or chemical suppression system is working properly. In the interim, the electrical room will be checked 3x daily by maintenance staff on the 7-3 shift, by security on the 3-11 shift, and again by security on the 11-7 shift to ensure it is safe. The DOM provided education on this procedure to maintenance and security.	04/30/2026

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<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315039</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02 - ROOSEVELT ...</b>  B. WING	(X3) DATE SURVEY COMPLETED  <b>12/18/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROOSEVELT CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>118 PARSONAGE ROAD , EDISON, New Jersey, 08837</b>	
(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
K0351 SS = F Bldg. 02	<p>Continued from page 1 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1)</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observation and interview, it was determined that the facility failed to ensure that the sprinkler system was installed throughout the facility in accordance with NFPA 101 Life Safety Code (2012 Edition) Section 19.3.5.1. and CMS C&amp;S Letter 13-55 LSC dated 8/16/13. This deficient practice had the potential to affect all 162 residents and was evidenced by the following:</p> <p>An observation on 12/16/25 1:08 PM revealed a 25 foot by 12-foot electrical room next to the mechanical room on the first floor with one layer of 5/8 inch Type [REDACTED] on both sides of the wall with 90-minute fire rated doors making the room one-hour fire rated. The room contained the switch gear, transfer switches, and several panel boards and was not equipped with a fire sprinkler system.</p> <p>During an interview at the time of the observation, the U.S. FOIA (b)(6) confirmed that only one layer of 5/8 inch Type [REDACTED] was present on the walls and that the room was not equipped with a sprinkler or chemical suppression system.</p> <p>During an exit interview on 12/16/25 at 4:30 PM, the U.S. FOIA (b)(6) verified the lack of sprinkler coverage and stated that there was not a waiver on the facility with the sprinkler system.</p> <p>NJAC 8:39-31.1(c), 31.2(e) NFPA 13, 25</p>	K0351	<p>Continued from page 1</p> <p>The security checks, prior to the installation of a sprinkler and/or suppression system, will be conducted daily by the DOM.</p> <p>Once the sprinkler heads are installed in the electrical room, the DOM will check the electrical room for safe operation weekly for 4 weeks, then monthly thereafter. The DOM will present the results of the audit to the Quality Assurance Committee, which meets quarterly, for further review/action as appropriate.</p>	04/30/2026

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315039</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>12/18/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROOSEVELT CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>118 PARSONAGE ROAD , EDISON, New Jersey, 08837</b>	
(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
E0000	Initial Comments  An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH) on 12/16/25. The facility was found to be in compliance with 42 CFR 483.73	E0000		02/06/2026

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<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315039</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02 - ROOSEVELT ...</b>  B. WING	(X3) DATE SURVEY COMPLETED  <b>05/04/2026</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROOSEVELT CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>118 PARSONAGE ROAD , EDISON, New Jersey, 08837</b>	
(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
K0000 Bldg. 02	<p><b>INITIAL COMMENTS</b></p> <p>An offsite/desk review of the facility's Plan of Correction was conducted on 5/4/2026 in relation to the 12/18/2025 Life Safety Code survey. The facility was found to be in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy.</p>	K0000		

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