STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315463	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWBROOK RESPIRATORY AND NURSING CENTER	**38 FRENEAU AVENUE , MATAWAN, New Jersey, 07747**

(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 #: 2613799 Survey date: 09/16/2025 Census: 99 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		10/02/2025

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

New Jersey State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 556200	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWBROOK RESPIRATORY AND NURSING CENTER	**38 FRENEAU AVENUE , MATAWAN, New Jersey, 07747**

(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 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		10/02/2025
S1680	Mandatory Nurse Staffing CFR(s): 8:39-25.2(b)(1)&(2) (b) The facility shall provide nursing services by registered professional nurses, licensed practical nurses, and nurse aides (the hours of the director of nursing are not included in this computation, except for the direct care hours of the director of nursing in facilities where the director of nursing provides more than the minimum hours required at N.J.A.C. 8:39-25.1(a)) on the basis of: 1. Total number of residents multiplied by 2.5 hours/day; plus 2. Total number of residents receiving each service listed below, multiplied by the corresponding number of hours per day: Wound care 0.75 hour/day Nasogastric tube feedings and/or gastrostomy 1.00 hour/day Oxygen therapy 0.75 hour/day	S1680	A. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice: All residents were reviewed to ensure that sufficient nursing coverage was in place to meet clinical needs on all shifts. No negative resident outcomes were identified related to staffing levels during the cited dates (08/31/25, 09/06/25, 09/08/25, and 09/13/25). B. How the facility will identify other residents who could potentially be affected by the same deficient practice: All current residents could potentially be affected if staffing levels do not meet the required minimum hours per day. A full facility staffing review was completed by Administration and the Director of Nursing to ensure compliance with the required 2.5 nursing hours per resident per day, plus additional hours based on resident acuity and care categories. C. What measures will be put in place or systemic changes made to ensure that the deficient practice will not recur: The Staffing Coordinator and Director of Nursing (DON) will review the daily census and acuity categories (wound care, oxygen therapy, IV therapy, tracheostomy, gastrostomy, etc.) and calculate the required total	10/02/2025

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: 556200	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/16/2025

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S1680	Continued from page 1 Tracheostomy 1.25 hours/day Intravenous therapy 1.50 hours/day Use of respirator 1.25 hours/day Head trauma stimulation/advanced neuromuscular/orthopedic care 1.50 hours/day This LICENSURE REQUIREMENT is NOT MET as evidenced by: Complaint #: 2613799 Based on review of the Nurse Staffing Reports for the weeks of 08/31/25 and 09/07/25, it was determined that the facility failed to provide at least minimum staffing levels for 4 of 14 days. The required staffing hours and actual staffing hours are as follows: For the week of 08/31/25 Required Staffing Hours: 389 On 08/31/25 had 360 actual staffing hours, for a difference of -29 hours. On 09/06/25 had 344 actual staffing hours, for a difference of -45 hours. For the week of 09/07/25 Required Staffing Hours: 374.25 On 09/08/25 had 360 actual staffing hours, for a difference of -14.25 hours. On 09/13/25 had 368 actual staffing hours, for a difference of -6.25 hours.	S1680	Continued from page 1 nursing hours using the N.J.A.C. 8:39-25.2(b) formula. The daily staffing sheet will be compared to the required hours, and any identified shortfall will be addressed by calling in per diem staff, adjusting shift assignments, or utilizing overtime as necessary. A weekly staffing audit will be completed by the DON or designee, reviewed with the Administrator, and documented in the QA staffing binder. The Staffing Coordinator received re-education by the Regional Director of Recruitment and Staffing on New Jersey minimum staffing regulations, including how to calculate total required hours based on census and resident care categories. The facility will maintain contingency staffing plans, including the use of pre-approved agency staff, to ensure that minimum hours are consistently met on all shifts. D. How the corrective action will be monitored to ensure the deficient practice will not recur (i.e., what QA process will be used): The DON or designee will conduct a weekly audit of actual versus required nursing hours for 8 weeks, then monthly thereafter. Findings will be reported to the Quality Assurance and Performance Improvement (QAPI) Committee for review and tracking. Any variance from required staffing hours will prompt immediate corrective action and retraining if needed. The Administrator and DON will ensure ongoing compliance through continued monitoring and inclusion in the facility's QAPI program.	