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 11/06/2025

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 #: 2637834 Survey Date: 11/06/2025 Census: 98 Sample: 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		11/20/2025

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: 556200	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/06/2025

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MEADOWBROOK RESPIRATORY AND NURSING CENTER	38 FRENEAU AVENUE , MATAWAN, New Jersey, 07747

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S0000	Initial Comments Complaint #: 2637834 Survey Date: 11/06/2025 Census: 98 Sample: 3 The facility was not in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities. The facilities 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		11/20/2025
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: Complaint: #2637834 Based on observation and review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the State of New Jersey. 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	S0560	Facility Response 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 CNA coverage was in place to meet clinical needs on all shifts. No negative resident outcomes related to staffing levels were identified on 09/28/25. B. How the facility will identify other residents who could potentially be affected by the same deficient practice: All current residents could be affected if staffing levels do not meet the required minimum daily hours. The Administration and the Director of Nursing completed a full-facility staffing review to ensure compliance with the new minimum CNA staffing requirements: one Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care	12/17/2025

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 11/06/2025

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S0560	Continued from page 1 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. "Direct care staff member" means any registered professional nurse, licensed practical nurse, or certified nurse aide who is acting in accordance with that individual's authorized scope of practice and pursuant to documented employee time schedules. The following ratio(s) were effective as of 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 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. 1. A review of "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report" for the 2 weeks of Complaint from 09/28/2025 to 10/11/2025 the facility was deficient in CNA staffing for residents on 1 of 14 day shifts as follows: 09/28/25 had 12 CNAs for 108 residents on the day shift, required at least 13 CNAs.	S0560	Continued from page 1 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. 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 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	

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S0560		S0560	Continued from page 2 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.	

New Jersey State Department of Health

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

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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 12/17/2025 in relation to the 11/06/2025 State of New Jersey Re-Licensure 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