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 05/06/2025

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 #: NJ00182326 Survey Dates: 5/6/25 Census: 97 Sample Size: 6 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 COMPLAINT VISIT.	F0000		
F0609 SS = D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations	F0609	Complaint #: NJ00182326 Tag Number: F609 – Reporting of Abuse/Neglect/Misappropriation Survey Date: 5/6/2025 A. Tag Number & Deficiency Summary F609: The facility failed to report an [NJ Exec O] of [NJ Exec Order 26.4b1] involving a [NJ Exec Order 26.4b1] resident to the New Jersey Department of Health. Resident #1 sustained a [NJ Exe] and [NJ Exec Order 26.4b1] that required [NJ Exec Order 26.4b1]; while there was documentation of the reportable event being reported to the State Ombudsman Office, there was no documentation that the incident was reported to NJDOH within the required time frame. The deficient practice was identified for 1 of 2 residents reviewed for [NJ Exec O] B. Corrective Action Taken for the Resident(s) Affected	05/30/2025

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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F0609 SS = D	Continued from page 1 to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is NOT MET as evidenced by: COMPLAINT#: NJ00182326 Based on observations, interviews, medical records review, and review of other pertinent facility documentation on 5/6/25 it was determined that the facility failed to report an [NJ Exec Order 26.4b1] of a [NJ Exec Order 26.4b1] resident to the New Jersey Department of Health (NJDOH). This deficient practice was identified for 1 of 2 (Resident #1) residents sampled for [NJ Exec Order 26.4b1] and was evidenced by the following: Resident #1 [NJ Exec Order 26.4b1] the facility at the time of the survey. A closed record review was conducted. The surveyor reviewed Resident #1's Admission Record (AR) which revealed that the resident was admitted to the facility with diagnoses which included but were not limited to: [NJ Exec Order 26.4b1] The surveyor reviewed Resident #1's annual Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated [NJ Exec Order 26.4b1], revealed that Resident #1 had a Brief Interview for Mental Status (BIMS) score of [NJ Exec Order 26.4b1] out of 15, which indicated that the resident's [NJ Exec Order 26.4b1] was [NJ Exec Order 26.4b1] The surveyor reviewed the resident's medical record, which included an Incident Report (IR), dated [NJ Exec Order 26.4b1]. The IR revealed that the resident was observed [NJ Exec Order 26.4b1] [NJ Ex Order 26.4(b)(1)] and had sustained a [NJ Exec Order 26.4b1] on [NJ Ex Order 26.4b1] of the [NJ Exec Order 26.4b1]. The IR revealed that the resident [NJ Exec Order 26.4b1] the wheelchair while attempting to [NJ Exec Order 26.4b1] for a [NJ Exec Order 26.4b1] of [NJ Exec Order 26.4b1] The resident was [NJ Exec Order 26.4b1] to the [NJ Exec Order 26.4b1] The IR did not indicate that the NJDOH had been notified of the incident. The surveyor reviewed the hospital discharge	F0609	Continued from page 1 - A retrospective report was immediately submitted on [NJ Exec Order 26.4b1] to NJDOH regarding the incident involving Resident #1 upon identification of the deficiency during survey. - On 05/06/2025, Resident # 1's medical record, incident documentation, and hospital discharge records were reviewed to ensure all elements of the investigation were completed appropriately. They were. - While Resident #1 is [NJ Exec Order 26.4b1] at the facility, documentation was updated to reflect the late submission and internal review was completed. C. Systemic Changes to Prevent Recurrence - The [U.S. FOIA (b)(6)], [U.S. FOIA (b)(6)] [U.S. FOIA (b)(6)], licensed nurses and department heads were re-educated on F609 regulations regarding the timely reporting of incidents to NJDOH, specifically differentiating between reportable and non-reportable events and applicable timelines (2 hours for abuse/serious injury, 24 hours for other incidents, and 5-day follow-up report) This was completed 05/07/2025. Newly hired staff and agency staff will receive this education upon hire. - An updated Incident Reporting Protocol Flowchart was created and posted at the nurse's stations, DON office, and Administrator's office for reference. - The Administrator and Director of Nursing will now co-review all reportable incidents to ensure timely submission and supporting documentation prior to uploading. D. Monitoring to Ensure Ongoing Compliance - A Weekly Incident Report Audit will be conducted by the DON or designee for three months to ensure all potentially reportable events are submitted timely and in accordance with state and federal requirements. - The QAPI Committee will review all reportable incidents monthly for six months to verify that reporting timelines were met and documentation was complete.	05/30/2025

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F0609 SS = D	Continued from page 2 paperwork for Resident #1, dated [NJ Exec Order 26.4b1], which indicated that Resident #1 presented with: -[NJ Exec Order 26.4b1] -NJ Exec Order 26.4b1) -[NJ Exec Order 26.4b1] The paperwork also indicated that the resident received [NJ Exec Order 26.4b1] to the [NJ Exec Order 26.4b]. The surveyor reviewed a facility reportable that was completed by the facility, dated [NJ Exec Order 26.4b1]. The IR did not indicate that the NJDOH had been notified of the incident. During an interview on 5/6/25, at 4:55 P.M., with the U.S. FOIA (b)(6), the U.S. FOIA (b)(6) ([U.S. FOIA (b)(6)]), and a U.S. FOIA (b)(6)), the [U.S. FOIA (b)(6)] [U.S. FOIA (b)(6)] stated that the incident had been investigated and reported to the NJDOH by the previous U.S. FOIA (b)(6)r due to the resident having a [NJ Exec Order 26.4b] that required [NJ Exec Order 26.4b]. Documentation provided to the surveyor did not indicate that the NJDOH had been notified. She then stated that they would search for it. The surveyor did not receive additional documentation indicating that the NJDOH had been contacted regarding the incident. NJAC 8:39-27.1(a)	F0609	Continued from page 2 - Results of the audits will be reviewed in monthly Quality Assurance meetings, and trends will be analyzed for potential retraining or policy adjustments. - The Regional Nurse will perform random audits of incident logs and NJDOH reporting submissions for a period of six months during monthly clinical reviews.	05/30/2025