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 01/12/2024

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 Covid-19 Focused Infection Control Survey CENSUS: 87 SAMPLE SIZE: 8 A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health on 1/12/24, the facility was found to be in compliance with 42 CFR §483.80 infection control regulations and has not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.	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.

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 01/12/2024

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S0000	Initial Comments No Information	S0000		
S0560	Mandatory Access to Care CFR(s): 8:39-5.1(a) (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 facility document review on 1/12/2024, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratio as mandated by the State of New Jersey for 9 of 14 day shifts. 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 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 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 certified nurse aide 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	S0560	1. No residents were affected. 2. All residents have the potential to be affected. 3. The facility has ongoing staff recruitment efforts that include job postings on online job sites, outreach to local nursing and CNA schools, sign on bonuses, referral bonuses. The Staffing Coordinator monitors the number of aides on each shift and the census of each unit and reports to the Administrator and Director of Nursing or their designees. Administrator educated the staffing coordinator on the required staffing ratios. 4. The staffing coordinator will calculate the ratio of CNA to residents for each unit daily, for each shift. Finding will be submitted to the Administrator and Director of Nursing, and the QAPI committee which meets quarterly and as needed.	02/15/2024

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 01/12/2024

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S0560	Continued from page 1 staff member shall sign in to work as a CNA and perform CNA duties. The survey team requested staffing for the weeks of 12/24/23 to 12/30/23 and 12/31/2023 to 1/6/24. 1. 12/28/23 had 9 CNAs for 92 residents on the day shift, required at least 11 CNAs. 2. 12/29/23 had 8 CNAs for 91 residents on the day shift, required at least 11 CNAs. 3. 12/30/23 had 8 CNAs for 91 residents on the day shift, required at least 11 CNAs. 4. 12/31/23 had 7 CNAs for 91 residents on the day shift, required at least 11 CNAs. 5. 01/01/24 had 7 CNAs for 91 residents on the day shift, required at least 11 CNAs. 6. 01/02/24 had 7 CNAs for 91 residents on the day shift, required at least 11 CNAs. 7. 01/03/24 had 7 CNAs for 91 residents on the day shift, required at least 11 CNAs. 8. 01/04/24 had 8 CNAs for 90 residents on the day shift, required at least 11 CNAs.	S0560		02/15/2024

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S0560	Continued from page 2 9. 01/05/24 had 10 CNAs for 89 residents on the day shift, required at least 11 CNAs.	S0560		02/15/2024