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 02/24/2025

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 #'s: NJ00174060, NJ00180896 and NJ00183578 Census: 130 Sample Size: 8 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		
F0558 SS = D	Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3) §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is NOT MET as evidenced by: Based on interviews and record review, as well as review of pertinent facility documents on 02/20/25, 02/21/25, and 02/24/25, it was determined that the facility failed to accommodate a residents' need and preference related to activities for 2 of 3 residents (Resident #2 and Resident #4). This deficient practice is evidenced by the following: 1. According to the Admission Record, Resident #2 was admitted [redacted] to the facility with diagnoses which included but were not limited to: [redacted] and [redacted]	F0558	A. The facility made immediate efforts to address the deficient practice by reviewing and updating the activity care plans for Resident #2 and Resident #4. The Activities Department created a consistent in-room activity schedule specifically for residents with [redacted] status and/or [redacted]. The [redacted] was re-educated on the importance of consistent documentation of activity offerings and participation. A new system for documenting activity encounters, refusals, and preferences was implemented. B. All residents, especially those with cognitive impairment or physical limitations, have the potential to be affected by this deficient practice. [redacted] were identified for Resident #2 or Resident #4 as a result of this issue. C. The facility will implement the following corrective systems: The Activities Department will maintain a current list of residents requiring in-room or individualized activity interventions. The Activities Director will ensure weekly reviews of activity participation logs for residents on ventilators	04/04/2025

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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F0558 SS = D	Continued from page 1 The Minimum Data Set (MDS), an assessment tool, dated [redacted], revealed that Resident #2 had [redacted], and was [redacted] on staff with Activities of Daily Living (ADLs) and [redacted]. Resident #2's Care Plan (CP), revealed a focus that was initiated on [redacted], that showed [Resident #2] was [redacted] on staff for activities, [redacted]. The interventions included but were not limited to: "All staff to assist [Resident #2] to participate in activities program and invite [Resident #2] to scheduled activities." On [redacted] at 1:30 PM, Resident #2 was sent to the hospital for a [redacted] in [redacted] and was not available to provide an interview, so a record review was conducted. 2. According to the Admission Record, Resident #4 was admitted [redacted] to the facility with diagnoses including but not limited to [redacted]. The MDS dated [redacted] revealed Resident #4 had [redacted] and was [redacted] on staff for ADLs and [redacted]. Resident #4's CP, with a focus that was initiated on [redacted] showed [Resident #4] was [redacted] on staff for activities, [redacted] and [redacted]. Interventions included but not limited to: Invite [Resident #4] to scheduled activities. During an interview on 02/20/25 at 10:19 AM, both Resident #4 and the family member stated, Resident has not [redacted] the room to participate in any of the scheduled activities, nor are any activities provided while Resident #4 is in his/her room. On 02/20/25 at 12:44 PM, interview was conducted with [redacted]). [redacted] stated that activities are completed 2-3 times a week for residents that are [redacted]. The [redacted] stated that they offer bingo, or socialization opportunities with the residents and the documentation is handwritten on paper.	F0558	Continued from page 1 or those unable to leave their rooms. The Activities team will conduct preference interviews (or family input as needed) quarterly and upon change in condition to ensure programming remains person-centered. All activity documentation will be completed in real-time using standardized forms or EMR where applicable. D. Activity documentation audits and participation tracking for residents with cognitive or physical limitations will be submitted to the Quality Assurance and Performance Improvement (QAPI) Committee monthly for a period of three (3) months. Patterns of missed documentation or resident isolation will be addressed through targeted staff re-education and process changes. The QAPI Committee will assess the effectiveness of these interventions quarterly and adjust the plan as needed to maintain compliance and ensure quality of life for all residents.	04/04/2025

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F0558 SS = D	Continued from page 2 At 2:14 PM, during an interview with the [U.S. P], she provided copies of the activity documentation for Residents #2 and #4. The copies revealed, the last documented activity for Resident #2 was on [NJ Exec Order 26], for [NJ Exec Order 26.4b] and the last documented activity for #4 was on [NJ Exec Order 26.4] for [NJ Exec Order 26.4b1] The [U.S. P] stated that activities are important for residents for socialization and engagement and just overall well-being of the residents. She stated the staff sometimes did not have time to document the encounters, but the residents were still being offered activities. She further stated that there should probably be some form of documentation. On 2/20/25, at 3:07 PM, the [U.S. P] provided a document titled "Vent Activities Visit Schedule." The document revealed that Resident #2 had activity visits scheduled on [NJ Exec Order 26.4b] between 2-5 PM and Resident #4 had activity visits scheduled on [NJ Exec Order 26.4b] between 2-5 PM. However, no further documentation was provided regarding the visits. NJAC: 8:39-8.1	F0558		04/04/2025
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, and review of pertinent facility documents, it was determined that the facility failed to ensure that residents' call bells were answered in a timely manner. This deficient practice was identified for 1 of 8 (Resident #4) sampled residents and was evidenced by the following: According to the Admission Record, Resident #4 was admitted on [NJ Exec Or] with diagnoses including but not limited to: NJ Exec Order 26.4b1,	F0684	A. The facility made immediate efforts to address the deficient practice by re-educating all nursing staff on the policy regarding call light response times. Specific emphasis was placed on the requirement that call bells be answered immediately, especially for residents with tracheostomies or ventilator dependency. Resident #4 was reassessed by nursing and NJ Exec Order 26.4b1 to ensure ongoing [NJ Exec Order 26.4b1] needs are being met without delay. Staff directly involved were counseled regarding appropriate actions when surveyors or visitors are present, and the expectation of prioritizing resident care. B. All residents have the potential to be affected by this deficient practice. Fortunately, [NJ Exec Order 26.4b1] was sustained by Resident #4, and [NJ Exec Order 26.4b] was completed with [NJ Exec O] reported by the resident. The facility recognizes the importance of prompt responses to all resident call bells to ensure safety, comfort, and well-being. C. The facility will implement the following corrective actions to ensure sustained compliance: Nursing staff will receive in-service training on the	04/04/2025

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F0684 SS = D	Continued from page 3 NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 The Minimum Data Set (MDS), an assessment tool, dated NJ Exec Order 26.4 revealed that Resident #4 had NJ Exec Order 26.4b1 and was NJ Exec Order 26.4 t on staff for Activities of Daily Living (ADL) and NJ Exec Order 26.4 The Physician order dated NJ Exec Order 26.4b1, revealed Resident #4 had order for NJ Exec Order 26.4b1 to be completed every shift and as needed. Resident #4's Care Plan (CP), had a focus that was initiated on NJ Exec Order 26, showed Resident #4 had a NJ Exec Order 26.4b1 related to NJ Exec Order 26.4b1. The interventions included but were not limited to: NJ Exec Order 2 as ordered and as needed. On 2/20/25 at 10:19 AM, Resident #4 was observed in bed watching TV with a family member at bedside. A NJ Exec touch call light was observed on the pillow next to the resident's head. At 10:37 AM, Resident #4 turned on the call light to show surveyor that call light was within reach. At 10:46 AM, resident began NJ Exec Order 26.4 , and stated they needed NJ Exec Order 26.4b1 call light was still on. At 10:48 AM, the surveyor stepped out into the hallway and observed, a nurse by the medication cart outside resident's door, and other staff in the hallway. The surveyor further observed, the light indicator for call light was lit up in hallway and the call light alarm was sounding in the nurses' station. Surveyor requested for nurse to NJ Exec Order resident. Nurse stated she would get the U.S. FOIA (b)(6) U.S. FOIA (b)(6) At 10:52 AM U.S. F came into the room and NJ Exec Order 26.4b resident. Resident stated feeling NJ Exec Order 2 . Resident denied having NJ Exec Order 26.4b1 NJ Exec Orde . Stated that his/her NJ Exec Or felt NJ Exec Order 2 , which would cause him/her to keep NJ Exec Order 26.4b During an interview with a U.S. FOIA (b)(6) U.S. FOIA (b) on 2/20/25 at 11:42 AM, they stated that a call bell should be answered immediately, "as soon as it turns on." She further stated, that if she was not able to answer a call bell right away, that anyone can answer a call bell. During an interview with a U.S. FOIA (b)(6)	F0684	Continued from page 3 Call Bell Response Policy, including the five-minute maximum and immediate response for urgent needs. Unit managers and charge nurses will be responsible for monitoring call bell response times during daily rounds. Random call light drills will be conducted weekly by the DON or designee to assess staff response and reinforce accountability. Expectations around entering resident rooms—regardless of surveyor presence—will be clearly reinforced during daily huddles and staff meetings. D. Call bell response times and compliance audit results will be submitted to the Quality Assurance and Performance Improvement (QAPI) Committee monthly for a period of three (3) months. The committee will review for patterns of non-compliance and implement targeted re-education or disciplinary action if necessary. The QAPI committee will assess the effectiveness of these actions quarterly and adjust as needed to ensure long-term compliance and resident safety.	04/04/2025

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F0684 SS = D	Continued from page 4 U.S. FOIA on 2/20/25 at 12:01 PM, she stated call bells should be answered as soon as possible, because you must see what the resident needs, there could be an emergency. During an interview with U.S. FOIA, U.S. FOIA (b)(6) and U.S. FOIA (b)(6) on 2/20/25 at 3:15 PM, U.S. FOIA (b)(6) stated that the U.S. FOIA did not want to enter the room, because she knew the surveyor was in the room and wanted to provide privacy. She further stated that the reason she did not enter Resident #4's room was not acceptable. A review of the facility's policy "Call System, Residents" indicated that, " ...6. Calls for assistance are answered as soon as possible, but no later than 5 minutes. Urgent requests for assistance are addressed immediately." staff should answer the call light and go to the room to turn the light off. NJAC 8:39-4.1	F0684		04/04/2025

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S0000	Initial Comments No Information	S0000		
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: Based on review of pertinent facility documentation, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratios as mandated by the state of New Jersey for 6 of 28 day shifts. The 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 as 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 of all staff members shall be CNAs and each direct staff member shall be signed into 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 staff member shall sign in to work as a CNA and perform CNA duties. 1. For the week of Complaint staffing from 05/19/2024 to 05/25/2024, the facility was deficient in CNA staffing for residents on 2 of 7 day shifts as follows:	S0560	A. The facility made immediate efforts to address this deficiency by reviewing staffing patterns, increasing recruitment outreach, and strengthening both employee retention efforts and per diem/on-call CNA coverage. On-call lists were updated, and daily staffing alerts were implemented to identify and respond to potential shortages proactively. Leadership also increased oversight of daily staffing levels to ensure minimum ratios are met in accordance with NJ State regulation N.J.S.A. 30:13-18. B. All residents have the potential to be affected by inadequate staffing. No negative resident outcomes were identified directly related to the cited dates; however, the facility acknowledges the importance of meeting minimum staffing ratios to ensure the delivery of safe and timely care. C. The facility will implement the following corrective actions: Daily staffing huddles will be held by the Administrator and Staffing Coordinator to review upcoming shift needs and ensure adequate CNA coverage. Weekly recruitment strategy meetings will continue to focus on hiring certified staff and reducing dependency on overtime or call-outs. Increased agency support will be pre-arranged and authorized for use when coverage falls below NJ-mandated minimums. The Scheduler and Administrator will review upcoming schedules 7 days in advance and update them daily to address gaps. The on-call policy was revised and re-communicated to licensed department heads, who may be mandated to assist on the floor in emergency staffing situations.	04/04/2025

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S0560	Continued from page 1 -05/19/24 had 10 CNAs for 87 residents on the day shift, required at least 11 CNAs. -05/24/24 had 10 CNAs for 86 residents on the day shift, required at least 11 CNAs. 2. For the week of Complaint staffing from 12/01/2024 to 12/07/2024, the facility was deficient in CNA staffing for residents on 2 of 7 day shifts as follows: -12/01/2024 had 11 CNAs for 102 residents, required at least 13 CNAs. -12/06/24 had 12 CNAs for 102 residents on the day shift, required at least 13 CNAs. 3. For the 2 weeks of Complaint staffing from 02/02/2025 to 02/15/2025, the facility was deficient in CNA staffing for residents on 2 of 14 day shifts as follows: -02/02/2025 had 12 CNAs for 101 residents on the day shift, required at least 13 CNAs. -02/09/2025 had 12 CNAs for 103 residents on the day shift, required at least 13 CNAs.	S0560	Continued from page 1 D. Staffing compliance reports will be submitted to the Quality Assurance and Performance Improvement (QAPI) Committee monthly for three (3) months. Reports will include a breakdown of CNA-to-resident ratios by shift and any corrective actions taken. Persistent patterns of non-compliance will result in additional administrative review and policy revision. The QAPI Committee will assess the effectiveness of corrective actions quarterly and adjust staffing strategies as needed to ensure continued compliance with state requirements.	04/04/2025
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	S1680	A. The facility made immediate efforts to address the deficiency in required nursing care hours by auditing current resident care needs and recalculating required staffing hours based on acuity. Adjustments were made to the daily staffing plan to ensure all shifts are appropriately covered. The staffing coordinator, DON, and Administrator began collaborating daily to monitor coverage and adjust accordingly. Additional per diem and agency staff were scheduled in advance to fill anticipated gaps in required hours based on ongoing acuity. B. All residents have the potential to be affected by this deficient practice, especially those requiring additional skilled care (e.g., wound care, IV therapy, tracheostomy, ventilator). No negative outcomes were identified for any residents during the identified timeframe; however, the facility acknowledges the need to meet state-mandated staffing requirements	04/04/2025

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S1680	Continued from page 2 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 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: Based on review of the Nurse Staffing Reports for the 2 weeks of AAS-12 staffing from 02/02/2025 to 02/15/2025, the facility was deficient in staffing for resident required services on 4 of 14 days as follows: For the week of 02/02/25 Required Staffing Hours: 409 -02/02/25 had 368 actual staffing hours, for a difference of -41 hours. -02/08/25 had 392 actual staffing hours, for a difference of -17 hours. For the week of 02/09/25 Required Staffing Hours: 417.25 -02/09/25 had 384 actual staffing hours, for a	S1680	Continued from page 2 to ensure high-quality, safe resident care. C. The facility will implement the following corrective actions to ensure ongoing compliance with required staffing hours: The DON or designee will calculate required daily staffing hours using the NJAC 8:39-25.1 formula, accounting for resident acuity including specialized services. Acuity-based staffing reports will be generated weekly, and adjustments to staff scheduling will be made in real time. Daily shift huddles will include review of assigned coverage versus calculated required hours, and adjustments will be made as needed using on-call or agency staff. The DON and staffing coordinator will meet weekly to forecast required hours for the upcoming week and ensure shifts are filled proactively. Licensed department heads will be mandated to provide coverage if minimum hours cannot be met through existing or contracted staff. D. Required staffing hour compliance reports will be submitted to the Quality Assurance and Performance Improvement (QAPI) Committee monthly for a period of three (3) months. Reports will include a breakdown of daily required vs. actual nursing hours and any corrective actions taken. Any identified patterns of non-compliance will be addressed through additional education, scheduling policy updates, and recruitment strategies. The QAPI Committee will evaluate effectiveness quarterly and revise the approach as needed to ensure continued compliance with NJ state staffing regulations.	04/04/2025

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S1680	Continued from page 3 difference of -33.25 hours. -02/15/25 had 392 actual staffing hours, for a difference of -25.25 hours.	S1680		04/04/2025