STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315216	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT CEDAR GROVE	**536 RIDGE ROAD , CEDAR GROVE, New Jersey, 07009**

(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 #: 2619759, NJ1850099 (ID 416816) Census: 165 Sample Size: 4 THE FACILITY IS IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F0000		11/21/2025

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: 060720	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT CEDAR GROVE	536 RIDGE ROAD , CEDAR GROVE, New Jersey, 07009

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S0000	Initial Comments 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 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		11/21/2025
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: Based on facility document review on 09/30/25, 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 dayshifts. 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	S0560	ELEMENT ONE: CORRECTIVE ACTION: No residents were identified nor immediately affected by the failure to provide minimum staffing levels. ELEMENT TWO: IDENTIFICATION OF AT RISK RESIDENTS: All residents have the potential to be affected by this deficient practice. ELEMENT THREE: SYSTEMIC CHANGES: Staffing coordinator will inform DON or designee of any issues that result in insufficient staffing levels. This will be reported as soon as possible. Any staffing deficiencies will be filled prior to the start of the shift with other associates or agencies as needed. Facility has signed multiple agency contracts and has designated recruiters to assist in meeting the required staffing. In addition, job fairs were held to assist in recruitment. Facility maintain job postings in social media and facility has job opening banner/ signs outside of the facility. Facility conduct on-site interviews for recruitment. Large company wide job fair was held on 9/10/25. At Complete Care at Cedar Grove and successfully hired 3 C.N.A.'s, 1 LPNs, and 1 R.N. Monthly DON meetings to discuss concerns, needed items and updates on facility to aid communication and early	11/26/2025

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060720	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT CEDAR GROVE	536 RIDGE ROAD , CEDAR GROVE, New Jersey, 07009

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S0560	Continued from page 1 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 staff member shall sign in to work as a CNA and perform CNA duties. The surveyor requested staffing for the weeks of 9/14/25 to 9/27/25. The facility was deficient in CNA staffing for residents on 9 of 14 day shifts as follows: -09/14/25 had 17 CNAs for 165 residents on the day shift, required at least 21 CNAs. -09/15/25 had 20 CNAs for 165 residents on the day shift, required at least 21 CNAs. -09/18/25 had 20 CNAs for 165 residents on the day shift, required at least 21 CNAs. -09/19/25 had 20 CNAs for 165 residents on the day shift, required at least 21 CNAs. -09/20/25 had 18 CNAs for 170 residents on the day shift, required at least 21 CNAs. -09/21/25 had 18 CNAs for 169 residents on the day shift, required at least 21 CNAs. -09/22/25 had 20 CNAs for 168 residents on the day shift, required at least 21 CNAs. -09/23/25 had 20 CNAs for 167 residents on the day shift, required at least 21 CNAs. -09/27/25 had 18 CNAs for 164 residents on the day shift, required at least 20 CNAs.	S0560	Continued from page 1 detection of potential employee concerns. Any concerns identified at DON monthly meetings will be addressed with appropriate parties and Human Resources to mitigate any staff members' concerns. ELEMENT FOUR: QUALITY ASSURANCE: To maintain and monitor ongoing compliance: The DON or designee will report any staffing issues daily to the Administrator or designee. Any concerns identified at DON monthly meetings will be addressed with appropriate parties and Human Resources to mitigate any staff members' concerns. Findings to be reported by DON or designee monthly x 12 to Quality Assurance Performance Improvement team for review and action as necessary.	

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT CEDAR GROVE	**536 RIDGE ROAD , CEDAR GROVE, New Jersey, 07009**

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 12/09/2025 in relation to the 09/30/2025 Complaint Survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	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.

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New Jersey State Department of Health

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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on12/09/2025 in relation to the 09/30/2025 State of New Jersey Complaint 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

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