STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315393	(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
NEW COMMUNITY EXTENDED CARE FACILITY	**266 S ORANGE AVE , NEWARK, New Jersey, 07103**

(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 ID #: 408241 Survey Date: 11/6/2025 Census: 92 Sample Size: 3 The facility is in substantial compliance with the requirements of 42 CFR 483, Subpart B, for Long Term Care facilities based on this complaint visit.	F0000		12/02/2025

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: 060731	(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
NEW COMMUNITY EXTENDED CARE FACILITY	266 S ORANGE AVE , NEWARK, New Jersey, 07103

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S0000	Initial Comments The facility is 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		12/02/2025
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 #408241 REPEAT DEFICIENCY Based on interview, and review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios for 3 of 21 day shifts as mandated by the state of New Jersey. This deficient practice was evidenced by the following: Reference: NJ State requirement, CHAPTER 112. An Act concerning staffing requirements for nursing homes and supplementing Title 30 of the Revised Statutes. Be It Enacted by the Senate and General Assembly of the State of New Jersey: C.30:13-18 Minimum staffing requirements for nursing homes effective 2/1/21. 1. a. Notwithstanding any other staffing requirements as may be established by law, every nursing home as defined in section 2 of P.L.1976, c.120 (C.30:13-2) or	S0560	S560 Mandatory Access to Care: CORRECTIVE ACTIONS ACCOMPLISHED FOR RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE: The Director of Nursing, Administrator, Human Resource Director, reviewed new community extended care staffing ratio and agreed with the complaint surveyors finding that it did not meet the State of New Jersey required daily staffing ratio on 5/10/2025, 10/19/2025 and 10/22/2025 as identified by the surveyors No resident was affected by this deficient practice. IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE; All 91 residents have the potential to be affected by this staffing shortage It was also identified that our current plan of recruitment requires more effort in order to compete and meet current standard. However, while this staffing shortage could have resulted in possible resident negative outcome, it was identified that all 91 residents received proper care and were not affected by the staffing shortage. This deficient practice did not affect any residents.	11/18/2025

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S0560	Continued from page 1 licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall maintain the following minimum direct care staff -to-resident ratios: (1) one certified nurse aide to every eight residents for the day shift; (2) 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 certified nurse aides, and each staff member shall be signed in to work as a certified nurse aide and shall perform certified nurse aide duties; and (3) 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 certified nurse aide and perform certified nurse aide duties b. Upon any expansion of resident census by the nursing home, the nursing home shall be exempt from any increase in direct care staffing ratios for a period of nine consecutive shifts from the date of the expansion of the resident census. c. (1) The computation of minimum direct care staffing ratios shall be carried to the hundredth place. (2) If the application of the ratios listed in subsection a. of this section results in other than a whole number of direct care staff, including certified nurse aides, for a shift, the number of required direct care staff members shall be rounded to the next higher whole number when the resulting ratio, carried to the hundredth place, is fifty-one hundredths or higher. (3) All computations shall be based on the midnight census for the day in which the shift begins. d. Nothing in this section shall be construed to affect any minimum staffing requirements for nursing homes as may be required by the Commissioner of Health for staff other than direct care staff, including certified nurse aides, or to restrict the ability of a nursing home to increase staffing levels, at any time, beyond the established minimum ... 1. A review of "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report" for the one-week period beginning 5/4/2025 and ending 5/10/2025 revealed the facility was not in compliance with the State of New Jersey minimum staffing requirements.	S0560	Continued from page 1 MEASURES PUT INTO PLACE OR SYSTEMIC CHANGES TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: A meeting was held by the Director of Nursing, Administrator including Director of Human Resources, and Chief Financial Officer, a review and revision of facility position control as well as a new recruitment method took place. 1. The facility policy on staffing was revised by the Administrator, Director of Human Resources, Chief Executive Officer and Chief Financial Officer to expand current recruitment methods to include Job fair which was held on 10/24/2025 and 12 CNAs were hired and have all commenced orientation and to continue with advertisement on Facility website, other recruiting websites, social media websites, Residents/family facility newsletter, local poster posting around surrounding areas, and word of mouth and other communities members. . The increase in the use of temporary agency staffing while intensifying effort to recruit our own staff was also approved by the Chief Executive Officer and Chief Financial Officer. 2. The Director of Nursing will continue to review her daily staffing needs utilizing attendance log and the Nursing Home Resident Care Staffing Report tools to monitor her CNA staffing ratio and submit findings monthly to Administrator and Executive Branch for their review. This report will also be presented during quarterly QAPI meeting x 1 year. Next QAPI meeting scheduled 1/15/2026 Completed:11/18/2025 3. MONITORING THE CONTINUED EFFECTIVENESS OF THE SYSTEMIC CHANGE: The Director of nursing will continue to utilize the supplementary nurse staffing report form to monitor staffing ratio weekly x 4 weeks and quarterly x 1 year and report findings to administrator and QAPI team during quarterly QAPI meetings for their review and further actions based on findings until sustained compliance is achieved. Next QAPI meeting scheduled 1/15/2026	

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S0560	Continued from page 2 The facility was deficient in CNA staffing for residents on 1 of 7 day shifts as follows: -05/10/25 had 9 CNAs for 91 residents on the day shift, required at least 11 CNAs. 2. A review of "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report" for the two-week period beginning 10/19/2025 and ending 11/1/2025 revealed the facility was not in compliance with the State of New Jersey minimum staffing requirements. The facility was deficient in CNA staffing for residents on 2 of 14 day shifts as follows: -10/19/25 had 10 CNAs for 90 residents on the day shift, required at least 11 CNAs. -10/22/25 had 10 CNAs for 90 residents on the day shift, required at least 11 CNAs.	S0560	Continued from page 2 COMPLETION DATE: 11/18/2025 RESPONSIBLE PARTY FOR COMPLIANCE: Director of Nursing	

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 12/10/2025 in relation to the 11/6/2025 complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		11/06/2025

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.

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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 on 12/10/2025 in relation to the 11/6/2025 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		11/06/2025

Office of Primary Care and Health Systems Management

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