

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315343	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/17/2025
NAME OF PROVIDER OR SUPPLIER BROADWAY HOUSE FOR CONTINUING CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 298 BROADWAY , NEWARK, New Jersey, 07104	
(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	<p>INITIAL COMMENTS</p> <p>Complaint #:NJ00188106</p> <p>Census:72</p> <p>Sample Size: 4</p> <p>The facility is in compliance with the requirements of 42CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.</p>	F0000		08/13/2025

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New Jersey State Department of Health

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S0560	<p>Mandatory Access to Care</p> <p>CFR(s): 8:39-5.1(a)</p> <p>The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>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 13 day shifts. The deficient practice was evidenced by the following:</p> <p>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:</p> <p>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.</p> <p>For the 2 weeks of AAS-11 staffing, the facility was deficient in CNA staffing for residents on 13 of 14 day shifts as follows:</p> <p>-06/29/25 had 7 CNAs for 70 residents on the day shift, required at least 9 CNAs.</p> <p>-06/30/25 had 8 CNAs for 70 residents on the day shift, required at least 9 CNAs.</p>	S0560	<p>The facility actively seeks to hire CNAs, that all shifts are scheduled to comply with ratios, and that any callouts or no-shows result in calls made by the Staffing Coordinator or Shift Supervisor in relentless attempts to obtain replacement(s).</p> <p>All residents have the potential to be affected by this situation.</p> <p>Facility Recruitment and Retention Strategies and Efforts to comply with the States Staffing Ratios have been in progress, which include but are not limited to the following:</p> <p>Offer bonuses to attract staff</p> <p>Offer Sign-on bonuses to encourage referrals from current staff</p> <p>Offering daily and weekend bonuses to attract overtime or PRN staff shifts</p> <p>Aggressively running ads in various social media</p> <p>Currently have contracts with multiple staffing agencies</p> <p>Staffing Coordinator will provide monthly reports to the Director of Nursing or Designee x 6 months regarding all efforts made to try to comply with the States Staffing Ratios. Reports will be submitted to the QAPI Committee on a monthly basis. Director of Human Resources (HR) will provide monthly reports to the Administrator that document status of all recruitment and retention efforts. Reports will be submitted to the QAPI Committee on a monthly basis. The QAPI Committee will determine the need for on-going monitoring or further action plans(s).</p>	08/19/2026

Office of Primary Care and Health Systems Management

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S0560	Continued from page 1 -07/01/25 had 8 CNAs for 70 residents on the day shift, required at least 9 CNAs. -07/02/25 had 8 CNAs for 70 residents on the day shift, required at least 9 CNAs. -07/03/25 had 8 CNAs for 70 residents on the day shift, required at least 9 CNAs. -07/04/25 had 8 CNAs for 71 residents on the day shift, required at least 9 CNAs. -07/06/25 had 7 CNAs for 71 residents on the day shift, required at least 9 CNAs. -07/07/25 had 8 CNAs for 71 residents on the day shift, required at least 9 CNAs. -07/08/25 had 8 CNAs for 71 residents on the day shift, required at least 9 CNAs. -07/09/25 had 8 CNAs for 71 residents on the day shift, required at least 9 CNAs. -07/10/25 had 7 CNAs for 71 residents on the day shift, required at least 9 CNAs. -07/11/25 had 8 CNAs for 71 residents on the day shift, required at least 9 CNAs. -07/12/25 had 8 CNAs for 71 residents on the day shift, required at least 9 CNAs	S0560		

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F0000	<p>INITIAL COMMENTS</p> <p>An offsite/desk review of the facility's Plan of Correction was conducted on 01/15/26 in relation to the 07/18/2025 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities</p>	F0000		01/16/2026

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