

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315491	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/12/2025
NAME OF PROVIDER OR SUPPLIER CEDAR CREST/MOUNTAINVIEW GARDENS		STREET ADDRESS, CITY, STATE, ZIP CODE 4 CEDAR CREST VILLAGE DRIVE, POMPTON PLAINS, New Jersey, 07444		
(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 #2624344</p> <p>COMPLAINT SURVEY: 11/12/25</p> <p>CENSUS: 110</p> <p>SAMPLE SIZE: 2</p> <p>A Complaint Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long-Term Care Facilities. No Deficiencies were cited for this survey.</p>	F0000		11/28/2025

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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New Jersey State Department of Health

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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		11/28/2025
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 the interview and review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey. Intake ID# 2624344 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	S0560	1. What Corrective Action will be taken for those residents found to have been affected by the deficient practice? The facility has put measures in place to ensure that the required direct care staffing ratios are met for all shifts. The facility has placed job postings and advertisements for vacant full-time, part-time and per diem CNA positions. To address CNA call outs the facility has offered overtime to all current CNAs and has instituted a shift bonus for internal staff to pick up shifts with short notice. One full-time day shift CNA and one part-time day shift CNA have completed the orientation process and began productive work since the 11/12/25 survey. An additional CNA has been scheduled to transition from per diem to full-time effective 12/7/25. 2. How other residents with the potential to be affected by the same deficient practice will be identified? The administrator or designee has reviewed the daily staffing for the last 2 weeks to validate that the	11/28/2025

Office of Primary Care and Health Systems Management

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S0560	<p>Continued from page 1</p> <p>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 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:</p> <p>(1) one certified nurse aide to every eight residents for the day shift;</p> <p>(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</p> <p>(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</p> <p>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.</p> <p>c. (1) The computation of minimum direct care staffing ratios shall be carried to the hundredth place.</p> <p>(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 following higher whole number when the resulting ratio, carried to the hundredth place, is fifty-one hundredths or higher.</p> <p>(3) All computations shall be based on the midnight census for the day the shift begins.</p> <p>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 ...</p>	S0560	<p>Continued from page 1</p> <p>facility met the minimum staffing requirements for CNAs for each shift.</p> <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>The administrator or designee will provide education regarding the required direct care staff to resident ratios to the clinical leadership staff and the schedulers. The facility will continue to place job postings and advertise for vacant CNA positions as indicated. The administrator or designee will continue to promote and educate CNA staff on shift pick up bonuses.</p> <p>4. How the corrective action will be monitored to ensure the deficient practice is being corrected and will not recur?</p> <p>The administrator or designee will review the certified nurse aide staffing and resident census to ensure compliance with the required direct care staff to resident ratios daily for one month and then weekly for 2 months.</p> <p>Audit findings will be reported to the Quality Assurance/Performance Improvement Committee (QAPI) monthly for review, additional audits and education may be determined based on audit findings.</p>	

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S0560	<p>Continued from page 2</p> <p>A review of the "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report" for the two weeks beginning 10/26/25 and ending 11/8/25 for the Complaint survey on 11/12/25, revealed the facility was not in compliance with the State of New Jersey CNA minimum staffing requirements.</p> <p>The facility was deficient in CNA for the 2 weeks of AAS-11 staffing for residents on 2 of the 14-day shifts as follows:</p> <ul style="list-style-type: none"> - 10/26/25 had 13 CNAs for 110 residents on the day shift, required at least 14 CNAs. -11/02/25 had 12 CNAs for 105 residents on the day shift, required at least 13 CNAs. 	S0560		

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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 12/11/2025 in relation to the 11/12/2025 State of New Jersey Re-Licensure 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		

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