

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315226		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/14/2025	
NAME OF PROVIDER OR SUPPLIER HUNTERDON CARE CENTER LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1 LEISURE COURT , FLEMINGTON, New Jersey, 08822			
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F0000	<p>INITIAL COMMENTS</p> <p>Complaint #: 2582599</p> <p>Census: 178</p> <p>Sample Size: 4</p> <p>A Complaint Survey was conducted at Hunterdon Care Center from 8/11/25 to 8/14/25, to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.</p> <p>During the survey, findings which constituted an Immediate Jeopardy (IJ) was identified under 42 CFR 483.15(c) F 627, as the facility failed to ensure a NJ Ex Order 26.4(b)(1) resident who lived NJ Ex Order 26.4(b)(1) was safely discharged from the facility to the community with all the required services to meet the resident's needs.</p> <p>Resident #3, who had a Brief Interview for Mental Status (BIMS) score of NJ Ex Order 26.4(b)(1) out of 15, indicating a NJ Ex Order 26.4(b)(1) with an admission diagnosis of NJ Ex Order 26.4(b)(1), was discharged from Medicare Part A services with a last date of coverage on NJ Ex Order 26.4(b)(1). Resident #3 NJ Ex Order 26.4(b)(1) and was discharged to the community on NJ Ex Order 26.4(b)(1). Resident #3 was assessed upon discharge to need NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1). A review of a denial email from the home care nursing services (HCNS #1) [name redacted] indicated that since the resident was NJ Ex Order 26.4(b)(1) without NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1), with NJ Ex Order 26.4(b)(1) at home, it was not a "safe" referral for HCNS #1 [name redacted] to take. During an interview on 8/11/25, with the U.S. FOIA (b) (6), the U.S. FOIA (b) (6) confirmed that Resident #3 would not have been a safe discharge to the community.</p> <p>The Administration was informed of the F 627 IJ, and was provided the IJ template on 8/11/25 at 4:08 P.M.</p>			F0000			09/03/2025

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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F0000	Continued from page 1 An acceptable Removal Plan was received on 8/12/25 at 4:23 P.M., indicating the action the facility will take to prevent serious harm from occurring or reoccurring. The facility implemented a corrective action plan to remediate the deficient practice including: on 8/11/25, the [U.S. FOIA] and [U.S. FOIA] reviewed the facility's "Transfer/Discharge/Bed Hold Policy" with no revisions made; on 8/12/25, the [U.S. FOIA] re-educated the [U.S. FOIA] on the facility's "Transfer/Discharge/Bed Hold Policy;" on 8/12/25, an audit was conducted by the [U.S. FOIA] for the pending facility discharges for the week and confirmed all discharges had confirmed at home care services setup; on 8/12/25, the [U.S. FOIA] conducted in-services with all licensed nurses and [U.S. FOIA] to re-educate on the "Transfer/Discharge/Bed Hold Policy" and that the licensed nurses upon discharge, the discharge summary must be printed out and signed by the resident and/or their representative and uploaded to the electronic medical system. On 8/12/25, the [U.S. FOIA] and [U.S. FOIA] spoke to the [U.S. FOIA] regarding the resident's discharge and confirmation of services prior to discharge. The surveyor verified the implementation of the Removal Plan on-site during the continuation of the survey and determined the IJ for F 627 was removed as of 8/14/25.	F0000					
F0627 SS = J	Inappropriate Discharge CFR(s): 483.15(c)(1)(2)(i)(ii)(7)(e)(1)(2);483.21(c)(1)(2) §483.15(c) Transfer and discharge- §483.15(c)(1) Facility requirements- §483.15(c)(1)(i) The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless- (A)The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility; (B)The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility; (C)The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident;	F0627	F 627 Inappropriate Discharge What corrective action will be accomplished for those residents found to have been affected by the deficient practice? Resident #3 no longer resides in the facility. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents who reside in the facility and are discharged to home have the potential to be affected by the deficient practice. The [U.S. FOIA (b) (6)] and the [U.S. FOIA (b)] responsible for Resident #3's discharge have been re-educated by the Administrator on the facility's policy titled "Transfer/Discharge/Bed Hold Policy". An audit of the pending discharges was completed by the			09/08/2025	

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F0627 SS = J	<p>Continued from page 2</p> <p>(D)The health of individuals in the facility would otherwise be endangered;</p> <p>(E)The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid; or</p> <p>(F)The facility ceases to operate.</p> <p>§483.15(c)(1)(ii) The facility may not transfer or discharge the resident while the appeal is pending, pursuant to § 431.230 of this chapter, when a resident exercises his or her right to appeal a transfer or discharge notice from the facility pursuant to § 431.220(a)(3) of this chapter, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility. The facility must document the danger that failure to transfer or discharge would pose.</p> <p>§483.15(c)(2) Documentation.</p> <p>When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider.</p> <p>(i)Documentation in the resident's medical record must include:</p> <p>(A) The basis for the transfer per paragraph (c)(1)(i) of this section.</p> <p>(B) In the case of paragraph (c)(1)(i)(A) of this section, the specific resident need(s) that cannot be met, facility attempts to meet the resident needs, and the service available at the receiving facility to meet the need(s).</p> <p>(ii)The documentation required by paragraph (c)(2)(i) of this section must be made by-</p>	F0627	<p>Continued from page 2</p> <p>DSW on 8/12/2025 and all home care services were set up and confirmed prior to the discharge.</p> <p>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?</p> <p>The Director of Nursing (DON) has re-educated all licensed nursing staff on the facility policy titled "Transfer/Discharge/Bed Hold Policy".</p> <p>The DSW or designee will review resident discharges on an ongoing basis to confirm that home care services are arranged prior to discharge to ensure that the discharge plan is safe.</p> <p>The DON or designee will review resident discharges on an ongoing basis to ensure that the discharge summary has been completed and reviewed with the resident and/or responsible representative at the time of discharge and that it is printed and signed by the resident and/or responsible representative and uploaded into the electronic health record.</p> <p>The facility Transfer/Discharge/Bed Hold Policy was reviewed by the Administrator and Director of Nursing and determined no updates were required as the policy was updated in April 2025.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place?</p> <p>The DSW or designee will conduct monthly audits for 6 months and then will do every quarter of residents who are discharged to ensure that home care services are arranged prior to discharge to ensure that the discharge plan is safe.</p> <p>The DON or designee will conduct monthly audits for 6 months and then will do every quarter of residents who are discharged to home to ensure that the discharge summary is completed, printed and signed by the resident and/or responsible representative and uploaded into the electronic health record at the time of discharge.</p> <p>The results of these audits will be presented and</p>				

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F0627 SS = J	<p>Continued from page 3</p> <p>(A) The resident's physician when transfer or discharge is necessary under paragraph (c) (1) (A) or (B) of this section; and</p> <p>(B) A physician when transfer or discharge is necessary under paragraph (c)(1)(i)(C) or (D) of this section.</p> <p>§483.15(c)(7) Orientation for transfer or discharge.</p> <p>A facility must provide and document sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility. This orientation must be provided in a form and manner that the resident can understand.</p> <p>§483.15(e)(1) Permitting residents to return to facility.</p> <p>A facility must establish and follow a written policy on permitting residents to return to the facility after they are hospitalized or placed on therapeutic leave. The policy must provide for the following.</p> <p>(i)A resident, whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, returns to the facility to their previous room if available or immediately upon the first availability of a bed in a semi-private room if the resident-</p> <p>(A) Requires the services provided by the facility; and</p> <p>(B) Is eligible for Medicare skilled nursing facility services or Medicaid nursing facility services</p> <p>(ii)If the facility that determines that a resident who was transferred with an expectation of returning to the facility, cannot return to the facility, the facility must comply with the requirements of paragraph (c) as they apply to discharges.</p> <p>§483.15(e)(2) Readmission to a composite distinct part. When the facility to which a resident returns is a composite distinct part (as defined in § 483.5), the resident must be permitted to return to an available bed in the particular location of the composite distinct part in which he or she resided previously. If a bed is not available in that location at the time of return, the resident must be given the option to return to that location upon the first availability of a bed there.</p>			F0627	<p>Continued from page 3</p> <p>reviewed at the Quarterly Quality Assurance Meeting x 4 quarters to ensure the facility's corrective action for the deficient practice will not recur and the need for ongoing monitoring.</p>		

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F0627 SS = J	<p>Continued from page 4</p> <p>§483.21(c)(1) Discharge Planning Process</p> <p>The facility must develop and implement an effective discharge planning process that focuses on the resident's discharge goals, the preparation of residents to be active partners and effectively transition them to post-discharge care, and the reduction of factors leading to preventable readmissions. The facility's discharge planning process must be consistent with the discharge rights set forth at 483.15(b) as applicable and-</p> <p>(i) Ensure that the discharge needs of each resident are identified and result in the development of a discharge plan for each resident.</p> <p>(ii) Include regular re-evaluation of residents to identify changes that require modification of the discharge plan. The discharge plan must be updated, as needed, to reflect these changes.</p> <p>(iii) Involve the interdisciplinary team, as defined by §483.21(b)(2)(ii), in the ongoing process of developing the discharge plan.</p> <p>(iv) Consider caregiver/support person availability and the resident's or caregiver's/support person(s) capacity and capability to perform required care, as part of the identification of discharge needs.</p> <p>(v) Involve the resident and resident representative in the development of the discharge plan and inform the resident and resident representative of the final plan.</p> <p>(vi) Address the resident's goals of care and treatment preferences.</p> <p>(vii) Document that a resident has been asked about their interest in receiving information regarding returning to the community.</p> <p>(A) If the resident indicates an interest in returning to the community, the facility must document any referrals to local contact agencies or other appropriate entities made for this purpose.</p> <p>(B) Facilities must update a resident's comprehensive care plan and discharge plan, as appropriate, in response to information received from referrals to local contact agencies or other appropriate entities.</p> <p>(C) If discharge to the community is determined to not</p>	F0627					

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F0627 SS = J	<p>Continued from page 5 be feasible, the facility must document who made the determination and why.</p> <p>(viii) For residents who are transferred to another SNF or who are discharged to a HHA, IRF, or LTCH, assist residents and their resident representatives in selecting a post-acute care provider by using data that includes, but is not limited to SNF, HHA, IRF, or LTCH standardized patient assessment data, data on quality measures, and data on resource use to the extent the data is available. The facility must ensure that the post-acute care standardized patient assessment data, data on quality measures, and data on resource use is relevant and applicable to the resident's goals of care and treatment preferences.</p> <p>(ix) Document, complete on a timely basis based on the resident's needs, and include in the clinical record, the evaluation of the resident's discharge needs and discharge plan. The results of the evaluation must be discussed with the resident or resident's representative. All relevant resident information must be incorporated into the discharge plan to facilitate its implementation and to avoid unnecessary delays in the resident's discharge or transfer.</p> <p>§483.21(c)(2) Discharge Summary</p> <p>When the facility anticipates discharge, a resident must have a discharge summary that includes, but is not limited to, the following:</p> <p>(iv) A post-discharge plan of care that is developed with the participation of the resident and, with the resident's consent, the resident representative(s), which will assist the resident to adjust to his or her new living environment. The post-discharge plan of care must indicate where the individual plans to reside, any arrangements that have been made for the resident's follow up care and any post-discharge medical and non-medical services.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Complaint: 2582599</p> <p>Based on interview, review of the medical records, and review of other pertinent facility documents, it was determined that the facility failed to ensure a safe discharge for a resident (Resident #3) with NJ Ex Order who lived in the community NJ Exm O</p>		F0627				

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F0627 SS = J	<p>Continued from page 6 and was NJ Ex Order 26.4(b)(1) nursing care services upon discharge. This deficient practice was identified for 1 of 4 residents reviewed (Resident #3).</p> <p>Resident #3, who was had a Brief Interview for Mental Status (BIMS) score of 1 out of 15, indicating a NJ Ex Order 26.4(b)(1) with an admission diagnosis of NJ Ex Order 26.4(b)(1), was discharged from Medicare Part A services with a last date of coverage on NJ Ex Order 26.4(b)(1). Resident #3 NJ Ex Order 26.4(b)(1) and was discharged to the community on NJ Ex Order 26.4(b)(1). Resident #3 was assessed upon discharge to need NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1). A review of a denial email from the home care nursing services (HCNS #1) [name redacted] indicated that since the resident was NJ Ex Order 26.4(b)(1) without NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1), with NJ Ex Order 26.4(b)(1) at home, it was not a "safe" referral for HCNS #1 [name redacted] to take. During an interview on 8/11/25, with the U.S. FOIA (b) (6), the U.S. FOIA confirmed that Resident #3 would not have been a safe discharge to the community.</p> <p>The facility's failure to ensure Resident #3 was discharged from the facility safely with all the services required to meet the resident's needs placed Resident #3, as well as all residents being discharge from the facility at risk for an unsafe discharge. This posed the likelihood of serious harm, injury, impairment, or death which resulted in an Immediate Jeopardy (IJ) situation.</p> <p>The IJ began NJ Ex Order 26.4(b)(1) at 1:33 P.M., when Resident #3 was discharged from the facility. The facility was notified of the IJ on 8/11/25 at 4:08 P.M. The facility submitted an acceptable Removal Plan (RP) on 8/12/25 at 4:23 P.M. The surveyor verified the implementation of the RP on-site during the continuation of the survey on 8/14/25 at 11:00 A.M.</p> <p>The evidence was as follows:</p> <p>A review of the facility's policy titled "Transfer/Discharge/Bed Hold Policy and Procedure" dated 4/2025, included "This facility will ensure that it will not transfer or discharge a resident in an unsafe manner such as location that does not meet the resident's needs, does not provide needed support and resources, or does not meet the resident preferences and therefore should not have occurred."</p>		F0627				

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F0627 SS = J	<p>Continued from page 7</p> <p>The surveyor reviewed the closed medical record for Resident #3.</p> <p>According to the Admission Record (AR) face sheet, Resident #3 was admitted to the facility with diagnoses which included but were not limited to: NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1).</p> <p>According to the discharge Minimum Data Set (MDS), an assessment tool dated NJ Ex Order 26.4(b)(1), Resident #3 had a Brief Interview for Mental Status (BIMS) score of NJ Ex Order 26.4(b)(1) out of 15, which indicated the resident's NJ Ex Order 26.4(b)(1) was NJ Ex Order 26.4(b)(1).</p> <p>A review of Resident #3's Care Plan (CP) included the following focus areas:</p> <p>A focus area initiated NJ Ex Order 26.4(b)(1), for NJ Ex Order 26.4(b)(1)- that the resident triggered for NJ Ex Order 26.4(b)(1) related to diagnosis of NJ Ex Order 26.4(b)(1) to a history of NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1) and BIMs score of NJ Ex Order 26.4(b)(1) out of 15 NJ Ex Order 26.4(b)(1). The resident is NJ Ex Order 26.4(b)(1), and can follow NJ Ex Order 26.4(b)(1). Resident #3 has NJ Ex Order 26.4(b)(1). Interventions included: to provide activities that are NJ Ex Order 26.4(b)(1); provide NJ Ex Order 26.4(b)(1) activities that highlight the resident's capabilities while not drawing attention to deficits; use NJ Ex Order 26.4(b)(1) as a technique to NJ Ex Order 26.4(b)(1), decrease NJ Ex Order 26.4(b)(1), attempt to keep daily routine, and monitor for change in mental status.</p> <p>A focus area initiated NJ Ex Order 26.4(b)(1), that the resident is admitted for an anticipated NJ Ex Order 26.4(b)(1); expected to discharge from skilled nursing facility upon completion of care/services. Interventions included: interview the resident (or representative as appropriate) to understand resident's post-discharge transportation needs to determine/assess potential barriers to care; provide instructions at discharge that include at a minimum current</p>	F0627			

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F0627 SS = J	<p>Continued from page 8</p> <p>medications, treatments, therapies, and allergies as applicable; refer resident to clinicians that coordinate care with this facility; arrange for post discharge support services; ascertain information about discharge setting to ensure needs can be met upon discharge; and discuss/address limitations, risks verses benefits, and importance/need for maximum independence. Meet with resident/family throughout stay to discuss discharge planning and coordinating needed services after discharge.</p> <p>A review of the "Social Service History and Admission Assessment" (SSHAA) dated effective [NJ Ex Order 26.4(b)(1)] at 11:07 A.M., included the following information:</p> <p>1.Power of Attorney...1C. Is the resident/patient able to make decisions at this time? [NJ Ex O] (1D. explain) patient and their significant other (RR #1) [NJ Ex Order 26.4(b)(1)] [REDACTED]</p> <p>6.Background Information...1. Background information informant: patient, medical records, other. 1A. explain: due to [resident's] [NJ Ex Order 26.4(b)(1)] the writer confirmed information with [RR #1]...6. Parents/Siblings/Marital Status/Children/Other Supportive Family or Individuals: "Per [resident, they] are [NJ Ex Order 26.4(b)(1)] [The resident] has a [NJ Ex Order 26.4(b)(1)] [REDACTED], [RR #], they have been together [NJ Ex Order 26.4(b)(1)]...Note: called [US FOIA (b)(6)] care coordinator to inquire if there are any concerns regarding [the resident]. Per care coordinator, [the resident] has some [NJ Ex Order 26.4(b)(1)] has [NJ Ex Order 26.4(b)(1)]. [The resident's] support is [RR #1]. [RR #1] was recently [NJ Ex Order 26.4(b)(1)] and has been [NJ Ex Order 26.4(b)(1)]. Called [the resident's] [NJ Ex Order 26.4(b)(1)] to confirm information, [the resident] has been [NJ Ex Order 26.4(b)(1)] [REDACTED] Prior to hospital admission, [the resident's] [NJ Ex Order 26.4(b)(1)], and [NJ Ex Order 26.4(b)(1)] and [NJ Ex Order 26.4(b)(1)]...[RR #1] does not want to place [the resident] in [NJ Ex Order 26.4(b)(1)]. At this time, the plan is to return to [the resident's] [NJ Ex Order 26.4(b)(1)]</p> <p>7.[NJ Ex Order 26.4(b)(1)] Environment...7A. Comments: "[The resident] has been [NJ Ex Order 26.4(b)(1)] [RR #1] occasionally but since [RR #1's] [NJ Ex Order 26.4(b)(1)] that has declined."</p> <p>11.Social Determinants of Health [NJ Ex Order 26.4(b)(1)] [RR #1] has been [NJ Ex Order 26.4(b)(1)] [the resident] to [doctor's appointments]; however, due to [RR #1's] [NJ Ex Order 26.4(b)(1)]</p>	F0627					

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

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315226		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/14/2025	
NAME OF PROVIDER OR SUPPLIER HUNTERDON CARE CENTER LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1 LEISURE COURT , FLEMINGTON, New Jersey, 08822			
(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
F0627 SS = J	<p>Continued from page 9</p> <p>NJ Ex Order 26.4(b)(1) [RR #1] is unable to NJ Ex Order 26.4(b)(1) [the resident]."</p> <p>A review of the Progress Notes (PN) included the following notes:</p> <p>A PN dated NJ Ex Order 26.4(b)(1) at 4:12 P.M., by the U.S. FOIA (b) (6) revealed that the Notice for NJ Ex Order 26.4(b)(1) form was completed with the resident's NJ Exec Order 26.4(b)(1) (RR #1) via telephone informing them that NJ Ex Order 26.4(b)(1) was NJ Ex Order 26.4(b)(1), and the resident would be discharged from the facility on NJ Ex Order 26.4(b)(1). RR #1 was informed that they could appeal, and the U.S. FOIA (b) (6) filed the appeal as RR #1 was NJ Ex Order 26.4(b)(1) to due to NJ Ex Order 26.4(b)(1).</p> <p>A PN dated NJ Ex Order 26.4(b)(1) at 4:16 P.M., completed by the U.S. FOIA (b) (6) revealed that they received a call from the resident's U.S. FOIA (b) (6) and U.S. FOIA (b) (6). The U.S. FOIA (b) (6) informed both the U.S. FOIA (b) (6) and U.S. FOIA (b) (6) that resident was issued a discharge date of NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1). The U.S. FOIA (b) (6) informed both the U.S. FOIA (b) (6) and U.S. FOIA (b) (6), a referral was sent to HCNS #1 [name redacted], and the writer is going to call NJ Ex Order 26.4(b)(1) upon discharge. The resident was provided information on [state run community care giving program name redacted], NJ Ex Order 26.4(b)(1), and at NJ Ex Order 26.4(b)(1). The U.S. FOIA (b) (6) wrote that they would continue to follow case closely.</p> <p>A PN dated NJ Ex Order 26.4(b)(1) at 1:45 P.M., completed by the U.S. FOIA (b) (6) revealed that Resident #3 was discharged home with HCNS #1 [name redacted] and a call was placed to NJ Ex Order 26.4(b)(1) and got voicemail, will contact again.</p> <p>A PN dated NJ Ex Order 26.4(b)(1) at 3:09 P.M., indicated that HCNS #1 [name redacted] denied the referral, and a referral was sent to HCNS #2 [name redacted] and HCNS #3 [name redacted].</p> <p>A PN dated 7/25/25 at 3:33 P.M., revealed that the U.S. FOIA (b) (6) received a call back from NJ Ex Order 26.4(b)(1) and notified them of Resident #3's situation and that Resident #3 was NJ Exec Order 26.4(b)(1) from HCNS #1, HCNS #2, and HCNS #3 [names redacted] services. A call was placed to HCNS #4 [name redacted].</p>			F0627			

If continuation sheet Page 11 of 20

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F0627 SS = J	<p>Continued from page 11</p> <p>7. Post Discharge Pharmacy Information...B. Prescriptions: A1. This current reconciled medication list has been provided to Resident/Family/Caregiver: verbally in person and paper-based via copy/printout... medications included NJ Ex Order 26.4(b)(1) to be administered from NJ Ex Order 26.4(b)(1) through NJ Ex Order 26.4(b)(1) with the frequency of doses varying.</p> <p>A review of Resident #3's "Wheelchair Run Sheet" for discharge home, indicated that Licensed Practical Nurse (LPN #1) signed the form because "patient was NJ Ex Order 26.4(b)(1) reason NJ Ex Order 26.4(b)(1) The resident was picked up from the facility or NJ Ex Order 26.4(b)(1) at 1:33 P.M., and the resident arrived NJ Ex Order 26.4(b)(1) at 1:52 P.M.</p> <p>A review of an email dated NJ Ex Order 26.4(b)(1) at 3:07 P.M., to the U.S. FOIA from HCNS #1 [name redacted], revealed that "it seems the patient was NJ Ex Order 26.4(b)(1) without NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1)...with no NJ Ex Order 26.4(b)(1) at NJ Ex Order 26.4(b)(1) this isn't a safe referral for us to take, we are going to have to decline."</p> <p>On 8/11/25 at 11:45 A.M., the surveyor interviewed LPN #1 about the discharge process, who stated that if a resident was NJ Ex Order 26.4(b)(1), they would speak to the NJ Ex Order 26.4(b)(1) and escalate the situation to the U.S. FOIA (b) (6) NJ Ex Order 26.4(b)(1)) or the U.S. FOIA LPN #1 also stated she did not recall Resident #3.</p> <p>On 8/11/25 at 11:58 A.M., the surveyor interviewed the U.S. FOIA (b) (6) regarding what she would consider a safe discharge. The U.S. FOIA stated that the facility typically had a discharge planning meeting that was interdisciplinary and at that meeting, recommendation options and plan of care was reviewed with the resident and their family. The U.S. FOIA also stated, "If a patient is NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) they have their rights, but if we are concerned then we do follow up with an NJ Ex Order 26.4(b)(1). We look at BIMS, how they make their needs known and take in the whole picture. I don't do it just based off the BIMS. We don't look only at the BIMS because if you have been here a while it's easy to lose track of the week." The U.S. FOIA further stated that residents went home with visiting nurses and that there was an occasional gap in services because the NJ Ex Order 26.4(b)(1) only had NJ Ex Order 26.4(b)(1) that cover them.</p>	F0627					

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F0627 SS = J	<p>Continued from page 12</p> <p>On 8/11/25 at 12:09 P.M., the surveyor interviewed the U.S. FOIA (b) (6), who stated that she was familiar with the unit that Resident #3 was on because they did not have a U.S. FOIA (b) (6) at that time. The U.S. FOIA (b) (6) stated that she did recall Resident #3. When asked about discharging a resident who was not NJ Ex Order 26.4(b)(1), the U.S. FOIA (b) (6) stated, "We would not discharge a resident if they were not NJ Ex Order 26.4(b)(1) because we would not consider that a safe discharge."</p> <p>On 8/11/25 at 12:33 P.M., the surveyor interviewed the U.S. FOIA (b) (6) regarding the facility's discharge process. The U.S. FOIA (b) (6) stated that a safe discharge should be planned upon admission and an interdisciplinary meeting with responsible parties was held. When asked about Resident #3 and their discharge NJ Ex Order 26.4(b)(1), the U.S. FOIA (b) (6) stated that she vaguely remembered Resident #3. The U.S. FOIA (b) (6) also stated, "If a resident is NJ Ex Order 26.4(b)(1), we would work with their responsible party. If the responsible party is not able to step in, usually we would have to meet as a team and find out why and see how we would work to keep the patient. If a resident has a BIMS score of NJ Ex Order 26.4(b)(1), staff should not be speaking to them regarding their medical decisions. To discharge a resident with a BIMS of NJ Ex Order 26.4(b)(1) is not correct. This is not per policy for [the facility]. Usually if the U.S. FOIA (b) (6) and U.S. FOIA (b) (6) are notified we could have stopped this. I was never notified of this, and if I was, I would have escalated to the proper channels. I would agree that [Resident #3] was an unsafe discharge."</p> <p>On 8/11/25 at 1:18 P.M., the surveyor interviewed the U.S. FOIA (b) (6), who stated that she was familiar with Resident #3 and that Resident #3 was NJ Ex Order 26.4(b)(1) at the end of NJ Ex Order 26.4(b)(1). When asked why Resident #3 was recommended for NJ Ex Order 26.4(b)(1) services upon discharge, the U.S. FOIA (b) (6) stated it was recommended for Resident #3 so that they could have a safe NJ Ex Order 26.4(b)(1) recommendation.</p> <p>On 8/11/25 at 1:35 P.M., the surveyor interviewed the U.S. FOIA (b) (6) and the U.S. FOIA (b) (6) together and questioned if a NJ Ex Order 26.4(b)(1) was conducted for Resident #3 as per the facility's "Social Service History and Admission Assessment" (SSHAA) dated NJ Ex Order 26.4(b)(1). The U.S. FOIA (b) (6) stated that they would look to see if a NJ Ex Order 26.4(b)(1) for the NJ Ex Order 26.4(b)(1) was conducted but that RR #1 stated that RR #1 would NJ Ex Order 26.4(b)(1). When questioned if Resident #3 lived with RR #1 or if RR #1 was NJ Ex Order 26.4(b)(1) at discharge, the U.S. FOIA (b) (6) stated that she</p>		F0627				

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F0627 SS = J	<p>Continued from page 13 was unsure.</p> <p>During that interview, the surveyor questioned why the DPCCPR under "Nursing" indicated that discharge goals were not met, and the [U.S. FOIA(b)] stated that she would have to refer the surveyor to the LPN (LPN #1) who discharged Resident #3.</p> <p>On 8/11/25 at 1:54 P.M., the surveyor re-interviewed LPN #1, who discharged Resident #3, in the presence of the [U.S. FOIA(b)] LPN #1 stated that she could not recall Resident #3 completely but stated that she "pressed the wrong button" on the DPCCPR regarding Resident #3's discharge goals not being met. LPN #1 further stated that she did not complete Resident #3's discharge as per facility's discharge policy.</p> <p>At that time, the surveyor requested original discharge paperwork with signatures, and the [U.S. FOIA(b)] stated that everything was computerized and what the surveyor had was all that the facility had.</p> <p>On 8/11/25 at 2:08 P.M., the surveyor conducted a telephone interview with the [U.S. FOIA(b)] who oversaw Resident #3 during their stay in the facility. The [U.S. FOIA(b)] stated that the facility was working under the impression that Resident #3 had capacity. The [U.S. FOIA(b)] stated that she was working with RR #1, and RR #1 stated "was telling me that [NJ Exec Order 26.4(b)(1)]." The [U.S. FOIA(b)] stated that she tried to appeal the discharge, and she made the [U.S. FOIA(b)] and the [U.S. FOIA(b)] aware. The [U.S. FOIA(b)] stated that she gave the resident and RR #1 resources to the best of her ability, and she wanted the resident to stay in [NJ Ex Order 26.4(b)(1)] but the resident had the capacity to [NJ Ex Order 26.4(b)(1)]. The [U.S. FOIA(b)] stated that no one had told her that Resident #3 did not have [NJ Ex Order 26.4(b)(1)], and the [U.S. FOIA(b)] stated that she made the [U.S. FOIA(b)] and the [U.S. FOIA(b)] aware of all her concerns. (This contradicted the surveyor's previous interview with the [U.S. FOIA(b)] who denied knowledge of the concerns surrounding Resident #3's discharge.) The [U.S. FOIA(b)] stated that the resident was denied for all visiting nursing services as well as at [NJ Ex Order 26.4(b)(1)].</p> <p>The facility submitted an acceptable Removal Plan (RP) on 8/12/25 at 4:23 P.M., indicating that the action the facility will take to prevent serious harm from occurring or recurring. The facility implemented a corrective action plan to remediate the deficient</p>		F0627				

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F0627 SS = J	Continued from page 14 practice to include: on 8/11/25, the [U.S. FOIA] and [U.S. FOIA] reviewed the facility's "Transfer/Discharge/Bed Hold Policy" with no revisions made; on 8/12/25, the [U.S. FOIA] re-educated the [U.S. FOIA] on the facility's "Transfer/Discharge/Bed Hold Policy;" on 8/12/25, an audit was conducted by the [U.S. FOIA] for the pending facility discharges for the week and confirmed all discharges had confirmed at home care services setup; on 8/12/25, the [U.S. FOIA] conducted in-services with all licensed nurses and [U.S. FOIA] to re-educate on the "Transfer/Discharge/Bed Hold Policy" and that the licensed nurses upon discharge, the discharge summary must be printed out and signed by the resident and/or their representative and uploaded to the electronic medical system. On 8/12/25, the [U.S. FOIA] and [U.S. FOIA] spoke to the [U.S. FOIA] regarding the resident's discharge and confirmation of services prior to discharge. The surveyor verified the implementation of the RP on-site during the continuation of the survey on 8/14/25 at 11:00 A.M. NJAC 8:39-5.4(c); 39.1	F0627					
F0628 SS = D	Discharge Process CFR(s): 483.15(c)(2)(iii)(3)-(6)(8)(d)(1)(2); 483.21(c)(2) §483.15(c)(2) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider. (iii) Information provided to the receiving provider must include a minimum of the following: (A) Contact information of the practitioner responsible for the care of the resident. (B) Resident representative information including contact information (C) Advance Directive information (D) All special instructions or precautions for ongoing care, as appropriate.	F0628	F 628 Discharge Process What corrective action will be accomplished for those residents found to have been affected by the deficient practice? Resident #3 no longer resides in the facility. The [U.S. FOIA (b) (6)] who was responsible for Resident #3's discharge on [NJ Ex Order 26.4(b)] has been provided with education on the facility's policy titled "Transfer/Discharge/Bed Hold Policy and Procedures" to ensure that the transfer/discharge summary is written and documented at the time of the resident's discharge in the resident's medical record so appropriate information is communicated to the receiving health care institution or provider. The LPN who was responsible for Resident #3's discharge has documented in the medical record that the discharge summary was reviewed and provided to the resident at the time of discharge. How will you identify other residents having the potential to be affected by the same deficient practice			09/08/2025	

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F0628 SS = D	<p>Continued from page 15</p> <p>(E) Comprehensive care plan goals;</p> <p>(F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care.</p> <p>§483.15(c)(3) Notice before transfer.</p> <p>Before a facility transfers or discharges a resident, the facility must-</p> <p>(i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.</p> <p>(ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and</p> <p>(iii) Include in the notice the items described in paragraph (c)(5) of this section.</p> <p>§483.15(c)(4) Timing of the notice.</p> <p>(i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>(ii) Notice must be made as soon as practicable before transfer or discharge when-</p> <p>(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;</p> <p>(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;</p> <p>(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;</p> <p>(D) An immediate transfer or discharge is required by</p>	F0628	<p>Continued from page 15 and what corrective action will be taken?</p> <p>All residents who reside in the facility and are transferred/discharged have the potential to be affected by the deficient practice of not having a completed discharge summary written and documented at the time of discharge with the appropriate information to be communicated to the receiving health care institution or provider.</p> <p>An audit was conducted by the Director of Nursing of discharges in the last 2 weeks to ensure the appropriate discharge/transfer summary information was recorded by the nurse responsible for the documentation in the resident's medical record at the time of discharge. No omissions were found.</p> <p>The facility Transfer/Discharge/Bed Hold Policy was reviewed by the Administrator and Director of Nursing and determined no updates were required as the policy was updated in April 2025.</p> <p>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?</p> <p>The DON has educated licensed nursing staff on the Transfer/Discharge/Bed Hold Policy and Procedure to ensure that the appropriate discharge summary documentation for the transfer/discharge is recorded in the medical record at the time of discharge so it can be communicated to the receiving healthcare institution or provider.</p> <p>The DON or designee will review all resident transfers/discharges on an ongoing basis to ensure that the nurse responsible for the transfer/discharge has recorded the appropriate documentation for the transfer/discharge summary in the medical record so it can be communicated to the receiving healthcare institution or provider.</p> <p>How will the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place?</p> <p>The DON or designee will conduct monthly audits for 6 months and then will do every quarter of all residents who are transferred/discharged to ensure that the nurse</p>				

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F0628 SS = D	<p>Continued from page 16 the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or</p> <p>(E) A resident has not resided in the facility for 30 days.</p> <p>§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:</p> <p>(i) The reason for transfer or discharge;</p> <p>(ii) The effective date of transfer or discharge;</p> <p>(iii) The location to which the resident is transferred or discharged;</p> <p>(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;</p> <p>(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;</p> <p>(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and</p> <p>(vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>§483.15(c)(6) Changes to the notice.</p> <p>If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes</p>			F0628	<p>Continued from page 16 responsible for the transfer/discharge has recorded the appropriate documentation for the transfer/discharge is recorded in the medical record so it can be communicated to the receiving healthcare institution or provider.</p> <p>The results of these audits will be presented and reviewed at the Quarterly Quality Assurance Meeting x 4 quarters to ensure the facility's corrective action for the deficient practice will not recur and the need for ongoing monitoring.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315226		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/14/2025	
NAME OF PROVIDER OR SUPPLIER HUNTERDON CARE CENTER LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1 LEISURE COURT , FLEMINGTON, New Jersey, 08822			
(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	
F0628 SS = D	<p>Continued from page 17 available.</p> <p>§483.15(c)(8) Notice in advance of facility closure</p> <p>In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l).</p> <p>§483.15(d) Notice of bed-hold policy and return-</p> <p>§483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies-</p> <p>(i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility;</p> <p>(ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any;</p> <p>(iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and</p> <p>(iv) The information specified in paragraph (e)(1) of this section.</p> <p>§483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section.</p> <p>§483.21(c)(2) Discharge Summary</p> <p>When the facility anticipates discharge, a resident must have a discharge summary that includes, but is not limited to, the following:</p>	F0628					

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F0628 SS = D	<p>Continued from page 18</p> <p>(i) A recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results.</p> <p>(ii) A final summary of the resident's status to include items in paragraph (b)(1) of §483.20, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative.</p> <p>(iii) Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter).</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Complaint # 2582599</p> <p>Based on interview, review of the medical records, and review of other pertinent facility documents, it was determined that the facility failed to ensure a discharge summary was written at the time a resident (Resident #3) was discharged from the facility. This deficient practice was identified for 1 of 4 residents reviewed (Resident #3).</p> <p>The surveyor reviewed the closed medical record for Resident #3.</p> <p>According to the Admission Record (AR) face sheet, Resident #3 was admitted to the facility with diagnoses which included but were not limited to: NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1).</p> <p>According to the discharge Minimum Data Set (MDS), an assessment tool dated NJ Ex Order 26, Resident #3 had a Brief Interview for Mental Status (BIMS) score of 11 out of 15, which indicated the resident's NJ Ex Order 26 was NJ Ex Order 26.4(b)(1).</p> <p>A review of Resident #3's Care Plan (CP) included the following focus areas:</p> <p>A focus area initiated NJ Ex Order 26.4 for anticipated NJ Ex Order 26.4(b)(1); expected to discharge to community from NJ Ex Order 26.4(b)(1) upon completion of care/services. Interventions included: to</p>			F0628			

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F0628 SS = D	<p>Continued from page 19 arrange for post discharge support services; make necessary referrals for NJ Ex Order 26.4(b)(1) & NJ Ex Order 26.4(b)(1) services; social services will communicate with nursing and physicians for medical needs; encourage ongoing resident participation in discharge planning; set reasonable goals for reaching safe discharge; communicate with resident/family regarding services, equipment, prescriptions, and follow up recommendations; assess need for education regarding meds, diet, etc., & provide teaching as needed.</p> <p>A review of Resident #3's Progress Notes (PN), did not include a final discharge summary note written by the U.S. FOIA (b) (6) at the time of the resident's charge.</p> <p>On 8/11/25 at 01:35 P.M the surveyor interviewed the U.S. FOIA (b) (6). The U.S. FOIA (b) (6) stated the facility's policy is to leave a note at the time of discharge and confirmed this was not done for Resident #3.</p> <p>On 8/11/25 at 01:54 P.M the surveyor interviewed the U.S. FOIA (b) (6) who was responsible for discharging Resident #3. U.S. FOIA (b) (6) stated that she could not recall Resident #3 completely, but she confirmed did not complete Resident #3's discharge as per facility's discharge process.</p> <p>A review of the facility's policy titled "Transfer/Discharge/Bed Hold Policy and Procedure" dated 4/2025, included under "Documentation": "The facility will ensure that the transfer/discharge is documented in the resident's medical record (when applicable) an appropriate information is communicated to the receiving health care institution or provider."</p>		F0628				

New Jersey State Department of Health

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NAME OF PROVIDER OR SUPPLIER HUNTERDON CARE CENTER LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1 LEISURE COURT , FLEMINGTON, New Jersey, 08822			
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S0000	Initial Comments The facility was not in compliance with the standards in the New Jersey Administrative code, 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			09/03/2025	
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 #:2582599 Based on review of facility documents on 8/11/2025, it was determined that the facility failed to ensure staffing ratios were met for 13 of 14-day shifts reviewed. This deficient practice had the potential to affect all residents. Findings include: 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		S0560	Corrective action(s)accomplished for resident(s)affected: No residents were identified. Residents identified having the potential to be affected and corrective action: The deficient practice has the potential to affect all residents residing in the facility. Measures will be put into place to ensure the deficient practice will not recur: The facility currently has 4 Nursing Agency contracts. The facility offers bonuses as needed for staffing challenges. Referral and sign on bonuses are offered. The call out Policy has been reviewed and the staff has been re-educated The facility is recruiting on multiple employment search engines and multiple social media platforms. Depending on the needs of the day Nursing management to		09/08/2025	

Office of Primary Care and Health Systems Management

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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S0560	<p>Continued from page 1 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 staffing from 07/27/2025 to 08/09/2025, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows:</p> <p>-07/27/25 had 14 CNAs for 164 residents on the day shift, required at least 20 CNAs.</p> <p>-07/28/25 had 15 CNAs for 164 residents on the day shift, required at least 20 CNAs.</p> <p>-07/29/25 had 18 CNAs for 164 residents on the day shift, required at least 20 CNAs.</p> <p>-07/31/25 had 18 CNAs for 164 residents on the day shift, required at least 20 CNAs.</p> <p>-08/01/25 had 18 CNAs for 165 residents on the day shift, required at least 21 CNAs.</p> <p>-08/02/25 had 15 CNAs for 165 residents on the day shift, required at least 21 CNAs.</p> <p>-08/03/25 had 15 CNAs for 165 residents on the day shift, required at least 21 CNAs.</p> <p>-08/04/25 had 14 CNAs for 165 residents on the day shift, required at least 21 CNAs.</p> <p>-08/05/25 had 18 CNAs for 167 residents on the day shift, required at least 21 CNAs.</p> <p>-08/06/25 had 18 CNAs for 167 residents on the day shift, required at least 21 CNAs.</p> <p>-08/07/25 had 18 CNAs for 167 residents on the day shift, required at least 21 CNAs.</p> <p>-08/08/25 had 17 CNAs for 173 residents on the day shift, required at least 22 CNAs.</p> <p>-08/09/25 had 17 CNAs for 173 residents on the day shift, required at least 22 CNAs.</p>			S0560	<p>Continued from page 1 include Unit Mangers, Supervisors and Assistant Director of Nursing (ADON) will be evaluated to assist with resident care.</p> <p>Daily transportation via bus is offered for staff members living in Essex and Union counties.</p> <p>Corrective actions will be monitored to ensure the deficient practice will not recur:</p> <p>The Director of Nursing (DON)/Designee will conduct Monthly staffing schedule audits.</p> <p>The DON/Designee will report audit findings to the Administrator. The Administrator/Designee will analyze and trend findings and report outcomes quarterly to the Quality Assurance (QA) Committee for the next meeting, with follow up to recommendations, as necessary.</p>		