

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315119	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/21/2025
NAME OF PROVIDER OR SUPPLIER ARNOLD WALTER NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 622 S LAUREL AVENUE , HAZLET, New Jersey, 07730	
(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 #: 406205, 406208</p> <p>Survey Dates: 8/21/25</p> <p>Survey Census: 137</p> <p>Sample Size: 4</p> <p>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.</p>	F0000		09/11/2025

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		09/11/2025
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 interview and review of pertinent facility documents, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey for 28 of 28 day shifts reviewed. 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	I. Immediate Action: 1. The Administrator and Director of Nursing met with the Staffing Coordinator to determine current staffing vacancies in the nursing department to ensure accuracy of facility needs. 2. The facility has reviewed current salaries in comparison to other facilities in the immediate area to ensure salary competitiveness within the community. 3. The facility works with a full-time recruiter whose responsibility is to recruit nurses and C.N.A.s. 4. The facility maintains contact with the company recruiters on a weekly basis and provide updates on current staffing needs. 5. Nursing Administration is available for interviews, hiring and training as needed to ensure all potential candidates are interviewed, evaluated and offered positions if appropriate. 6. The facility continues to offer incentives 7. The facility advertises on various platforms such as social media, posted flyers in various community establishments, colleges and schools. 8. Signs placed across facility property to enhance our recruitment efforts.	09/21/2025

Office of Primary Care and Health Systems Management

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S0560	<p>Continued from page 1 all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and</p> <p>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>1. For the week of Complaint staffing from 02/02/2025 to 02/08/2025, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows:</p> <p>-02/02/2025 had 12 CNAs for 142 residents on the day shift, required at least 18 CNAs.</p> <p>-02/03/2025 had 13 CNAs for 142 residents on the day shift, required at least 18 CNAs.</p> <p>-02/04/2025 had 15 CNAs for 142 residents on the day shift, required at least 18 CNAs.</p> <p>-02/05/2025 had 15 CNAs for 142 residents on the day shift, required at least 18 CNAs.</p> <p>-02/06/2025 had 12 CNAs for 142 residents on the day shift, required at least 18 CNAs.</p> <p>-02/07/2025 had 16 CNAs for 143 residents on the day shift, required at least 18 CNAs.</p> <p>-02/08/2025 had 14 CNAs for 143 residents on the day shift, required at least 18 CNAs.</p> <p>2. For the week of Complaint staffing from 05/11/2025 to 05/17/2025, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows:</p> <p>-05/11/2025 had 13 CNAs for 152 residents on the day shift, required at least 19 CNAs.</p> <p>-05/12/2025 had 14 CNAs for 152 residents on the day shift, required at least 19 CNAs.</p> <p>-05/13/2025 had 15 CNAs for 152 residents on the day shift, required at least 19 CNAs.</p> <p>-05/14/2025 had 15 CNAs for 152 residents on the day shift, required at least 19 CNAs.</p>	S0560	<p>Continued from page 1</p> <p>II. Identification of Others:</p> <p>The facility respectfully submits that all residents may be affected by this practice.</p> <p>III. Systemic Changes</p> <p>1. The Administrator, Director of Nursing, Human Resource Director and the Staffing Coordinator have reviewed the facility staffing ratios to ensure the facility meets the par levels.</p> <p>Human Resource Director will complete exit interviews for all nursing employees who have vacated their positions in an attempt to address any issues which could be affecting retention of employees.</p> <p>Orientation frequency will be increased to ensure that all potential candidates for employment will have opportunities to complete the orientation soon after accepting a facility offer.</p> <p>IV. Quality Assurance</p> <p>1. A tracking log will be maintained for all communication with recruiters, referrals, applicants, interviews, newly hired, orientation completion and success of recruitment efforts and will be reviewed monthly by Director of Nursing, Administrator and Human Resource Director.</p> <p>2. All findings will be reviewed by the Quality Assurance Team at least quarterly and changes made as needed to improve facility ratios.</p> <p>V. Responsibility: Administrator, Director of Nursing, Staffing Coordinator and Human Resource Director.</p> <p>Immediate Action</p> <p>The facility respectfully submits that staff to resident ratios was reviewed to maintain the required minimum direct care staff – to- resident ratios as mandated by the state</p>	

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S0560	<p>Continued from page 2</p> <p>-05/15/2025 had 14 CNAs for 152 residents on the day shift, required at least 19 CNAs.</p> <p>-05/16/2025 had 15 CNAs for 153 residents on the day shift, required at least 19 CNAs.</p> <p>-05/17/2025 had 16 CNAs for 153 residents on the day shift, required at least 19 CNAs.</p> <p>3.For the 2 weeks of Complaint staffing from 08/03/2025 to 08/16/2025, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows:</p> <p>-08/03/2025 had 13 CNAs for 139 residents on the day shift, required at least 17 CNAs.</p> <p>-08/04/2025 had 12 CNAs for 139 residents on the day shift, required at least 17 CNAs.</p> <p>-08/05/2025 had 13 CNAs for 139 residents on the day shift, required at least 17 CNAs.</p> <p>-08/06/2025 had 13 CNAs for 138 residents on the day shift, required at least 17 CNAs.</p> <p>-08/07/2025 had 13 CNAs for 138 residents on the day shift, required at least 17 CNAs.</p> <p>-08/08/2025 had 12 CNAs for 138 residents on the day shift, required at least 17 CNAs.</p> <p>-08/09/2025 had 13 CNAs for 138 residents on the day shift, required at least 17 CNAs.</p> <p>-08/10/2025 had 12 CNAs for 138 residents on the day shift, required at least 17 CNAs.</p> <p>-08/11/2025 had 12 CNAs for 139 residents on the day shift, required at least 17 CNAs.</p> <p>-08/12/2025 had 13 CNAs for 139 residents on the day shift, required at least 17 CNAs.</p> <p>-08/13/2025 had 12 CNAs for 138 residents on the day shift, required at least 17 CNAs.</p> <p>-08/14/2025 had 12 CNAs for 138 residents on the day shift, required at least 17 CNAs.</p> <p>-08/15/2025 had 13 CNAs for 138 residents on the day</p>	S0560	<p>Continued from page 2</p> <p>Identification of Others:</p> <p>The facility respectfully submits that all residents may be affected by this practice.</p> <p>System Changes</p> <p>1. Policy and Procedure for Minimal Staffing was reviewed and revised by Administrator and DON to include staffing ratio of C.N.A.s mandated by the state</p> <p>Quality Assurance</p> <p>1a) Audits will be completed by the HR to ensure that all staffing complies with staffing ratios.</p> <p>1b) Audits will be done weekly x 4 weeks, monthly x 2 weeks and quarterly x 3 quarters.</p> <p>1c) All negative findings will be brought to the DNS/Administrator's attention immediately.</p> <p>1d) The results of all audits will be brought to the QAPI committee quarterly x 4 quarters.</p> <p>Responsibility</p> <p>Director of Nursing</p> <p>Administrator</p> <p>3.Human Resources and/or Staffing Coordinator</p>	

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S0560	Continued from page 3 shift, required at least 17 CNAs. -08/16/2025 had 11 CNAs for 138 residents on the day shift, required at least 17 CNAs.	S0560		