

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 10/30/2025
NAME OF PROVIDER OR SUPPLIER ARNOLD WALTER NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 622 S LAUREL AVENUE , HAZLET, New Jersey, 07730	
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F0000	INITIAL COMMENTS Complaint #: NJ406206, NJ2580956 Survey Date: 10/30/2025 Census: 150 Sample: 4 A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.	F0000		11/17/2025
F0658 SS = D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is NOT MET as evidenced by: Based on interviews, record review, and review of other pertinent facility documents, it was determined that the facility failed to: ensure a physician's order to administer medication was followed for one of two residents reviewed, Resident # 2. Resident #2 did not received their NJ Exec Order 26.4b1 medication (medication used to treat NJ Exec Order 26.4b1). The deficient practice was evidenced by the following: Reference: New Jersey Statutes Annotated, Title 45. Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing	F0658	F0658 1. Corrective Action Taken for the Resident Affected Resident #2 is no longer in the facility. Upon identification of the concern, the facility immediately reviewed the resident's medical record, including physician orders, MAR entries, and pharmacy communications. The PCP was notified of the medication omissions identified during record review. The MAR reflected the omissions and education ongoing for appropriate documentation. LPN #1 on 1/28/25 at 4pm and 8pm 1/29/25 at 5pm, 2/1/25 at 8pm and 2/2/25 at 8pm were educated immediately on the procedure for medication administration and documentation 2. Corrective Action Taken for Other Residents Potentially Affected An audit was completed for all medications to ensure documentation is completed and accurate and proper procedures are followed for unavailable medications Any residents found to have missed medications without	12/01/2025

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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F0658 SS = D	<p>Continued from page 1 medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist."</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p> <p>According to the intake forwarding to the New Jersey Department of Health (NJDOH) on 2/13/25, the complainant reported that they left the facility on NJ Exec Order 26.4b1 because they did not receive their NJ Exec Order 26.4b1 as ordered by the physician.</p> <p>1. On 10/30/25 at 10:30 AM, the surveyor reviewed the closed medical record for Resident #2. The Admission Face Sheet) admission summary) reflected that Resident #2 was admitted to the facility with diagnoses which included but were not limited to, NJ Exec Order 26.4b1.</p> <p>The Physician Order Activity Detail Report (POADR) dated NJ Exec Order 26.4b1 timed 8:22 PM, reflected an order to administer NJ Exec Order 26.4b1) 1 tablet orally four times a day for NJ Exec Order 26.4b1 Schedule: Every Day at 10:00 AM, 3:00 PM, 5:00 AM, and 8:00 PM.</p> <p>A review of a Progress Note (PN) dated NJ Exec Order 26.4b1 timed 3:04 PM, written by the nurse, reflected that Resident #2 was NJ Exec Order 26.4b1 and was NJ Exec Order 26.4b1. Another (PN) dated NJ Exec Order 26.4b1 timed 3:09 PM, written by the US FOIA (b) revealed that Resident #2 was able to make their requests known.</p> <p>Further review of the electronic PNs revealed a note written on NJ Exec Order 26.4b1 timed 6:34 PM, by the nurse which revealed the following: "Spoke with NJ Exec Order 26.4b1 regarding NJ Exec Order 26.4b1 medication. Explained to NJ Exec Order 26.4b1 there was no</p>	F0658	<p>Continued from page 1 documented rationale received immediate clinical review, physician notification, and corrective action as needed. No additional residents were identified to have unresolved issues.</p> <p>3. Systemic Changes to Ensure the Deficient Practice Does Not Recur</p> <p>The Policy and Procedure for Medication Administration and Documentation was reviewed by the Administrator, Director of Nursing and Medical Director and was found to be in compliance</p> <p>Re-education:</p> <p>All licensed nurses were re-educated by the Assistant Director of Nursing (ADON) on:</p> <p>Proper medication administration per physician order.</p> <p>Requirements for documenting omitted doses in the EMAR.</p> <p>Mandatory notification of the physician and nursing supervisor when a medication is unavailable.</p> <p>Pharmacy communication procedures, including obtaining STAT or emergency delivery.</p> <p>Education included review of the facility policy "Medication Administration and Documentation."</p> <p>Process Improvements:</p> <p>The facility revised its New Admission Medication Verification Process, requiring the admitting nurse and Unit Manager to verify that all ordered medications are available in-house, are scheduled for STAT delivery, or request an alternative medication approved by the PCP.</p> <p>A "Medication Availability Checklist" was implemented to be completed for every new admission within 2 hours.</p> <p>The DON/ADON/Unit Managers will review all new admission medication orders within 24 hours.</p> <p>Pharmacy Coordination:</p>	

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F0658 SS = D	<p>Continued from page 2 communication that family will be providing this medication. Medication issue cleared up; family will be providing medication for now on. Resident received medication.</p> <p>On 10/30/25 at 10:44 AM, the surveyor interviewed the US FOIA (b)(6) regarding the process to obtain medications for new admission. The US FOIA (b)(6) stated: The US FOIA (b)(6) will review and enter the order into the computer. The Pharmacy will verify the order and sent the medication to the facility. If the medication was not available, the physician would be contacted, and the physician would usually write an order for a substitute. The US FOIA (b)(6) stated she started in NJ Exec Order 26.4b1 and could not comment on the above concerns regarding Resident #2.</p> <p>On 10/30/25 at 11:32 AM, the surveyor interviewed the US FOIA (b)(6) regarding the process of administering medications to residents. The US FOIA (b)(6) stated that there would be a physician's order for medication administration and the order will be transcribed on the Medication Administration Record (MAR). The nurse would administer the medication and if the medication was not administered, the computer would prompt the nurse to add a comment. The surveyor then reviewed the medication administration record with the US FOIA (b)(6) which showed that Resident #2 did not receive NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1 at 4:00 PM, NJ Exec Order 26.4b1 at 8:00 PM, NJ Exec Order 26.4b1 at 5:00 AM. Comment: Awaiting pharmacy delivery. There was no documentation that the physician was informed of the omission. On NJ Exec Order 26.4b1 Resident #2 did not receive NJ Exec Order 26.4b1 as ordered at 8:00 PM, and there was no comment regarding the omission. The surveyor then asked the US FOIA (b)(6) if Resident #2 should have received the NJ Exec Order 26.4b1 as ordered, the US FOIA (b)(6) stated that there should be a rationale added if the medication was not administered. The surveyor then asked the US FOIA (b)(6) what her expectations regarding medications administration/ omission of medication was. The US FOIA (b)(6) stated the physician, and the US FOIA (b)(6) were to be notified, the staff should have followed up with the pharmacy for a stat delivery or an alternative.</p> <p>A review of the facility provided policy titled, "Policies, Procedures and Information last revised 12/27/24 included the following:</p> <p>POLICY</p> <p>It is the policy of this facility to ensure that Medication Administration and Documentation occurs in a</p>	F0658	<p>Continued from page 2</p> <p>The pharmacy was contacted, and a process was reinforced for STAT delivery when medications are missing at admission or during routine care.</p> <p>The facility emergency kit was reviewed to ensure it contains appropriate substitutions per pharmacy and physician protocols.</p> <p>4. Monitoring to Ensure Ongoing Compliance</p> <p>The DON or designee will conduct the following audits:</p> <p>Medication Omission Audits:</p> <p>10 medication administration records daily for 2 weeks, then weekly for 6 weeks, then monthly for 3 months.</p> <p>Audits will verify:</p> <p>Doses administered timely</p> <p>Proper documentation of any omitted doses</p> <p>Physician and pharmacy notification when indicated</p> <p>New Admission Medication Availability Audits:</p> <p>All new admissions will be reviewed for 4 weeks, then weekly for 2 months, then monthly for 3 months.</p> <p>Audit results will be reviewed in Monthly QAPI Committee Meetings.</p> <p>Any identified non-compliance will result in immediate re-education and progressive disciplinary action as appropriate.</p> <p>The facility will continue monitoring until substantial compliance is maintained for three consecutive months.</p>	

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F0658 SS = D	Continued from page 3 timely and accurate manner. The Electronic Medication Administration Record (EMAR) is the form onto which all medication orders are transcribed from physician electronic orders, from which medications are poured and administered and on which medication doses are documented. Under procedure the following were documented: Immediately notifies nursing supervisor if medication is unavailable for administration and notifies Physician/NP of the same. Contacts pharmacy to obtain medications. Documents administration of medication in the EMAR immediately following administration. Notes in the EMAR medications not administered (i.e. refused, etc.) and identifies reason. NJAC 8:39-29.2 (d)	F0658		

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S0000	Initial Comments Complaint #: NJ406206, NJ2580956 Survey Date: 10/30/2025 Census: 150 Sample: 4 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. The facility is not in compliance with the Standards in the New Jersey	S0000		11/17/2025
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 observation, interview, and review of pertinent facility documentation, 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. 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,	S0560	S0560 1. Corrective Action for Residents Affected No specific resident harm was identified during the complaint survey; however, the facility acknowledges the failure to meet the mandated CNA staffing ratios on the day shift during the periods of 01/12/25–01/25/25, 07/06/25–07/19/25, and 10/12/25–10/25/25. To correct the deficiency: The facility immediately adjusted staffing patterns by mandating minimum CNA coverage on all day shifts to meet or exceed NJ statutory ratios. Additional CNAs were reassigned, scheduled, or brought in through per diem, agency, and incentive programs to ensure immediate compliance. A CNA staffing schedule review was conducted for all	12/01/2025

Office of Primary Care and Health Systems Management

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S0560	<p>Continued from page 1 codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. "Direct care staff member" means any registered professional nurse, licensed practical nurse, or certified nurse aide who is acting in accordance with that individual's authorized scope of practice and pursuant to documented employee time schedules.</p> <p>The following ratio(s) were effective as of 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift.</p> <p>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 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. A review of "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report" for the 2 weeks of Complaint staffing from 01/12/2025 to 01/25/25, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows:</p> <p>-01/12/25 had 14 CNAs for 143 residents on the day shift, required at least 18 CNAs.</p> <p>-01/13/25 had 14 CNAs for 143 residents on the day shift, required at least 18 CNAs.</p> <p>-01/14/25 had 14 CNAs for 139 residents on the day shift, required at least 17 CNAs.</p> <p>-01/15/25 had 14 CNAs for 137 residents on the day shift, required at least 17 CNAs.</p> <p>-01/16/25 had 14 CNAs for 137 residents on the day shift, required at least 17 CNAs.</p> <p>-01/17/25 had 14 CNAs for 135 residents on the day shift, required at least 17 CNAs.</p> <p>-01/18/25 had 15 CNAs for 135 residents on the day shift, required at least 17 CNAs.</p>	S0560	<p>Continued from page 1 residents during the cited timeframes to ensure resident needs were met, and no adverse outcomes were identified.</p> <p>2. Corrective Action for Residents Potentially Affected</p> <p>Because staffing ratios affect all residents in the facility, a facility-wide staffing review was completed for current census across all shifts.</p> <p>The staffing analysis validated that CNA coverage on the day shift has been below the required ratios in the timeframes cited.</p> <p>All current schedules for all units were reviewed and adjusted to ensure compliance with minimum staffing standards for all 150 residents.</p> <p>Supervisors were assigned daily monitoring responsibilities to verify shift ratios are met before clock-in.</p> <p>3. Systemic Changes to Prevent Recurrence</p> <p>To ensure ongoing compliance with NJAC 8:39-5.1(a) and N.J.S.A. 30:13-18 minimum staffing requirements, the facility implemented the following systemic changes:</p> <p>A. Staffing Infrastructure Enhancement</p> <p>The facility respectfully submits that staff to resident ratios will be reviewed to ensure compliance with MJ new minimal staffing requirements</p> <p>Recruitment & Retention Program Strengthening</p> <p>CNA sign-on bonuses</p> <p>Increased shift differential for evening/night-shift CNAs</p> <p>Expanded partnership with CNA training schools to pipeline new hires</p> <p>Implemented CNA "stay bonuses" tied to attendance and completion of consecutive scheduled shifts</p> <p>Expanded Agency Contracts</p>	

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S0560	<p>Continued from page 2</p> <p>-01/19/25 had 11 CNAs for 135 residents on the day shift, required at least 17 CNAs.</p> <p>-01/20/25 had 13 CNAs for 135 residents on the day shift, required at least 17 CNAs.</p> <p>-01/21/25 had 15 CNAs for 135 residents on the day shift, required at least 17 CNAs.</p> <p>-01/22/25 had 15 CNAs for 135 residents on the day shift, required at least 17 CNAs.</p> <p>-01/23/25 had 16 CNAs for 135 residents on the day shift, required at least 17 CNAs.</p> <p>-01/24/25 had 16 CNAs for 135 residents on the day shift, required at least 17 CNAs.</p> <p>-01/25/25 had 15 CNAs for 143 residents on the day shift, required at least 18 CNAs.</p> <p>2. For the 2 weeks of Complaint staffing from 07/06/2025 to 07/19/2025, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows:</p> <p>-07/06/25 had 11 CNAs for 140 residents on the day shift, required at least 17 CNAs.</p> <p>-07/07/25 had 12 CNAs for 140 residents on the day shift, required at least 17 CNAs.</p> <p>-07/08/25 had 13 CNAs for 140 residents on the day shift, required at least 17 CNAs.</p> <p>-07/09/25 had 13 CNAs for 140 residents on the day shift, required at least 17 CNAs.</p> <p>-07/10/25 had 13 CNAs for 140 residents on the day shift, required at least 17 CNAs.</p> <p>-07/11/25 had 13 CNAs for 141 residents on the day shift, required at least 18 CNAs.</p> <p>-07/12/25 had 13 CNAs for 141 residents on the day shift, required at least 18 CNAs.</p> <p>-07/13/25 had 13 CNAs for 141 residents on the day shift, required at least 18 CNAs.</p>	S0560	<p>Continued from page 2</p> <p>Added additional CNA agency vendors</p> <p>Established guaranteed fill commitments for day shift</p> <p>Created a rapid-response staffing protocol for call-outs</p> <p>B. Scheduling & Call-Out Management Improvements</p> <p>Daily Review of Staffing Per Shift</p> <p>Schedules to be reviewed and gaps to be communicated at least 2 shifts prior to the start of a shift. Ratio deficiencies will be communicated between the scheduler and Nursing Supervisor before the shift starts.</p> <p>Mandatory Pre-Shift Staffing Verification</p> <p>The Shift Supervisor must confirm required ratios 30 minutes before shift starts. Deficits trigger immediate calls to available per diem staff and agency.</p> <p>Enforcement of the Call-Out Policy</p> <p>CNAs must call out at least 2 hours before shift start unless emergent.</p> <p>Excessive callouts are formally reviewed and addressed per HR policy.</p> <p>C. Training & Education</p> <p>Education for Scheduling Clerks, DON, ADON, Nursing Supervisors, and Administrator on:</p> <p>NJ minimum staffing ratio</p> <p>Daily documentation requirements for staffing compliance</p> <p>Re-Education for CNAs and Nursing Staff regarding:</p> <p>Attendance expectations</p>	

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S0560	<p>Continued from page 3</p> <p>-07/14/25 had 13 CNAs for 141 residents on the day shift, required at least 18 CNAs.</p> <p>-07/15/25 had 13 CNAs for 141 residents on the day shift, required at least 18 CNAs.</p> <p>-07/16/25 had 13 CNAs for 141 residents on the day shift, required at least 18 CNAs.</p> <p>-07/17/25 had 13 CNAs for 141 residents on the day shift, required at least 18 CNAs.</p> <p>-07/18/25 had 13 CNAs for 141 residents on the day shift, required at least 18 CNAs.</p> <p>-07/19/25 had 12 CNAs for 141 residents on the day shift, required at least 18 CNAs.</p> <p>3. For the 2 weeks of Complaint staffing from 10/12/2025 to 10/25/2025, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows:</p> <p>-10/12/25 had 13 CNAs for 143 residents on the day shift, required at least 18 CNAs.</p> <p>-10/13/25 had 11 CNAs for 143 residents on the day shift, required at least 18 CNAs.</p> <p>-10/14/25 had 14 CNAs for 143 residents on the day shift, required at least 18 CNAs.</p> <p>-10/15/25 had 14 CNAs for 143 residents on the day shift, required at least 18 CNAs.</p> <p>-10/16/25 had 14 CNAs for 143 residents on the day shift, required at least 18 CNAs.</p> <p>-10/17/25 had 14 CNAs for 145 residents on the day shift, required at least 18 CNAs.</p> <p>-10/18/25 had 14 CNAs for 145 residents on the day shift, required at least 18 CNAs.</p> <p>-10/19/25 had 16 CNAs for 145 residents on the day shift, required at least 18 CNAs.</p> <p>-10/20/25 had 14 CNAs for 147 residents on the day shift, required at least 18 CNAs.</p> <p>-10/21/25 had 14 CNAs for 147 residents on the day</p>	S0560	<p>Continued from page 3</p> <p>Mandatory reporting</p> <p>Importance of staffing compliance for resident care</p> <p>All education was completed by 11/6/2025 and is now part of new-hire orientation.</p> <p>D. Documentation & Reporting Improvement</p> <p>The facility revised its daily staffing documentation process to ensure all CNAs on duty are properly signed in, recorded, and validated as direct-care staff per NJDOH definitions.</p> <p>4. Monitoring to Ensure Ongoing Compliance</p> <p>The facility implemented a comprehensive monitoring and quality assurance program:</p> <p>A. Daily Monitoring</p> <p>DON/Designee will audit day shift staffing daily for 4 weeks, verifying actual CNAs on the floor vs. required CNAs based on census.</p> <p>Deficits must be corrected PRIOR to shift start.</p> <p>B. Weekly Reporting</p> <p>A weekly staffing compliance report will be submitted to the Administrator every Tuesday for 3 months.</p> <p>Any missed ratios, trigger an immediate QAPI review.</p> <p>C. Monthly QAPI Oversight</p> <p>Staffing compliance results will be reviewed monthly at the QAPI Committee Meeting.</p> <p>Trends or patterns will result in additional systemic correction.</p> <p>D. Long-Term Monitoring</p> <p>After the 12-week daily audit, the facility will continue monthly staffing audits for 3 additional</p>	

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(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
S0560	Continued from page 4 shift, required at least 18 CNAs. -10/22/25 had 14 CNAs for 147 residents on the day shift, required at least 18 CNAs. -10/23/25 had 13 CNAs for 147 residents on the day shift, required at least 18 CNAs. -10/24/25 had 15 CNAs for 147 residents on the day shift, required at least 18 CNAs. -10/25/25 had 15 CNAs for 152 residents on the day shift, required at least 19 CNAs.	S0560	Continued from page 4 months. Monitoring will continue until the facility demonstrates sustained compliance for 3 consecutive months.	

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 12/01/2025
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>An offsite/desk review of the facility's Plan of Correction was conducted on 12/01/2025 in relation to the 10/30/2025 Recertification survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.</p>	F0000		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061301	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/01/2025
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
S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 12/01/2025 in relation to the 10/30/2025 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		

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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