STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315292	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APPLEWOOD VILLAGE, INC	**1 APPLEWOOD DRIVE , FREEHOLD, New Jersey, 07728**

(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	INITIAL COMMENTS Complaint #:2678949, 406028 Survey Dates: 12/8/25 Survey Census: 32 Sample Size: 3 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.	F0000		12/23/2025

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061343	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/08/2025

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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		12/23/2025
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 #:2678949, 406028 Based on interviews and review of facility documents on 12/8/25, it was determined that the facility failed to ensure staffing ratios were met for 1 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	S560 Mandatory Access to Care How the corrective action will be accomplished for those residents found to have been affected by the deficient practice; these are the residents specified in the CMS-2567, Statement of Deficiencies. There were no negative outcomes noted to residents on the day shift identified as not meeting the NJ staffing requirements on the date of 11/28/25. All residents were assisted with their activities of daily living, meals, and call bell requests, without deviation from the plan of care. In addition, the rehabilitation team rendered bedside ADL assistance to residents receiving therapies. Completion date: 12/23/25 2. How the facility will identify other residents having the potential to be affected by the same deficient practice. All residents have the potential to be affected by not meeting the staffing requirements on day shift. No residents were identified as having been affected. Completion date: 12/23/25	12/30/2025

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S0560	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. For the 2 weeks of AAS-11 staffing for 11/16/25-11/29/25, the facility was deficient in CNA staffing for residents on 1 of 14 day shifts as follows: -11/28/2025 had 4 CNAs for 38 residents on the day shift, required at least 5 CNAs.	S0560	Continued from page 1 3. What measures will be put into place or systemic changes made to ensure that the deficient practice would not recur. The Administrator re-educated the staffing coordinator, charge nurses, and supervisors regarding New Jersey state staffing requirements (N.J.S.A. 30:13-18), the protocol for completing the nursing schedule, Director of Nursing/Administrator notification of staffing issues. Applewood Village is actively recruiting for all C.N.A. and nursing positions. Agency personnel are utilized as often as needed to fill vacant shifts. Incentives, bonuses, overtime pay are offered for existing and newly hired staff. The Administrator created a tracking tool on 12/23/25 to track each shift's ratio according to resident census. The tracking tool will be completed by the Staffing Coordinator. The Administrator and/or Director of Nursing will review the completed tracking tool daily to ensure that the required staff to resident ratios are met for all three shifts, seven days a week. Completion date: 12/23/25 4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur? The Administrator and/or Director of Nursing will audit the tracking tool daily. The results of the audits will be presented to the community's QAPI Committee for further review and recommendations as needed, until sustained compliance is achieved. Completion date: 12/23/25	

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 12/30/25 in relation to the 12/8/25 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	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.

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New Jersey State Department of Health

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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 12/30/25 in relation to the 12/8/25 State of New Jersey Complaint 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

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