

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315249	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/16/2025
NAME OF PROVIDER OR SUPPLIER LINCOLN PARK CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 499 PINE BROOK ROAD , LINCOLN PARK, New Jersey, 07035	
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F0000	<p>INITIAL COMMENTS</p> <p>COMPLAINT #s: 2574557; NJ184786</p> <p>CENSUS: 529</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		11/23/2025

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
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New Jersey State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061409	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/16/2025
NAME OF PROVIDER OR SUPPLIER LINCOLN PARK CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 499 PINE BROOK ROAD , LINCOLN PARK, New Jersey, 07035	
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S0000	Initial Comments The facility was not in compliance with the standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities. The facility must submit a Plan of Correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the provisions of the New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations.	S0000		11/23/2025
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: Based on facility document review on 9/16/25, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratio as mandated by the State of New Jersey for 7 of 7 dayshifts from 7/6/25 to 7/12/25 and 14 of 14 dayshifts from 8/31/25 to 9/13/25. 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	S0560	ELEMENT ONE-Corrective Action A staffing analysis was completed to identify, by shift, the minimum amount of direct care staff and licensed nursing staff required by regulatory requirements to meet the care needs of the residents based on the daily census. The staffing schedule was reviewed by the Director of Nursing with the staffing coordinators to identify, by shift, the required number of staff. Agencies are contacted to fill vacant Direct Care certified nurse aide positions while the facility advertises for new staff. Facility staff are offered bonuses for picking up extra shifts. Facility continues to run on-line ads for staff. Facility offers sign-on bonuses Facility offers referral bonuses to staff in order to attract new employees. Interviews are being conducted on a daily basis as applicants apply. The staffing coordinator reviews on a daily, weekly, monthly basis, the staffing schedules with the Director of Nursing to assure that staffing levels meet the	11/24/2025

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S0560	<p>Continued from page 1 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 certified nurse aide 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>The surveyor requested staffing for the weeks of 7/6/25 to 7/12/25 and 8/31/25 to 9/13/25.</p> <p>The facility was deficient in CNA staffing for residents on dayshifts as follows:</p> <p>1.For weeks of complaint staffing from 07/06/2025 to 07/12/2025, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts:</p> <ul style="list-style-type: none"> -07/06/25 had 46 CNAs for 532 residents on the day shift, required at least 66 CNAs. -07/07/25 had 53 CNAs for 530 residents on the day shift, required at least 66 CNAs. -07/08/25 had 58 CNAs for 530 residents on the day shift, required at least 66 CNAs. -07/09/25 had 64 CNAs for 530 residents on the day shift, required at least 66 CNAs. -07/10/25 had 60 CNAs for 530 residents on the day shift, required at least 66 CNAs. -07/11/25 had 60 CNAs for 537 residents on the day shift, required at least 67 CNAs. -07/12/25 had 56 CNAs for 535 residents on the day shift, required at least 67 CNAs. <p>2. For weeks of complaint staffing from 08/31/2025 to 09/13/2025, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts:</p> <ul style="list-style-type: none"> -08/31/25 had 39 CNAs for 532 residents on the day shift, required at least 66 CNAs. -09/01/25 had 61 CNAs for 528 residents on the day shift, required at least 66 CNAs. -09/02/25 had 52 CNAs for 528 residents on the day shift, required at least 66 CNAs. 	S0560	<p>Continued from page 1 regulatory requirements and to offer extra shifts to cover, in advance, vacations and days off.</p> <p>ELEMENT TWO- Identification of At-Risk Residents</p> <p>All residents have the potential to be affected by this practice</p> <p>ELEMENT THREE- Systemic Changes</p> <p>The Director of Nursing, together with the Assistant Directors of Nursing, will review staffing daily and weekly to ensure that all resources have been used to staff the facility in accordance with State mandates.</p> <p>Agencies will be sent all staffing needs as well to cover call outs.</p> <ul style="list-style-type: none"> * The facility continues to work with a recruiter, to partner with CNA schools, to employ the use of digital media to staff the facility in accordance with regulatory mandates. * The administration will continue the weekly meetings with the staffing committee and will conduct salary analysis and will implement creative strategies to attract new staff. * The staffing committee includes frontline staff and managers who will work to identify ways that the facility can attract new employees. The recommendations are shared with the Regional and Corporate staff for review and implementation. * Incentive programs are in place to retain and attract staff. <p>ELEMENT FOUR-Quality Assurance</p> <p>The Human Resources (HR) Department will receive weekly notices from the Director of Nursing as to the current staffing needs of the Nursing Department.</p> <p>On a monthly basis, the HR Department will provide the Administrator with an analysis of the number of new employees that have been hired.</p> <p>The Director of Nursing and the Administrator will communicate this information at the quarterly Quality Assurance Performance Improvement Committee meeting for</p>	

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S0560	Continued from page 2 -09/03/25 had 56 CNAs for 528 residents on the day shift, required at least 66 CNAs. -09/04/25 had 60 CNAs for 526 residents on the day shift, required at least 66 CNAs. -09/05/25 had 59 CNAs for 523 residents on the day shift, required at least 65 CNAs. -09/06/25 had 60 CNAs for 523 residents on the day shift, required at least 65 CNAs. -09/07/25 had 36 CNAs for 523 residents on the day shift, required at least 65 CNAs. -09/08/25 had 51 CNAs for 523 residents on the day shift, required at least 65 CNAs. -09/09/25 had 56 CNAs for 524 residents on the day shift, required at least 65 CNAs. -09/10/25 had 58 CNAs for 523 residents on the day shift, required at least 65 CNAs. -09/11/25 had 64 CNAs for 523 residents on the day shift, required at least 65 CNAs. -09/12/25 had 63 CNAs for 523 residents on the day shift, required at least 65 CNAs. -09/13/25 had 59 CNAs for 523 residents on the day shift, required at least 65 CNAs.	S0560	Continued from page 2 review, action and recommendations as appropriate.	

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F0000	<p>INITIAL COMMENTS</p> <p>An offsite/desk review of the facility's Plan of Correction was conducted on 12/09/25 in relation to the 09/16/25 Complaint 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.

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S0000	Initial Comments An offsite/ desk review of the facility's Plan of Correction was conducted on 12/09/25 in relation to the 09/16/25 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		

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