

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>315249</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>10/27/2025</b>
NAME OF PROVIDER OR SUPPLIER <b>LINCOLN PARK CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>499 PINE BROOK ROAD , LINCOLN PARK, New Jersey, 07035</b>	
(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 ID #: NJ186151; NJ186687</p> <p>Survey Date: 10/27/25</p> <p>Census: 526</p> <p>Sample Size: 5</p> <p>The facility is in substantial compliance with the requirements of 42 CFR 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

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>061409</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>10/27/2025</b>
NAME OF PROVIDER OR SUPPLIER <b>LINCOLN PARK CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>499 PINE BROOK ROAD , LINCOLN PARK, New Jersey, 07035</b>	
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S0560	<p>Continued from page 1 staff -to-resident ratios:</p> <p>(1) one certified nurse aide to every eight residents for the day shift;</p> <p>(2) 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 certified nurse aides, and each staff member shall be signed in to work as a certified nurse aide and shall perform certified nurse aide duties; and</p> <p>(3) 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 certified nurse aide and perform certified nurse aide duties</p> <p>b. Upon any expansion of resident census by the nursing home, the nursing home shall be exempt from any increase in direct care staffing ratios for a period of nine consecutive shifts from the date of the expansion of the resident census.</p> <p>c. (1) The computation of minimum direct care staffing ratios shall be carried to the hundredth place.</p> <p>(2) If the application of the ratios listed in subsection a. of this section results in other than a whole number of direct care staff, including certified nurse aides, for a shift, the number of required direct care staff members shall be rounded to the next higher whole number when the resulting ratio, carried to the hundredth place, is fifty-one hundredths or higher.</p> <p>(3) All computations shall be based on the midnight census for the day in which the shift begins.</p> <p>d. Nothing in this section shall be construed to affect any minimum staffing requirements for nursing homes as may be required by the Commissioner of Health for staff other than direct care staff, including certified nurse aides, or to restrict the ability of a nursing home to increase staffing levels, at any time, beyond the established minimum ...</p> <p>A review of "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report" for the two-week period beginning 10/12/2025 and ending 10/25/2025 revealed the facility was not in compliance with the State of New Jersey minimum staffing requirements.</p> <p>The facility was deficient in CNA staffing for residents on 13 of 14 day shifts as follows:</p>	S0560	<p>Continued from page 1 to cover, in advance, vacation 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 on a daily and weekly basis to ensure that all resources have been used to staff the facility in accordance with State mandates.</p> <p>Staffing agencies will be sent all staffing needs to cover call outs.</p> <p>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.</p> <p>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.</p> <p>The staffing committee includes frontline staff and managers who will work to identify ways that the facility can attract new staff. The recommendations are shared with the Regional and Corporate staff for review and implementation.</p> <p>Incentive programs are in place to retain and attract staff.</p> <p>ELEMENT FOUR- Quality Assurance</p> <p>The Human Resource (HR) Department will receive weekly notices from the Director of Nursing indicating 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>	

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S0560	Continued from page 2  -10/12/25 had 50 CNAs for 528 residents on the day shift, required at least 66 CNAs.  -10/13/25 had 65 CNAs for 527 residents on the day shift, required at least 66 CNAs.  -10/14/25 had 65 CNAs for 527 residents on the day shift, required at least 66 CNAs.  -10/15/25 had 65 CNAs for 527 residents on the day shift, required at least 66 CNAs.  -10/17/25 had 63 CNAs for 529 residents on the day shift, required at least 66 CNAs.  -10/18/25 had 64 CNAs for 527 residents on the day shift, required at least 66 CNAs.  -10/19/25 had 37 CNAs for 527 residents on the day shift, required at least 66 CNAs.  -10/20/25 had 59 CNAs for 527 residents on the day shift, required at least 66 CNAs.  -10/21/25 had 65 CNAs for 526 residents on the day shift, required at least 66 CNAs.  -10/22/25 had 65 CNAs for 526 residents on the day shift, required at least 66 CNAs.  -10/23/25 had 65 CNAs for 526 residents on the day shift, required at least 66 CNAs.  -10/24/25 had 64 CNAs for 526 residents on the day shift, required at least 66 CNAs.  -10/25/25 had 63 CNAs for 528 residents on the day shift, required at least 66 CNAs.	S0560	Continued from page 2  The Director of Nursing and the Administrator will communicate this information at the quarterly Quality Assurance Performance for action and recommendations as appropriate	

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NAME OF PROVIDER OR SUPPLIER <b>LINCOLN PARK CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>499 PINE BROOK ROAD , LINCOLN PARK, New Jersey, 07035</b>	
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F0000	<p>INITIAL COMMENTS</p> <p>An offsite/desk review of the facility's Plan of Correction was conducted on 12/2/2025 in relation to the 10/27/2025 complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.</p>	F0000		12/15/2025

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S0000	Initial Comments  An offsite/desk review of the facility's Plan of Correction was conducted on 12/2/2025 in relation to the 10/27/2025 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		12/15/2025

Office of Primary Care and Health Systems Management

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