STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061419	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Jersey Firemen's Home	**565 LATHROP AVE , BOONTON, New Jersey, 07005**

(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 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		
S1245	Mandatory Dietary Services CFR(s): 8:39-17.2(g) All food service facilities shall operate with safe food handling practices in accordance with Chapter XII of the New Jersey Sanitary Code, N.J.A.C. 8:24. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and review of facility policies, it was determined that the facility failed to maintain proper kitchen sanitation practices in a manner to prevent food borne illness. This deficient practice was observed and evidenced by the following: On 10/8/25 at 9:27 AM, the surveyor in the presence of the Food Service Director (FSD) toured the kitchen and observed the following: 1. In the bread storage area, the surveyor observed three bags of individually sliced hot dog buns all opened and without open/use by labels. The FSD stated the staff uses the manufacturers use by dates for disposal. 2. In the preparatory area, the surveyor observed Dietary Aide #1 (DA #1) not wearing a [redacted] DA #1 stated they were not aware they needed a [redacted] but would put one on immediately. 3. On a four-shelf storage rack, the surveyor observed	S1245		10/29/2025

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

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S1245	Continued from page 1 a 12-ounce (oz) bottle of yellow mustard, a 12oz bottle of sweet relish, a 12oz bottle of honey, a 16oz bottle of light corn syrup and a 32 oz bottle of sesame seed oil; all bottles had been opened and were missing opened/use by labels. The FSD was unable to state why the bottles were missing proper labeling. 4. In the refrigerator beneath the deli counter, the surveyor observed a one-gallon container of Italian dressing, a one-gallon container of Ceaser dressing, and a one-gallon container of Mayonnaise; all bottles had been opened and were missing opened/use by labels. 5. In the two-door refrigerator next to the tray line, the surveyor observed a one pound (lb) block of butter not covered, missing an open/use by label. The surveyor further observed a zip lock bag with an unidentified orange powder like substance without a label and three 16oz containers of soup base, all opened and without open/use by labels. 6. In the main cooking area, the surveyor observed Dietary Aide #2 (DA#2) without a beard guard. DA#2 stated they were unaware a NJ Ex Order 26.4(b)(1) was needed. 7. On a storage shelf in the main cooking area, the surveyor observed an 18oz container of cinnamon, 12oz bottle of honey and a 128oz container of pancake syrup; all opened without open/use by labels. 8. In the Walk-in refrigerator, the surveyor observed a black colored debris on the fan grate. The FSD stated the fan grate would be cleaned immediately. 9. In the dish room area, the surveyor observed Dietary Aide #3 (DA#3) not wearing a hairnet. DA#3 stated they forgot to put on their hairnet. On 10/9/25 at 9:15 AM, during the follow up inspection the surveyor observed the following: 10. In the food preparatory area, the surveyor observed Dietary Aide #4 (DA#4) with their hair not fully restrained under their hairnet. Upon surveyor inquiry, DA#4 fixed their hair. 11. In the main cooking area, the surveyor again observed DA#2 not wearing a NJ Exec Order 26.4b1 DA#2 stated they forgot to put the NJ Ex Order 26.4(b)(1) on. On 10/9/25 at 9:22 AM, the FSD provided the surveyor with multiple facility policies all with a revised date of 1/2025. The kitchen policy titled, Uniform Dress Code revealed under the procedure section, “Wear the	S1245		

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S1245	Continued from page 2 approved hair restraint when on duty regardless of length or presence of hair. Restrain all facial hair with a beard net/restraint." The kitchen policy titled, Food and Supply Storage revealed under the procedure section, "Cover, label and date unused portions and open packages." The kitchen policy titled Cleaning Food and Nonfood Contact Surfaces revealed under procedures revealed, "Nonfood contact surfaces of equipment shall be cleaned as often as is necessary to keep the equipment free of accumulations of dust, dirt, food particles, and other debris." On 10/14/25 at 10:45 AM, the surveyor met with the Licensed Nursing Home Administrator (LNHA) and the Director of Nursing (DON) to review surveyor related concerns. The LNHA stated the kitchen concerns would be addressed immediately. On 10/14/25 at 11:30 AM, the surveyor met with the LHNA and DON for exit conference. No further information provided. NJAC 8:39-17.2 (g)	S1245		
S1720	Mandatory Quality of Care CFR(s): 8:39-27.1(a) The facility shall provide and ensure that each resident receives all care and services needed to enable the resident to attain and maintain the highest practicable level of physical (including pain management), emotional and social well-being, in accordance with individual assessments and care plans. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, record review, and review of pertinent facility documents, it was determined the facility failed to consistently follow a physician's order for [redacted], as documented on the Medication Administration Record while administering medications. This deficient practice was identified for 1 of 4 nurses (Registered Nurse; RN) who administered to 1 of 4 residents (Resident #2) on 1 of 4 units (Unit [redacted] during the medication administration pass observation and was evidenced by the following: On 10/10/25 at 8:43 AM, the surveyors observed the RN dispensed then crushed one medication into a medication cup with [redacted] and administered to Resident #1. At that time, RN #1 [redacted] into a plastic cup then pulled a	S1720		10/29/2025

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S1720	Continued from page 3 pharmacy dispensed NJ Exec Order 26.4b1 [redacted] The RN used a measuring device, scooped the NJ Exec Order 26.4b1 [redacted] and added unmeasured amount of NJ Exec Order 26.4b1 [redacted]. The RN was observed by both surveyors mixing the NJ Exec O with a plastic spoon while testing for NJ Exec Order 26.4b1. The surveyors observed the NJ Exec Order 26.4b1 [redacted] and was preparing to administer to the resident. The surveyor requested to review the NJ Ex Order 26.4(b)(1) with the nurse prior to administration. At that time, a surveyor asked the RN how she determined when the NJ Exec Order 26.4b1 [redacted]. The RN stated that she went NJ Exec Order 26.4b1 because it was safer and confirmed and acknowledged the NJ Exec O prepared for the resident was not NJ Exec Order 26.4b1. At that time, the RN informed the surveyors that the facility did have prepared NJ Exec Order 26.4b1 in the refrigerator and chose not to use it. A review of the physician's order reflected an order for the NJ Exec Order 26.4b1 [redacted] to be given by oral route every shift, all NJ Exec Order 26.4b1 to NJ Exec Order 26.4b1 [redacted] A review of the electronic Medication Administration Record reflected a signature for the same order on NJ Exec Order 26.4[redacted] A review of the NJ Exec Order [redacted] note dated NJ Exec Order 2[redacted] reflected that Resident #1 was diagnosed with NJ Exec Order 26.4b1 [redacted] The resident was unable to make their NJ Exec Order 26.4b1 [redacted] and had NJ Exec Order 26.4b1 [redacted] The NJ Exec Order [redacted] care plan reflected the resident's NJ Exe [redacted] was NJ Exec Or [redacted] and NJ Exec Order 26.4b1 [redacted] initiated on NJ Exec Order [redacted]. On 10/10/25 at 12:01 PM, in the presence of the survey team, the Assistant Director of Nursing (ADON) and Administrator, the surveyors discussed the concern with RN who prepared the resident's NJ Exec Order 26[redacted] without following the physician's order. On 10/10/25 at 10:47 AM, during a meeting with the survey team, and the ADON, the Administrator stated that the RN erred in the side of caution and went NJ Exec Ord[redacted] than the physician's order. The ADON stated that education was provided to the RN.	S1720		

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S1720	Continued from page 4 A review of the undated, facility provided policy for NJ Exec Order 26.4b1 included that the facility had three levels if liquids for residents with dysphagia… Honey Thick beverage was defined as beverage that flowed off the spoon in a ribbon just like actual honey… Any change in liquid level tolerance with subsequent downgrade of level, required a follow-up speech therapy evaluation. NJAC 8:39-27.1(a)	S1720		
S1935	Mandatory Pharmacy CFR(s): 8:39-29.2(d) Medications shall be accurately administered and documented by properly authorized individuals, as per prescribed orders and stop order policies. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observations, interviews, record review, and review of other facility documents, it was determined that the facility failed to provide pharmaceutical services, in accordance with professional standard and physician's order to ensure accurate administration of a medication. This deficient practice was identified during the medication pass observation of 1 of 4 nurses (Licensed Practical Nurse; LPN) who administered to 1 of 4 residents (Resident #2) on 1 of 4 units (Unit NJ [redacted] and was evidenced as follows: On 10/10/25 at 8:58 AM, two surveyors observed the LPN prepare medications 17 medications for Resident #2 which included physician's order for NJ Exec Order 26.4b1 [redacted] capsule, to be given 1 capsule twice a day, for NJ Exec Order 26.4b1 that was ordered by the physician on NJ Exec Order 2[redacted] At that time, the LPN confirmed he had 19 medications in the medication cup. The surveyor and the LPN reviewed the medication orders together. The LPN confirmed and acknowledged that he had poured two (2) of the NJ Exec Orde[redacted] instead of the one (1) capsule that was ordered. On 10/10/25 at 12:01 PM, in the presence of the survey team, the Assistant Director of Nursing (ADON) and Administrator, the surveyors discussed the concern with the LPN who inaccurately prepared to administer Resident #2 's medication, dispensing NJ Exec Order 26.4b1 instead of the one (1) prescribed.	S1935		10/29/2025

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S1935	Continued from page 5 On 10/10/25 at 10:47 AM, during a meeting with the survey team, and the Administrator, the ADON stated that the LPN received education and would be tested for competency (medication pass observation) by the Consultant Pharmacist. A review of the provided facility policy for Administering Medication, dated/reviewed 6/2023 reflected that medications shall be administered in a safe and timely manner, and as prescribed. NJAC 8:39-27.1(a)	S1935		
S2120	Mandatory Physical Environment CFR(s): 8:39-31.1(c) Fire safety maintenance and retrofit of long-term care facilities shall comply with the Uniform Fire Safety Code (N.J.A.C. 5:18) as adopted by the New Jersey Department of Community Affairs. The New Jersey Uniform Fire Safety Code may be obtained from the Fire Safety Element of the Department of Community Affairs, PO Box 809, Trenton, New Jersey 08625-0809. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observations and interview on 10/09/2025 and 10/10/2025 in the presence of the Facilities Manager (FM), it was determined that the facility failed to meet the requirements of N.J.A.C. 5:70 by: 1.) ensuring that all hold open and releasing devices were Inspected, Tested and Maintained at least annually by their fire alarm company, 2.) ensuring that exit signs were continuously illuminated , 3.) ensuring that sprinkler system gauges were tested and or changed every 5 years and 4.) ensuring that emergency lighting was continuously in operations or capable of repeated automatic operation without manual intervention, in accordance with NFPA 25, 72 and 101. These deficient practices had the potential to affect all residents and were evidenced by the following: A record review on 10/09/2025 revealed that “door holder” and “door unlock” were not inspected on the fire alarm inspections that were conducted from 09/25/2024 to 09/24/2025. In an interview at the time, the FM confirmed the record review.	S2120		10/29/2025

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S2120	Continued from page 6 Observations on 10/10/2025 at 10:10 AM and 10:13 AM, revealed that the exit signs in the auditorium's stairway enclosure and stair 3 were not illuminated. In interviews at the time, the FM confirmed the observations. Observations from 10:42 AM to 11:43 AM revealed that the gauges on the sprinkler system in the Memory Care Unit, Residential Unit, Dorm C and the Laundry room were last changed in November of 2019, over 5 years ago. In interviews at the time, the FM confirmed the observations. An observation at 10:50 AM revealed that all the lighting in Dorm A's corridor was controlled by a light switch on the wall that when in the "OFF" position would not provide automatic illumination in an emergency. In an interview at the time, the FM confirmed the observation. The facility's Administrator and the FM were informed of the deficient practices at the exit conference on 10/10/2025 at 2:00 PM.	S2120		

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 11/13/2025 in relation to the 10/14/2025 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