

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315331	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/18/2025
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT FAIR LAWN EDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 77 EAST 43RD STREET , PATERSON, New Jersey, 07514	
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F0000	INITIAL COMMENTS Survey Date: 8/18/25 Census 175 Sample: 35 + 2 closed records 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		09/04/2025
F0582 SS = D	Medicaid/Medicare Coverage/Liability Notice CFR(s): 483.10(g)(17)(18)(i)-(v) §483.10(g)(17) The facility must-- (i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of-- (A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; (B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and (ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section. §483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate. (i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to	F0582	1. Resident #182 was NJ Ex Order 26.9 2. All residents who are on skilled services have the potential to be affected by the deficient practice. 3. The U.S. FOIA (b) (6) was in-serviced of the required time frame of notification of medicare non-coverage NOMNC by the administrator. 4. Administrator/designee will audit 2 NOMNCs weekly x 4 weeks and then monthly x 4 months to ensure NOMNCs were issued appropriately. Results will be presented at the Quality Assurance Performance Improvement meetings.	08/19/2025

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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F0582 SS = D	<p>Continued from page 2 revealed that there was no documented evidence that the [redacted] was done, nor the reason why it was not done.</p> <p>A review of the physician certification and re-certification form with a handwritten name of Resident #182 and with a handwritten discharge date of [redacted], signed by the physician on [redacted].</p> <p>A review of the [redacted] letter provided by the [redacted] on the same day revealed a handwritten name of the resident stating "the effective date [redacted] of your current: [redacted]" with a handwritten date of [redacted]. Resident #182's name signed the letter with the date of [redacted].</p> <p>On 8/11/2025 at 11:28 AM, the surveyor interviewed the [redacted] U.S. FOIA (b) (6), who stated that the [redacted] form should be signed at least 72 hours or 2 days before the resident will be discharged to home or other facility. The [redacted] did not provide additional information on why the date was not correct on the letter.</p> <p>On 8/11/2025 at 12:05 PM, the surveyor interviewed the [redacted] U.S. FOIA (b) (6) who stated that he does not know what happened, but the date should be checked before the resident signed it. The [redacted] letter should be signed on the [redacted] days before the resident [redacted] or [redacted].</p> <p>08/11/2025 12:12 PM, the surveyor interviewed the [redacted] U.S. FOIA (b) (6). The surveyor notified the [redacted] of the above findings and concerns with Resident#182's [redacted] form. The [redacted] stated that Resident #182 [redacted] for [redacted]. The [redacted] confirmed that the resident should have a [redacted] done.</p> <p>NJAC 8:39-5.4 (b)(c)</p>	F0582		
F0584 SS = E	<p>Safe/Clean/Comfortable/Homelike Environment</p> <p>CFR(s): 483.10(i)(1)-(7)</p> <p>§483.10(i) Safe Environment.</p> <p>The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to</p>	F0584	<ol style="list-style-type: none"> Residents on the third and forth floors were affected. All Residents have the potential to be affected by this deficient practice. Shower chair was discarded and replaced. Plastic wheelchair tray on floor 3 was cleaned and removed. 	09/19/2025

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F0584 SS = E	<p>Continued from page 3 receiving treatment and supports for daily living safely.</p> <p>The facility must provide-</p> <p>§483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.</p> <p>(i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk.</p> <p>(ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview, and review of other facility documentation, the facility failed to ensure the facility was maintained in a safe, clean, and homelike environment. This deficient practice was identified for 2 of 2 units (3rd and 4th floors) and 2 of 2 shower rooms.</p>	F0584	<p>Continued from page 3</p> <p>Shower room wall tiles were cleaned. Floor safety strips were replaced. Stained ceiling tiles were replaced. Shower room floor tiles were cleaned. Ceiling penetration was filled. Shower room privacy curtains were replaced. Soiled utility room tiles were replaced. Ceiling vents were cleaned. Eyewash station areas were cleaned. Administrator educated all environmental staff regarding safe and homelike environment policy. Housekeeping director created a weekly audit tool and schedule for shower rooms and vent cleaning.</p> <p>4. Administrator or Designee will round weekly x 4 weeks and then monthly x 2 months to ensure safe clean comfortable homelike environment. Results will be presented at the Quality Assurance Performance Improvement meetings.</p>	

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F0584 SS = E	<p>Continued from page 4 This deficient practice was evidenced by the following:</p> <p>On 8/13/25 at 9:55 AM, the surveyor with the U.S. FOIA (b) (6) toured the 3rd floor and observed the following inside the shower room:</p> <ul style="list-style-type: none"> -Upon entry, toward the right side of the shower room in the 1st cubicle, there was a shower chair with ripped chair cover, and across the 1st cubicle was a plastic tray. The 1st cubicle wall tiles and moldings with yellowish stain. The U.S.F informed the surveyor that the plastic tray was part of a wheelchair that should have not on the floor. The U.S.F confirmed that the tiles should have been cleaned. -The 2nd cubicle floor safety strips were peeling off. The U.S.F stated that the safety strips were safety measures to prevent resident from falling while in shower and should have been fixed. Both the surveyor and the U.S.F observed the ceiling tile with big dried brownish discoloration, tiles stained with yellowish substances, and the ceiling was not totally covered. The U.S.F stated that should have been fixed and floor should be cleaned. -The 4th cubicle safety strips were peeling off, the floor and tiles stained with blackish substances, and no privacy curtain. -The 5th cubicle floor and tiles on the walls stained with blackish substances. -The 6th cubicle safety strips were peeling off. <p>On that same date and time, both the surveyor and the U.S.F observed the soiled utility room with two ceiling tiles with brownish discoloration.</p> <p>On 8/13/25 at 10:10 AM, both the surveyor and U.S.F observed the 4th floor clean linen room with accumulation of grayish substances on the ceiling vent and the U.S.F stated should have been cleaned.</p> <p>At that same time, both the surveyor and the U.S.F observed the 4th floor shower room and observed the following:</p> <ul style="list-style-type: none"> -The 2nd cubicle privacy curtain with missing hooks. -The 6th cubicle tile walls and floors stained with yellowish substances. <p>On 8/13/25 at 10:15 AM, the surveyor interviewed the U.S. FOIA (b) (6) of the 4th floor</p>	F0584		

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F0584 SS = E	<p>Continued from page 5 and the U.S. FOIA (b) (6). The surveyor observed the eyewash area in the nursing station with heavy accumulation of grayish substances and the U.S. FOIA (b) (6) stated that were dust and should have been cleaned. The U.S. FOIA (b) (6) donned (put on) gloves and stated she would clean it.</p> <p>Afterward, the surveyor, U.S. FOIA (b) (6), and U.S. FOIA (b) (6) went to the 4th floor party area, and observed the ceiling vent with heavy accumulation of grayish substances. Both the U.S. FOIA (b) (6) and U.S. FOIA (b) (6) stated that should have been cleaned.</p> <p>On 8/13/25 at 10:21 AM, the surveyor with the U.S. FOIA (b) (6) went to the 4th floor dining room and both observed two residents seated near the two vending machines and on top of them was a vent in the ceiling with heavy accumulation of blackish substances. There were total of 10 residents and two facility staff inside the room.</p> <p>Outside the room, the U.S. FOIA (b) (6) stated that the vent should have been cleaned, and she did not know why it was not cleaned. She further stated that she would ask the housekeeper to clean them. The U.S. FOIA (b) (6) informed the surveyor that the two residents were Resident #111 and Resident #30.</p> <p>On 8/13/25 at 1:49 PM, the survey team met with the U.S. FOIA (b) (6), U.S. FOIA (b) (6), U.S. FOIA (b) (6), and the surveyor notified them of the above observations, concerns, and findings with regard to environment. The U.S. FOIA (b) (6) stated that all those concerns of the surveyor had been addressed after surveyor's inquiry.</p> <p>A review of the facility's "Safe and Homelike Environment Policy" that was provided by the U.S. FOIA (b) (6) with implemented date of 9/1/24, revealed under policy: in accordance with resident's rights, the facility will provide a safe, clean, comfortable and homelike environment, allowing the resident to use their personal belongings to the extent possible. This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. Under policy explanation and compliance guidelines...#3. Housekeeping and maintenance services will be provided as necessary to maintain a sanitary, orderly and comfortable environment. 4. The facility will provide and maintain bed and bath linens are clean and in good condition...9. General Considerations:...a. Minimize odors by disposing of soiled linens promptly and reporting lingering odors and bathrooms needing</p>	F0584		

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F0584 SS = E	Continued from page 6 cleaning to Housekeeping Department... A review of the facility's "Routine Bathroom/Shower Cleaning Policy" that was provided by the [REDACTED] with implemented date of 9/1/24, revealed under policy: it is the policy of the facility to establish policies, procedures and guidelines to provide a clean and sanitary environment for residents, staff and visitors in order to prevent cross contamination and transmission of healthcare associated infection...Procedure: 1. Working form clean areas to dirty areas...h. Clean shower/tub faucets, walls and railing, scrubbing as required to remove soap scum. Inspect grout mold, apply disinfectant to interior surfaces of shower/tub, including soap dish, faucets and shower head...Inspect shower curtain and replaced as required...4. Report areas of mold, cracked, leaking or damaged items in need of repair. NJAC 8:39-31.4(a)(b)(f)	F0584		
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 observation, interview, and review of pertinent facility documents, it was determined that the facility failed to consistently follow standards of clinical practice by following a physician's order for the administration of medications and clarifying a physician's order for 2 of 5 residents (Resident #19 and #21). This 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 casefinding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing	F0658	1. Resident #19 was [REDACTED] this deficient practice. 2. All Residents have the potential to be affected by the deficient practice. 3. Facility educator / designee in-serviced nurses on transcription to ensure that frequency and timing of medication administration of pain medication is consistent with the order for the wound care treatment as well as clarification of parameters for medications that parameters are not indicated for. Identification of the deficiency was corrected immediately in Point Click Care (PCC) for resident #19. [REDACTED] management consult was completed immediately by the Medical Director for resident #19. After identification of the deficient practice was noted for resident #21, clarification and consultation with PMD on the need for parameters for this medication and for PMD BP parameters is unwarranted for this medication. Immediate correction was updated into the MAR. All Nurses were in-service regarding following parameters orders and clarify with the physician if the parameters are not indicated. The Director of Nursing created a weekly audit tool. 4. Director of Nursing / designee will audit 5 residents to ensure pain medication administration time is consistent with wound care is performed weekly x 4 weeks then monthly x 2 months. Director of Nursing / designee will also audit 5 residents to ensure residents with orders for parameter have parameters indicated weekly x 4 weeks then monthly x 2 months.	08/19/2025

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F0658 SS = D	<p>Continued from page 7 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>1. On 8/13/25 at 7:51 AM, the surveyor and the [U.S. FOIA (b) (6)] observed Resident #19 in bed with the head of the bed flat. The surveyor observed that when the [U.S. FOIA (b) (6)] raised the head of the resident's bed, the resident stated, "NJ Ex Order 26.4(b)(1)". The [U.S. FOIA (b) (6)] replied that she would inform the LPN staff nurse assigned to Resident #19 to administer the resident's NJ Ex Order 26.4(b)(1).</p> <p>The surveyor reviewed Resident #19's medical record.</p> <p>A review of Resident #19's Admission Record reflected the resident was admitted to the facility with diagnoses that included but were not limited to; NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1).</p> <p>A review of a Physician's Order dated NJ Ex Order 26.4(b)(1) and transcribed onto the Medication Administration Record (MAR) indicated NJ Ex Order 26.4(b)(1), give one tablet by mouth every 8 hours as needed for NJ Ex Order 26.4(b)(1); PO dated NJ Ex Order 26.4(b)(1) for NJ Ex Order 26.4(b)(1) PO give one time a day before NJ Ex Order 26.4(b)(1) care.</p> <p>A review of a Physician's Order dated NJ Ex Order 26.4(b)(1) and transcribed onto the Treatment Administration Record (TAR) indicated to NJ Ex Order 26.4(b)(1) every evening and night shift with NJ Ex Order 26.4(b)(1) to the NJ Ex Order 26.4(b)(1), and secure with NJ Ex Order 26.4(b)(1).</p>	F0658	Continued from page 7 Results will be presented at the Quality Assurance Performance Improvement meetings.	

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F0658 SS = D	<p>Continued from page 8</p> <p>A review of the [redacted] MAR revealed the nurses signed for the [redacted] from [redacted] through [redacted] as given at 9:00 AM, before [redacted] care.</p> <p>A review of the [redacted] MAR revealed the nurses signed for the [redacted] from [redacted] through [redacted] as administered at 9:00 AM, before [redacted] care.</p> <p>A review of the [redacted] and [redacted] MARs indicated the nurses had not administered the [redacted] medication according to the physician's order before providing the [redacted] treatment during the evening or night shift but had administered it once daily at 9:00 AM.</p> <p>A review of the [redacted] TAR revealed that the nurses signed that the treatment was administered during the night shift.</p> <p>A review of the [redacted] TAR revealed that the nurses signed from [redacted] through [redacted] that the [redacted] treatment was administered during the evening and night shift.</p> <p>A review of the Quarterly MDS, an assessment tool dated [redacted], reflected that Resident #19 had a Brief Interview for Mental Status (BIMS) score of [redacted] out of 15, which indicated [redacted]. Section [redacted] reflected that the resident had [redacted] present on admission.</p> <p>A review of Resident #19's Care Plan revealed a Focus area that included but was not limited to; the resident has an [redacted] to his/her [redacted]. Interventions included to administer medication for [redacted] as needed and reassess; provide a [redacted], provide [redacted] treatment as ordered; weekly [redacted] assessment; and weekly [redacted] evaluation by [redacted] team.</p> <p>A review of the [redacted] Assessment Report dated [redacted] (Present on Admission) reflected [redacted];</p> <p>[redacted] with treatment orders which indicated to [redacted] with [redacted], apply [redacted] to</p>	F0658		

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F0658 SS = D	<p>Continued from page 9</p> <p>NJ Ex Order 26.4(b)(1), and use NJ Ex Order 26.4(b)(1) daily.</p> <p>A review of the NJ Ex Order 26.4(b)(1) Assessment Report NJ Ex Order 26.4(b)(1) revealed: NJ Ex Order 26.4(b)(1); with orders to NJ Ex Order 26.4(b)(1) with NJ Ex Order 26.4(b)(1); cover with NJ Ex Order 26.4(b)(1) two times a day.</p> <p>On 8/13/25 at 9:00 AM, during an interview with the surveyor, the U.S. FOIA (b) (6) stated that Resident #19's niece (POA) would not allow the surveyor to observe the resident's NJ Ex Order 26.4(b)(1) treatment.</p> <p>On 8/14/25 at 10:00 AM, during an interview with the surveyor, the U.S. FOIA (b) (6) assigned to resident 19's care confirmed that he should have clarified the 9:00 AM, NJ Ex Order 26.4(b)(1) order with the physician, as he had not provided the NJ Ex Order 26.4(b)(1) treatment on the day shift.</p> <p>On 8/14/25 at 1:15 PM, the surveyor discussed the above observations and concerns with the U.S. FOIA (b) (6), U.S. FOIA (b) (6), and U.S. FOIA (b) (6). The U.S. FOIA (b) (6) acknowledged that Resident #19 should have received their NJ Ex Order 26.4(b)(1) before the NJ Ex Order 26.4(b)(1) treatment was provided per the physician's order and confirmed the treatment was being done on the evening and night shifts. The U.S. FOIA (b) (6) confirmed that it was the responsibility of the U.S. FOIA (b) (6) to review Physician Orders.</p> <p>A review of the facility's policy Following Physician Orders dated 9/1/24 reflected...Medications must be administered in accordance with the orders, including any required time frame...</p> <p>2. On 8/13/25 at 9:59 AM, the surveyor reviewed the electronic medical record (EMR) of Resident #21.</p> <p>The Admission Record (a summary of important information about the resident) documented Resident #21 had diagnoses that included but were not limited to, NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1).</p> <p>A comprehensive Minimum Data Set (MDS) assessment, a tool to facilitate the management of care, dated NJ Ex Order 26.4(b)(1), indicated the facility assessed the resident's</p>	F0658		

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F0658 SS = D	<p>Continued from page 10</p> <p>NJ Ex Order 26.4(i) using a Brief Interview Mental Status (BIMS) test. Resident #21 scored a NJ Ex Order 26.4(i) out of 15, which indicated the resident had NJ Ex Order 26.4(b)(1).</p> <p>A physician's order dated NJ Ex Order 26.4(i) indicated NJ Ex Order 26.4(b)(1), give 1 tablet by mouth in the afternoon for NJ Ex Order 26.4(b)(1), Hold if NJ Ex Order 26.4(b)(1) less than NJ Ex.</p> <p>A review of the NJ Ex Order 26.4(b)(1) Medication Administration Record (MAR) revealed the nurses signed for the NJ Ex Order 26.4(b)(1) medication from NJ Ex Order 26.4(b)(1) to NJ Ex Order 26.4(b)(1) as administered. There was no documentation on the MAR entry of the resident's NJ Ex and NJ Ex at the time of administration.</p> <p>A review of the NJ Ex Order 26.4(b)(1) Medication Administration Record (MAR) revealed the nurses signed for the NJ Ex Order 26.4(b)(1) medication from NJ Ex Order 26.4(b)(1) to NJ Ex Order 26.4(b)(1) as administered. There was no documentation on the MAR entry of the resident's NJ Ex and NJ Ex at the time of administration.</p> <p>A review of the NJ Ex Order 26.4(b)(1) Medication Administration Record (MAR) revealed the nurses signed for the NJ Ex Order 26.4(b)(1) medication from NJ Ex Order 26.4(b)(1) to NJ Ex Order 26.4(b)(1) as administered. There was no documentation on the MAR entry of the resident's NJ Ex and NJ Ex at the time of administration.</p> <p>On 8/13/2025 at 10:59 AM, the surveyor interviewed the U.S. FOIA (b) (6) in the presence of the U.S. FOIA (b) (6) about medications with NJ Ex and NJ Ex parameters. The U.S. FOIA (b) (6) stated the nurses checked the resident's NJ Ex at the time the medication was to be administered, and the results would determine whether the nurse held the medication or administered the medication according to the physician's orders. The U.S. FOIA (b) (6) further explained that the nurses documented the NJ Ex and NJ Ex results in the MAR or in a progress note.</p> <p>The surveyor reviewed with the U.S. FOIA (b) (6) the finasteride entry on the MAR of Resident #21. The surveyor discussed the concern that there was no documentation of the resident's NJ Ex and NJ Ex at the time of the medication's administration. The surveyor with the U.S. FOIA (b) (6) reviewed the documented NJ Ex and NJ Ex in the vitals section of the EMR. The U.S. FOIA (b) (6) confirmed the nurses did not document the NJ Ex and NJ Ex obtained for every finasteride administration. The U.S. FOIA (b) (6) stated it was expected for the nurses to read the physician's order which included the parameters and they should document</p>	F0658		

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F0658 SS = D	<p>Continued from page 11 the NU ER and NU EX results at the time of administration.</p> <p>On 8/13/2025 at 11:17 AM, the surveyor interviewed a US FOIA (b)(6) in the presence of a US FOIA (b)(6) about medications with parameters. The US FOIA stated it was expected for nurses to follow the physician's orders for medications with parameters. The US FOIA explained the nurses checked the applicable vital signs at the time of a medication's administration and then documented the results in the MAR entry when prompted. The surveyor asked the US FOIA what would happen if the entry did not prompt the nurse to enter a result. The US FOIA replied that a note should be written to include the results obtained at the time of administration to show why the medication was given or not given to the resident.</p> <p>On 8/13/2025 at 11:40 AM, the surveyor interviewed the U.S. FOIA (b) (6) who stated medications with parameters should be followed as per the physician's order. The U.S. FOIA explained the nurses checked the vital signs before administering a resident's medication as per the physician's parameter orders. The U.S. FOIA further stated the nurses documented the results in a drop-down box on the MAR and if they there was no drop-down box, the nurses could add it to the order entry or write a progress note documenting the results.</p> <p>The surveyor with the U.S. FOIA reviewed Resident #21's finasteride order entry in the MAR. The U.S. FOIA stated she would have to review the resident's EMR as this was not a standard for finasteride to have parameters and that it may have been entered in error. The U.S. FOIA stated she would follow up and provide the surveyor with additional information.</p> <p>On 8/13/2025 at 1:49 PM, the surveyor informed the U.S. FOIA (b) (6), the U.S. FOIA (b) (6) and the U.S. FOIA (b) (6) about the above concern for Resident #21's NJ Ex Order 26.4(b) order. There was no verbal response at this time by the facility.</p> <p>On 8/14/2025 at 1:06 PM, the U.S. FOIA (b), the U.S. FOIA and the U.S. FOIA (b) informed the survey team Resident #21's NJ Ex Order 26.4(b) order was clarified with the physician, that there was no need for parameters and the medication should not have had parameters. There was no additional information provided by the facility.</p> <p>The surveyor reviewed the facility provided policy titled, "Medication Administration", dated 9/1/2024. Under Policy revealed: "...</p>	F0658		

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F0658 SS = D	Continued from page 12 Medications are administered by licensed nurses, or staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice... The Policy Explanation and Compliance Guidelines of the policy revealed: "... 8. Obtain and record vital signs, when applicable or per physician orders. When applicable, hold medication for those vital signs outside the physician's prescribed parameters... 21. Sign MAR after administered. For those medications requiring vital signs, record vital signs onto the MAR... 23. Correct any discrepancies and report to nurse manager..."11. The following information is checked/verified for each resident prior to administering medications...b. Vital signs, if necessary... 21. If a drug is withheld, refused, or given at a time other than the scheduled time, the individual administering the medication shall initial and circle the MAR space provided for that drug and dose..." NJAC 8:39-11.2 (b); 29.2(d)	F0658		
F0684 SS = D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to ensure that a resident receive treatment and care as specified by hospital discharge orders, in accordance with professional standards of practice and facility policies and procedures for 1 of 35 residents (Resident #169) reviewed. The deficient practice was evidenced by the following:	F0684	Resident #169 was [redacted] this deficient practice. All Residents who come from the hospital have the potential to be affected by the deficient practice. Director of nursing / designee in-serviced nurses regarding following hospital discharge orders. Immediate identification of the deficient practice. Resident #169 was seen within 24 hours by [redacted] and [redacted] and [redacted] was completed. Director of Nursing created a weekly audit tool. Director of nursing / designee will review 5 resident charts weekly x 4 weeks then monthly x 2 months to ensure hospital recommendations are being followed. Results will be presented at the Quality Assurance Performance Improvement meetings.	08/19/2025

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F0684 SS = D	<p>Continued from page 13</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 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 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>On 8/12/2025 at 10:30 AM, the surveyor observed Resident #169 lying in bed. The resident stated that they have been in the facility for NJ Ex Order 26.4(b)(1). The resident stated that they were in NJ Ex Order 26.4(b)(1) a few months ago because they NJ Ex Order 26.4(b)(1), and that they NJ Ex Order 26.4(b)(1). The resident stated that they received NJ Ex Order 26.4(b)(1) in the NJ Ex Order 26.4(b)(1).</p> <p>On 8/12/2025 at 10:39 AM, the surveyor interviewed the License Practical Nurse (LPN) #1, who stated that the resident had a diagnosis of NJ Ex Order 26.4(b)(1). NJ Ex Order 26.4(b)(1). The LPN further stated that the resident was sent to the NJ Ex Order 26.4(b)(1) for NJ Ex Order 26.4(b)(1) and returned to the facility with NJ Ex Order 26.4(b)(1). NJ Ex Order 26.4(b)(1).</p> <p>On 8/12/2025 at 12:05 PM, the surveyor reviewed the medical records which revealed diagnoses which included but not limited to NJ Ex Order 26.4(b)(1). NJ Ex Order 26.4(b)(1).</p> <p>A review of the physician order summary revealed: NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1)</p>	F0684		

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F0684 SS = D	<p>Continued from page 14</p> <p>NJ Ex Order 26.4(b)(1) orally one time a day for NJ Ex Order 26.4(b)(1) -Order Date NJ Ex Order 26.4(b)(1).</p> <p>NJ Ex Order 26.4(b)(1) Give 1 tablet by mouth one time a day for NJ Ex Order 26.4(b)(1) -Order Date NJ Ex Order 26.4(b)(1).</p> <p>NJ Ex Order 26.4(b)(1) orally one time a day for NJ Ex Order 26.4(b)(1) -Order Date NJ Ex Order 26.4(b)(1).</p> <p>NJ Ex Order 26.4(b)(1) orally every 6 hours as needed for NJ Ex Order 26.4(b)(1) -Order Date NJ Ex Order 26.4(b)(1).</p> <p>NJ Ex Order 26.4(b)(1) every 4 hours as needed for NJ Ex Order 26.4(b)(1) **Before treatment obtain NJ Ex Order 26.4(b)(1) **After treatment Obtain NJ Ex Order 26.4(b)(1), number of minutes spent completing treatment NJ Ex Order 26.4(b)(1) -Order Date NJ Ex Order 26.4(b)(1).</p> <p>A review of the Quarterly Minimum Data Set (MDS), an assessment tool that facilitates the plan of care, dated NJ Ex Order 26.4(b)(1), revealed a Brief Interview Mental Status (BIMS) score of NJ Ex Order 26.4(b)(1) out of 15, indicating the resident had NJ Ex Order 26.4(b)(1).</p> <p>A review of a nursing progress note date NJ Ex Order 26.4(b)(1) revealed Resident #169 had complained of NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1). The nurse gave the resident a NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1). The resident NJ Ex Order 26.4(b)(1) to go to NJ Ex Order 26.4(b)(1) and left against staff nurse and supervisor advise. The U.S. FOIA (b) (6) was made aware.</p> <p>A review of the Emergency Department (ED) notes dated NJ Ex Order 26.4(b)(1), revealed the resident complained of NJ Ex Order 26.4(b)(1) for 3 days, and had a primary medical history of NJ Ex Order 26.4(b)(1). A NJ Ex Order 26.4(b)(1) was done which revealed NJ Ex Order 26.4(b)(1). The resident was given NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1). A review of NJ Ex Order 26.4(b)(1) that was NJ Ex Order 26.4(b)(1) revealed NJ Ex Order 26.4(b)(1) results. The resident was readmitted back in the facility on NJ Ex Order 26.4(b)(1).</p> <p>On 8/12/2025 at 1:00 PM, the surveyor requested from the U.S. FOIA (b) (6), any</p>	F0684		

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F0684 SS = D	<p>Continued from page 15 [redacted] consult notes.</p> <p>On 8/13/2025 at 11:24 AM, the surveyor reviewed the residents Emergency Department's discharge instructions dated [redacted], which revealed to follow up with the primary care provider within 2 to 4 days; [redacted] services within 1 month; to contact the office of the [redacted] for [redacted] follow up appointment; and follow up [redacted] of [redacted] for [redacted].</p> <p>A further review of the U.S. FOIA (b) (6) notes dated [redacted] at 1:30 revealed, the resident called [redacted] ... was brought to the Emergency Department (ED). The resident stayed in the hospital for observation for [redacted]. The resident was discharged back to the facility and advised follow-up with [redacted].</p> <p>On 8/13/2025 at 10:00 AM, the U.S. FOIA (b) (6) provided to the surveyor [redacted] consult completed via [redacted] dated [redacted] after surveyor inquiry.</p> <p>On 8/13/2025 at 11:39 AM, the surveyor reviewed physician orders for the month of [redacted] which revealed an order dated [redacted] for an appointment with [redacted] within one month.</p> <p>Further review revealed an order dated [redacted] to a follow-up [redacted] in [redacted].</p> <p>On 8/13/2025 at 11:50 AM, the surveyor interviewed the [redacted], who stated, that she had to look back and see why the appointment was cancelled. The [redacted] further stated that the US FOIA (b)(6) came into see the resident twice and the resident was not in their room.</p> <p>On 8/13/25 at 1:57 PM, the surveyor met with the U.S. FOIA (b) (6), U.S. FOIA (b) (6) to review the above concern. The U.S. FOIA (b) (6) stated that the resident had an appointment on [redacted], but did not know what for. The U.S. FOIA (b) (6) further stated that she spoke to the [redacted], who stated that they came into see the resident, but the resident was not in their room. The U.S. FOIA (b) (6) confirmed that there was no documentation in the residents' medical records as to why the follow up appointment with the U.S. FOIA (b) (6) and the [redacted] was not done.</p>	F0684		

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F0684 SS = D	<p>Continued from page 16</p> <p>On 8/14/2025 at 1:06 PM, the U.S. FOIA (b) (6) met with the U.S. FOIA (b) (6) U.S. FOIA (b) (6) and they acknowledged that there was no documentation that the U.S. FOIA (b) (6) came twice to see the resident. The administration also stated that the U.S. FOIA (b) (6) said she told the facility when she came but the resident was not available and was not documented in the residents' medical records. The Administration also acknowledged that there was no documentation why the [redacted] was not done at the time that it was ordered.</p> <p>On 8/13/2025 at 1:20 PM, the surveyor reviewed the facility policy titled, Provision of Physician Ordered Services, dated 9/1/24, which revealed: "The purpose of this policy is to provide a reliable process for the proper and consistent provision of physician ordered services according to professional standards of quality."</p> <p>A review of the facility policy titled, Policy Explanation and Compliance Guidelines revealed: #2 "Qualified nursing personnel will submit timely requests for physician ordered services (...radiology, consultations) to the appropriate entity."</p> <p>NJAC 8:39-27.1(a)</p>	F0684		
F0880 SS = D	<p>Infection Prevention & Control</p> <p>CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control</p> <p>The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program.</p> <p>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards;</p>	F0880	<p>All residents were [redacted] this deficient practice.</p> <p>2. All Residents have the potential to be affected by the deficient practice</p> <p>3. Facility educator / designee in-serviced housekeeping and nursing staff regarding proper handling and storage of laundry, ensuring fans, heaters and floors are free of dust, ensuring laundry room is free of debris and mopped as well as ensuring personal items are not kept on folding table. Housekeeping and nursing were also in-serviced on covering and bagging linen supply as well as ensuring shower rooms are free of garbage and clean. The dust on the fan in the laundry room and clean linen room was immediately cleaned after identified and weekly cleaning schedule was created. All garbage and debris were immediately removed from the laundry room floor. The housekeeping director assigned a housekeeper for the daily cleaning of the laundry room. Personal item was immediately removed from the laundry room and staff were reminded to use the locker rooms to store belongings. All linen racks in the clean linen room are covered with full length covers to protect the linen from any dirt and dust. All stained ceiling tiles were replaced in the clean linen room as well. The washcloth found on the 3rd floor shower room floor was immediately removed and</p>	08/19/2025

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F0880 SS = D	<p>Continued from page 17</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv)When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens.</p> <p>Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review.</p> <p>The facility will conduct an annual review of its IPCP and update their program, as necessary.</p>	F0880	<p>Continued from page 17 put in the soiled linen room. The housekeeping director created a weekly audit tool.</p> <p>4. Administrator / designee will round weekly x 4 weeks and then monthly x 2 months to ensure linens are covered, laundry rooms and fans are free of dust and personal belongings no soiled linens are on the floor, shower rooms are clean and in working order and that the partition remains between the clean linen room and the washroom. Results will be presented at the Quality Assurance Performance Improvement meetings.</p>	

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F0880 SS = D	<p>Continued from page 18 This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview, review of medical records, and other pertinent facility documentation, it was determined that the facility failed to ensure, a.) proper handling and storage of linen and laundry and b.) proper disposal of garbage to prevent the potential spread of infection in accordance with standards of clinical practice, and the facility's policy. This deficient practice was identified for 1 of 1 laundry area, 1 of 3 linen rooms, and 1 of 2 shower rooms observed during infection control tour.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 8/13/25 at 9:38 AM, the surveyor toured the laundry area in the presence of the U.S. FOIA (b) (6). Both the surveyor and the U.S. observed the following:</p> <ul style="list-style-type: none"> -Upon entry to the laundry area, there was an electric fan on the floor blowing air toward the clean hung personal clothes of the residents. The electric fan with heavy accumulation of grayish substances and the personal clothes of the residents were uncovered. The U.S. confirmed that it was accumulation of dust that was in the electric fan and should have been cleaned. -the laundry floor with scattered crumpled papers, candy wrappers, and accumulation of dust. The U.S. confirmed the observation and stated that the floor did not look like it was mopped last night. The U.S. further stated that she did not know when the last time was it was mopped. -the laundry folding table for clean clothes with bottled water (halfway full), lunch bag, papers, binder, pens, notebook, roll of plastic bags, hangers, personal bottle container, and a clean sock with room number that was handwritten over a piece of tape. The U.S. confirmed that there should be no personal stuff on top of clean folding table that was being used for folding the clean clothes of the residents. - there was an electric heater upon entry to the door on the ceiling with heavy accumulation of grayish substances which the U.S. considered dust and should have been cleaned. - there was a commercial electric fan on the end of the room was blowing air toward the clean unfolded clothes of the residents. The commercial electric fan with accumulation of grayish substances that the U.S. confirmed dust and should have been cleaned. The U.S. stated that there was no window in the laundry room and 	F0880		
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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
F0880 SS = D	<p>Continued from page 19 needed the fan, there was a clean residents clothing uncovered near the commercial fan and the U.S.F stated that was "contaminated now."</p> <p>On 8/13/25 at 9:48 AM, the surveyor and the U.S. FOIA (b) (6) went inside the clean linen room, upon entry there was an electric fan with heavy accumulation of grayish substances, blowing air toward the clean folded linens, blankets, towels, and gowns. The linen supplies were uncovered and unbagged. There was a used surgical mask on the floor. The floor with accumulation of dust (grayish substances). There were three ceiling tiles with dried brownish discoloration and below were clean folded fitted sheets uncovered and unbagged.</p> <p>On that same date and time, the U.S.F stated that the brownish discoloration on the ceiling tiles was water condensation. She further stated that fan should have been cleaned, no garbage on the floor, and the clean folded linens were now considered contaminated due to accumulation of dust that were blown to the clean supplies. The U.S.F also stated that the surgical should be properly disposed to the garbage receptacles and not left on the floor.</p> <p>On 8/13/25 at 9:55 AM, the surveyor with the U.S.F toured the 3rd floor shower room and both observed the 2nd cubicle shower there was a wet used washcloth on the floor. The U.S.F stated that it was the CNA who used the washcloth for cleaning the resident and should not be on the floor. The U.S.F acknowledged that the used washcloth should have been properly disposed to the garbage receptacle.</p> <p>On 8/13/25 at 11:05 AM, the surveyor interviewed the U.S. FOIA (b) (6) in the presence of the U.S. FOIA (b) (6). The U.S. FOIA (b) (6) informed the surveyor that part of her responsibility as an U.S.F was to do environmental rounds. The surveyor notified the U.S. FOIA (b) (6) and the U.S. FOIA of the above findings and concerns. The U.S. FOIA (b) (6) acknowledge the surveyor's concerns. The U.S. FOIA (b) (6) and the U.S. FOIA had no response when asked by the surveyor why the above findings and concerns were not identified if that was part of the U.S. FOIA responsibility to do infection control routine tour.</p> <p>On 8/13/25 at 1:49 PM, the survey team met with the U.S. FOIA (b) (6), U.S. FOIA (b) (6), U.S. FOIA (b) (6), and the surveyor notified them of the above observations, concerns and findings with regard to infection control.</p>	F0880		

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F0880 SS = D	<p>Continued from page 20</p> <p>A review of the facility's "Handling Clean Linen Policy" that was provided by the VPoCS, with date of implementation of 9/1/24, revealed that it was the facility's policy to handle, store, process, and transport clean linen in a safe and sanitary method to prevent contamination of the linen, which can lead to infection...Definitions: "linen" includes sheets, blankets, pillows, towels, washcloths, and similar items from departments such as nursing, dietary, rehabilitative services, beauty shops, and environmental services. "contaminated linen" is linen that has been soiled with blood or other potentially infectious materials...Policy Explanation and Compliance Guidelines:...2. Linen can become contaminated with pathogens from contact with intact skin or body substances, or from environmental contaminants or contaminated hands...5. Guidelines for the storage of clean linen include, but are not limited to, the following: a. Nothing shall be kept on top of linen carts. Only rolls of bags used for linen transport may be kept on the carts, in the designated pockets only.</p> <p>On 8/14/25 at 1:06 PM, the survey team met with the [U.S. FOIA (b) (6)] and [U.S. FOIA (b) (6)] and the [U.S. FOIA (b) (6)] stated that all vents were cleaned after surveyor's inquiry and staff were educated. The [U.S. FOIA (b) (6)] further stated that was always the expectation the vents would be cleaned.</p> <p>NJAC 8:39-19.4(a),l</p>	F0880		

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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		09/04/2025
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 interviews and review of other facility documentation, it was determined that 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 identified for 8 out of 21-day shifts reviewed. 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 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. The following ratio(s) were effective on 02/01/2021:	S0560	No Residents were affected by this deficient practice All Residents have the potential to be affected by this deficient practice. Additional per diem, part time and fulltime were scheduled to meet minimum staff to resident ratios. Licenses/ certifications were verified by the staffing manager/ Human Resources for current licensed certified staff. DON / Designee to in-service Staffing Coordinator on appropriate staffing levels. The facility has advertised open jobs through online recruitment platforms as well as traditional recruitment firms. The facility has conducted job fairs and has contracts with nursing staffing agencies. The Scheduling manager or designee will audit weekly x4 weeks and monthly x2 months to ensure staffing levels are within the mandated ratios. All identified concerns will be corrected immediately. The results of the audits will be reviewed in QAPI monthly. Completion date: 09/10/2025	09/22/2025

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S0560	<p>Continued from page 1 One 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>As per the "Nursing Staffing Report" completed by the facility as documented below:</p> <p>For the 3 weeks of AAS-11 staffing the facility was deficient as follows:</p> <p>1. For the week of Complaint staffing from 06/09/2024 to 06/15/2024, the facility was deficient in CNA staffing for residents on 1 of 7 day shifts as follows:</p> <p>-06/09/24 had 16 CNAs for 150 residents on the day shift, required at least 19 CNAs.</p> <p>2. For the 2 weeks of staffing prior to survey from 7/20/25 to 8/02/25, the facility was deficient in CNA staffing for residents on 7 of 14 day shifts as follows:</p> <p>-07/20/25 had 17 CNAs for 175 residents on the day shift, required at least 22 CNAs.</p> <p>-07/21/25 had 20 CNAs for 174 residents on the day shift, required at least 22 CNAs.</p> <p>-07/25/25 had 20 CNAs for 171 residents on the day shift, required at least 21 CNAs.</p> <p>-07/26/25 had 17 CNAs for 171 residents on the day shift, required at least 21 CNAs.</p> <p>-07/27/25 had 17 CNAs for 176 residents on the day shift, required at least 22 CNAs.</p> <p>-07/28/25 had 18 CNAs for 175 residents on the day shift, required at least 22 CNAs.</p> <p>-08/02/25 had 15 CNAs for 174 residents on the day shift, required at least 22 CNAs.</p> <p>On 08/13/25 at 12:24 PM, the surveyor interviewed the Staffing Coordinator (SC), who stated that she was</p>	S0560		

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S0560	<p>Continued from page 2 responsible for finding coverage for the nursing staff. The coverage is based on the facilities census. She further stated that she was aware of the staffing ratios for the Certified Nursing Assistants (CNA's): 1 CNA to 8 residents on day shift, 1 CNA to 10 residents on 3-11 shift and 1 CNA to 14 residents on 11-7 shift. The SC stated that she was able to meet the staffing ratios, the facility does not have agency staff, the facility offers overtime for the staff.</p> <p>On 08/18/25 at 10:24 AM, the surveyor informed the Licensed Nursing Home Administrator (LNHA), and the Director of Nurses DON of the staffing and no further information was provided.</p> <p>A review of the facilities "Staffing Policy" dated 9/1/24, revealed the facility should provide sufficient numbers of staff with the skills and competency necessary to provide care and services for all residents in accordance with resident care plans and the facility assessment.</p>	S0560		

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F0000	<p>INITIAL COMMENTS</p> <p>An offsite/desk review of the facility's Plan of Correction was conducted on 11/18/2025 in relation to the 09/19/2025 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.

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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 11/18/2025 in relation to the 09/19/2025 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

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