STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315367	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGENCY HERITAGE NURSING AND REHABILITATION CENTER	**380 DEMOTT LANE , SOMERSET, New Jersey, 08873**

(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 #: 2635358 Census: 200 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		01/20/2026

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

New Jersey State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061801	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/04/2025

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S0000	Initial Comments Complaint #: 2635358 Census: 200 Sample Size: 3 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		01/20/2026
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 #: 2635358 Based on interviews and review of facility documents on 12/4/2025, it was determined that the facility failed to ensure staffing ratios were met for 18 of 21-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,	S0560	S560 1. HOW WILL CORRECTIVE ACTION BE ACCOMPLISHED FOR THOSE INDIVIDUAL RESIDENTS CITED IN THE DEFICIENCY STATUS? a. The facility failed to comply with applicable State laws, rules, and regulations by not ensuring staffing ratios were met. No residents were identified to be affected by this deficient practice. 2. HOW WILL WE IDENTIFY OTHER RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE? a. All residents have the potential to be affected. 3. WHAT MEASURES WILL BE PUT IN PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT DEFICIENT PRACTICE DOES NOT RECUR? a. Administrator/Designee will review staffing and utilize available resources to	02/06/2026

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S0560	Continued from page 1 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 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 1 week of complaint staffing from 9/21/25-9/27/25, the facility was deficient in CNA staffing for residents 7 of 7 day shifts as follows: On 9/21/25 had 20 CNAs for 189 residents on the day shift, required at least 24 CNAs. On 9/22/25 had 22 CNAs for 188 residents on the day shift, required at least 23 CNAs. On 9/23/25 had 20 CNAs for 188 residents on the day shift, required at least 23 CNAs. On 9/24/25 had 22 CNAs for 188 residents on the day shift, required at least 23 CNAs. On 9/25/25 had 20 CNAs for 188 residents on the day shift, required at least 23 CNAs. On 9/26/25 had 20 CNAs for 192 residents on the day shift, required at least 24 CNAs. On 9/27/25 had 18 CNAs for 192 residents on the day shift, required at least 24 CNAs. For the 2 weeks of staffing from11/16/25-11/29/25, the facility was deficient in CNA staffing for residents on 11 of 14 day shifts as follows: On 11/16/25 had 20 CNAs for 192 residents on the day shift, required at least 24 CNAs. On 11/17/25 had 20 CNAs for 192 residents on the day	S0560	Continued from page 1 ensure mandatory staffing is maintained. As needs change, immediate response by adjusting schedules and use of other departments to answer phones, call bells, deliver trays and transport. b. Administration to focus on mandatory staffing and hiring by: -Utilizing agency to increase staffing numbers -Ads placed on several job sites and attendance to job fairs -Facility to offer incentives, increase rates, bonuses and food allowance -Facility to utilize other departments to answer call bells, pass trays, answer phones and transport residents 4. HOW WILL WE MONITOR OUR CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE IS BEING CORRECTED AND WILL NOT RECUR (I.E., WHAT PROGRAMS WILL BE PUT INTO PLACE TO MONITOR THE CONTINUED EFFECTIVENESS OF THE SUSTEMIC CHANGES NOTED ABOVE)? a. the administrator will review staffing ratios and acuities monthly for 6 months to determine the efficacy of the interventions and adjust as needed, results will be submitted. to QA for review and discussion. -the administrator will also review the use of resources, agency, ancillary staff and overtime to determine the effectiveness of ads, incentives, rate increases, bonuses and food allowance monthly for 6 months and make changes as needed, results will be submitted to QA quarterly for review and discussion.	

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S0560	Continued from page 2 shift, required at least 24 CNAs. On 11/18/25 had 21 CNAs for 192 residents on the day shift, required at least 24 CNAs. On 11/19/25 had 21 CNAs for 192 residents on the day shift, required at least 24 CNAs. On 11/21/25 had 22 CNAs for 196 residents on the day shift, required at least 24 CNAs. On 11/22/25 had 18 CNAs for 196 residents on the day shift, required at least 24 CNAs. On 11/23/25 had 20 CNAs for 196 residents on the day shift, required at least 24 CNAs. On 11/24/25 had 24 CNAs for 196 residents on the day shift, required at least 24 CNAs. On 11/25/25 had 25 CNAs for 198 residents on the day shift, required at least 25 CNAs. On 11/28/25 had 19 CNAs for 192 residents on the day shift, required at least 24 CNAs. On 11/29/25 had 19 CNAs for 190 residents on the day shift, required at least 24 CNAs.	S0560		

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 2/9/26 in relation to the 12/4/25 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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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 2/9/26 in relation to the 12/4/26 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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