STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315044	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOHAWK MEADOWS	**1 O'BRIEN LANE , LAFAYETTE, New Jersey, 07848**

(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 # 4565037, 2583554 COMPLAINT SURVEY: 10/28/25 CENSUS: 149 SAMPLE SIZE: 3 A Complaint Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long-Term Care Facilities.	F0000		12/31/2025

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

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061902	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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		12/31/2025
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: Repeat Deficiency Complaint #2583554 Based on interview and review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff-to-shift ratios as mandated by the state of New Jersey for 40 of 42 day shifts and 4 of 28 Evening shifts reviewed. This deficient practice was evidenced by the following: a) Reference: New Jersey Department of Health (NJDOH) memo, dated 1/28/21, "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 2/01/21:	S0560	S560 – Mandatory Access to Care Element One – Corrective Actions The certified nurse aides (CNA) and nurse staffing issue has been and is being addressed by placing sponsored ads online on job platforms as well as posting within the facility. Currently, two (2) CNAs are NJ Exec Order 26.4b1, and one (1) CNA is NJ Exec Order 26.4b1 On NJ Exec Order 26.4b1 one (1) CNA was hired. The staffing coordinator was re-educated on 10/29/2025 on the minimum staffing requirements for nursing homes: One Certified Nursing Assistant 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 than of all staff members shall be CNA, and each direct staff member shall be signed in to work as a CNA 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	11/24/2025

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061902	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOHAWK MEADOWS	**1 O'BRIEN LANE , LAFAYETTE, New Jersey, 07848**

(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
S0560	Continued from page 1 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 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 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. 1. For the 2 weeks of staffing prior to survey from 10/12/2025 to 10/25/2025, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts and deficient in total staff for residents on 2 of 14 evening shifts as follows: -10/12/25 had 12 CNAs for 145 residents on the day shift, required at least 18 CNAs. -10/12/25 had 12 total staff for 145 residents on the evening shift, required at least 14 total staff. -10/13/25 had 12 CNAs for 145 residents on the day shift, required at least 18 CNAs. -10/13/25 had 13 total staff for 145 residents on the evening shift, required at least 14 total staff. -10/14/25 had 16 CNAs for 145 residents on the day shift, required at least 18 CNAs. -10/15/25 had 17 CNAs for 145 residents on the day shift, required at least 18 CNAs. -10/16/25 had 12 CNAs for 148 residents on the day shift, required at least 18 CNAs. -10/17/25 had 13 CNAs for 148 residents on the day shift, required at least 18 CNAs. -10/18/25 had 12 CNAs for 148 residents on the day shift, required at least 18 CNAs. -10/19/25 had 13 CNAs for 150 residents on the day shift, required at least 19 CNAs. -10/20/25 had 17 CNAs for 149 residents on the day shift, required at least 19 CNAs. -10/21/25 had 16 CNAs for 149 residents on the day shift, required at least 19 CNAs.	S0560	Continued from page 1 staff member shall sign in to work as a CNA and perform CNA duties. Element Two – Identification of at-Risk Areas All residents have the potential to be affected by this practice. Element Three – Systemic Change Staff re-education was initiated on 10/29/2025 by the Administrator and is ongoing to ensure that the staffing reports are provided daily to the Administrator and Director of Nursing (DON), specifying the number of CNAs and professional nurses on each shift. The goal is to have staffing according to the acuities of residents in house, and that the facility staff according to State mandatory regulations. The facility continues to hire and offer overtime to maintain at least minimum staffing levels. Wage increases were awarded to CNA staff on July 1, 2025 to improve staff retention. Staff incentives are in place to encourage and reward staff not calling out for at least one entire month. The Administrator and the Human Resources office are proactively exploring other means of recruiting such as partnering up with local colleges that may have a CNA program. Regular meetings are held including the Administrator, Director of Nursing, and Human Resources to review direct care staffing and develop strategies for recruitment and retention of direct care staff. Element Four – Quality Assurance Staffing levels are being monitored once a week for three months, starting 10/29/2025, through the	11/24/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061902	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOHAWK MEADOWS	**1 O'BRIEN LANE , LAFAYETTE, New Jersey, 07848**

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S0560	Continued from page 2 -10/22/25 had 18 CNAs for 149 residents on the day shift, required at least 19 CNAs. -10/23/25 had 17 CNAs for 147 residents on the day shift, required at least 18 CNAs. -10/24/25 had 16 CNAs for 146 residents on the day shift, required at least 18 CNAs. -10/25/25 had 10 CNAs for 146 residents on the day shift, required at least 18 CNAs. 2. For the 2 weeks of Complaint staffing from 07/06/2025 to 07/18/2025, the facility was deficient in CNA staffing for residents on 13 of 14 day shifts and deficient in total staff for residents on 2 of 14 evening shifts as follows: -07/06/25 had 11 CNAs for 146 residents on the day shift, required at least 18 CNAs. -07/07/25 had 14 CNAs for 142 residents on the day shift, required at least 18 CNAs. -07/08/25 had 16 CNAs for 142 residents on the day shift, required at least 18 CNAs. -07/09/25 had 15 CNAs for 142 residents on the day shift, required at least 18 CNAs. -07/10/25 had 17 CNAs for 142 residents on the day shift, required at least 18 CNAs. -07/12/25 had 13 CNAs for 146 residents on the day shift, required at least 18 CNAs. -07/13/25 had 11 CNAs for 146 residents on the day shift, required at least 18 CNAs. -07/13/25 had 14 total staff for 146 residents on the evening shift, required at least 15 total staff. -07/14/25 had 14 CNAs for 149 residents on the day shift, required at least 19 CNAs. -07/14/25 had 14 total staff for 149 residents on the evening shift, required at least 15 total staff. -07/15/25 had 16 CNAs for 149 residents on the day shift, required at least 19 CNAs. -07/16/25 had 18 CNAs for 149 residents on the day shift, required at least 19 CNAs.	S0560	Continued from page 2 staffing reports given to the Administrator and DON. These reports specify the number of CNAs and professional nurses on each shift. The goal is to have staffing according to the acuities of residents in house. The Administrator and the DON are monitoring that the required minimum direct-care staff-to-resident ratios are met. Data obtained are reported to Administration, and will be aggregated and discussed at the quarterly QAPI meeting scheduled in January 2026. S560 POC Completion Date: 11/24/2025	11/24/2025

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S0560	Continued from page 3 -07/17/25 had 18 CNAs for 149 residents on the day shift, required at least 19 CNAs. -07/18/25 had 15 CNAs for 148 residents on the day shift, required at least 18 CNAs. -07/19/25 had 14 CNAs for 147 residents on the day shift, required at least 18 CNAs. 3. For the 2 weeks of Complaint staffing from 07/27/2025 to 08/09/2025, the facility was deficient in CNA staffing for residents on 13 of 14 day shifts as follows: -07/27/25 had 9 CNAs for 149 residents on the day shift, required at least 19 CNAs. -07/28/25 had 15 CNAs for 147 residents on the day shift, required at least 18 CNAs. -07/29/25 had 14 CNAs for 147 residents on the day shift, required at least 18 CNAs. -07/30/25 had 15 CNAs for 147 residents on the day shift, required at least 18 CNAs. -07/31/25 had 13 CNAs for 147 residents on the day shift, required at least 18 CNAs. -08/01/25 had 14 CNAs for 147 residents on the day shift, required at least 18 CNAs. -08/02/25 had 13 CNAs for 147 residents on the day shift, required at least 18 CNAs. -08/03/25 had 11 CNAs for 146 residents on the day shift, required at least 18 CNAs. -08/04/25 had 16 CNAs for 146 residents on the day shift, required at least 18 CNAs. -08/06/25 had 17 CNAs for 146 residents on the day shift, required at least 18 CNAs. -08/07/25 had 15 CNAs for 146 residents on the day shift, required at least 18 CNAs. -08/08/25 had 15 CNAs for 149 residents on the day shift, required at least 19 CNAs. -08/09/25 had 10 CNAs for 149 residents on the day shift, required at least 19 CNAs.	S0560		11/24/2025

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S1680	Mandatory Nurse Staffing CFR(s): 8:39-25.2(b)(1)&(2) (b) The facility shall provide nursing services by registered professional nurses, licensed practical nurses, and nurse aides (the hours of the director of nursing are not included in this computation, except for the direct care hours of the director of nursing in facilities where the director of nursing provides more than the minimum hours required at N.J.A.C. 8:39-25.1(a)) on the basis of: 1. Total number of residents multiplied by 2.5 hours/day; plus 2. Total number of residents receiving each service listed below, multiplied by the corresponding number of hours per day: Wound care 0.75 hour/day Nasogastric tube feedings and/or gastrostomy 1.00 hour/day Oxygen therapy 0.75 hour/day Tracheostomy 1.25 hours/day Intravenous therapy 1.50 hours/day Use of respirator 1.25 hours/day Head trauma stimulation/advanced neuromuscular/orthopedic care 1.50 hours/day This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on review of NJ Department of Health the Supplementary Nurse Staffing Report (AAS-12) for the weeks of 10/12/2025 – 10/25/2025 Survey it was determined that the facility failed to provide at least minimum staffing levels for 5 of 14 days. The required staffing hours and actual staffing hours are as follows: For the week of 10/12/25	S1680	S1680 – Mandatory Nurse Staffing Element One – Corrective Actions The nurse staffing issue has been and is being addressed by placing sponsored ads online on job platforms as well as posting within the facility. Three (3) LPNs have been hired – one on NJ Exec Order 26.4b1 one on NJ Exec Order 26.4b1 and one on NJ Exec Order 26.4b1 Currently, one (1) nurse is on vacation. The staffing coordinator was re-educated on 10/29/2025 on the minimum nurse staffing requirements for nursing homes as follows: The facility shall provide nursing services by registered professional nurses, licensed practical nurses, and nurse aides (the hours of the director of nursing are not included in this computation, except for the direct care hours of the director of nursing in facilities where the director of nursing provides more than the minimum hours required at N.J.A.C. 8:39-25.1(a)) on the basis of: Total number of residents multiplied by 2.5 hours/day; plus Total number of residents receiving each service listed below, multiplied by the corresponding number of hours per day: Wound care 0.75 hour/day Nasogastric tube feedings and/or gastrostomy 1.00 hour/day Oxygen therapy 0.75 hour/day Tracheostomy 1.25 hours/day	11/18/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061902	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/28/2025

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S1680	Continued from page 5 Required Staffing Hours: 393.50 -10/12/25 had 320 actual staffing hours, for a difference of -73.50 hours. -10/13/25 had 384 actual staffing hours, for a difference of -9.50 hours. -10/16/25 had 376 actual staffing hours, for a difference of -17.50 hours. -10/18/25 had 392 actual staffing hours, for a difference of -1.50 hours. For the week of 10/19/25 Required Staffing Hours: 397.50 -10/25/25 had 392 actual staffing hours, for a difference of -5.50 hours.	S1680	Continued from page 5 Intravenous therapy 1.50 hours/day Use of respirator 1.25 hours/day Head trauma stimulation/advanced neuromuscular/orthopedic care 1.50 hours/day Element Two – Identification of at-Risk Areas All residents have the potential to be affected by this practice. Element Three – Systemic Change Staff re-education was initiated on 10/29/2025 by the Administrator and is ongoing to ensure that the staffing reports are provided daily to the Administrator and Director of Nursing (DON), specifying the number of professional nurses on each shift. The goal is to have staffing according to the acuities of residents in house, and that the facility staff according to State mandatory regulations. The facility continues to hire and offer overtime to maintain at least minimum staffing levels. Wage increases were awarded to LPN staff on 07/01/2025 and to RN staff on 06/01/2025 to improve staff retention. The Administrator and the Human Resources office are proactively exploring other means of recruiting such as partnering up with local colleges that may have a nursing program. Regular meetings are held including the Administrator, Director of Nursing, and Human Resources to review direct care staffing and develop strategies for recruitment and retention of direct care staff. Element Four – Quality Assurance	11/18/2025

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S1680		S1680	Continued from page 6 Staffing levels are monitored once a week for three months, starting 10/29/2025, through the staffing reports given to the Administrator and DON. These reports specify the number of professional nurses on each shift. The goal is to have staffing according to the acuities of residents in house. The Administrator and the DON monitor that the required minimum direct-care staff-to-resident ratios are met. Data obtained are reported to Administration and will be aggregated and discussed at the quarterly QAPI meeting scheduled in January 2026. S1680 POC Completion Date: 11/18/2025	11/18/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315044	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/02/2025

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 12/02/2025 in relation to the 10/28/2025 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		11/24/2025

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

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061902	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/02/2025

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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 12/02/2025 in relation to the 10/28/2025 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		11/24/2025

Office of Primary Care and Health Systems Management

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