STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315137	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT BARN HILL	**249 HIGH STREET , NEWTON, New Jersey, 07860**

(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 # 2580676/2621695, 409778 COMPLAINT SURVEY: 10/31/25 CENSUS: 134 SAMPLE SIZE: 4 A Complaint Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long-Term Care Facilities.	F0000		11/21/2025

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061903	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT BARN HILL	249 HIGH STREET , NEWTON, New Jersey, 07860

(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		11/21/2025
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: S0560 Repeat Deficiency Based on interview, and review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios for 21 of 21 day shifts as mandated by the state of New Jersey. This deficient practice was evidenced by the following: Reference: NJ State requirement, CHAPTER 112. An Act concerning staffing requirements for nursing homes and supplementing Title 30 of the Revised Statutes. Be It Enacted by the Senate and General Assembly of the State of New Jersey: C.30:13-18 Minimum staffing requirements for nursing homes effective 2/1/21. 1. a. Notwithstanding any other staffing requirements as may be established by law, every nursing home as	S0560	No residents were affected by this deficient practice. All residents have the potential to be affected by this deficient practice. Additional staff have been hired and hiring is ongoing. The facility has job postings with competitive rates. The facility initiated use of agency to fill vacancies. The facility has conducted job fairs as well. DON/Designee will audit weekly x 4 weeks and monthly x 2 months to ensure staffing levels are within mandated ratios. All identified concerns will be corrected immediately. The results of the audits will be reviewed in QAPI monthly. Completion Date: 11/21/2025	11/21/2025

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: 061903	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT BARN HILL	249 HIGH STREET , NEWTON, New Jersey, 07860

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S0560	Continued from page 1 defined in section 2 of P.L.1976, c.120 (C.30:13-2) or licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall maintain the following minimum direct care staff -to-resident ratios: (1) one certified nurse aide to every eight residents for the day shift; (2) one direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be certified nurse aides, and each staff member shall be signed in to work as a certified nurse aide and shall perform certified nurse aide duties; and (3) one direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a certified nurse aide and perform certified nurse aide duties b. Upon any expansion of resident census by the nursing home, the nursing home shall be exempt from any increase in direct care staffing ratios for a period of nine consecutive shifts from the date of the expansion of the resident census. c. (1) The computation of minimum direct care staffing ratios shall be carried to the hundredth place. (2) If the application of the ratios listed in subsection a. of this section results in other than a whole number of direct care staff, including certified nurse aides, for a shift, the number of required direct care staff members shall be rounded to the next higher whole number when the resulting ratio, carried to the hundredth place, is fifty-one hundredths or higher. (3) All computations shall be based on the midnight census for the day in which the shift begins. d. Nothing in this section shall be construed to affect any minimum staffing requirements for nursing homes as may be required by the Commissioner of Health for staff other than direct care staff, including certified nurse aides, or to restrict the ability of a nursing home to increase staffing levels, at any time, beyond the established minimum ... A review of "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report" for the week of the complaint from 01/12/2025 – 01/18/2025 and the two-week period beginning 10/12/25 to 10/25/25 for the complaint survey conducted on 10/31/25, revealed the facility was not in compliance	S0560		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061903	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT BARN HILL	249 HIGH STREET , NEWTON, New Jersey, 07860

(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 2 with the State of New Jersey minimum staffing requirements. A review of "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report" for the week of the complaint from 01/12/2025 – 01/18/2025 and the two-week period beginning 10/12/25 to 10/25/25 for the complaint survey conducted on 10/31/25, revealed the facility was not in compliance with the State of New Jersey minimum staffing requirements. 1. For the week of Complaint staffing from 01/12/2025 to 01/18/2025, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows: -01/12/25 had 13 CNAs for 136 residents on the day shift, required at least 17 CNAs. -01/13/25 had 14 CNAs for 136 residents on the day shift, required at least 17 CNAs. -01/14/25 had 15 CNAs for 135 residents on the day shift, required at least 17 CNAs. -01/15/25 had 16 CNAs for 135 residents on the day shift, required at least 17 CNAs. -01/16/25 had 12 CNAs for 135 residents on the day shift, required at least 17 CNAs. -01/17/25 had 12 CNAs for 135 residents on the day shift, required at least 17 CNAs. -01/18/25 had 12 CNAs for 134 residents on the day shift, required at least 17 CNAs. 2. For the 2 weeks of Complaint staffing from 10/12/2025 to 10/25/2925, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows: -10/12/25 had 12 CNAs for 145 residents on the day shift, required at least 18 CNAs. -10/13/25 had 12 CNAs for 141 residents on the day shift, required at least 18 CNAs. -10/14/25 had 15 CNAs for 141 residents on the day shift, required at least 18 CNAs.	S0560		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT BARN HILL	249 HIGH STREET , NEWTON, New Jersey, 07860

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S0560	Continued from page 3 -10/15/25 had 15 CNAs for 141 residents on the day shift, required at least 18 CNAs. -10/16/25 had 16 CNAs for 141 residents on the day shift, required at least 18 CNAs. -10/17/25 had 11 CNAs for 145 residents on the day shift, required at least 18 CNAs. -10/18/25 had 15 CNAs for 144 residents on the day shift, required at least 18 CNAs. -10/19/25 had 13 CNAs for 142 residents on the day shift, required at least 18 CNAs. -10/20/25 had 15 CNAs for 142 residents on the day shift, required at least 18 CNAs. -10/21/25 had 16 CNAs for 140 residents on the day shift, required at least 17 CNAs. -10/22/25 had 16 CNAs for 139 residents on the day shift, required at least 17 CNAs. -10/23/25 had 14 CNAs for 139 residents on the day shift, required at least 17 CNAs. -10/24/25 had 14 CNAs for 139 residents on the day shift, required at least 17 CNAs. -10/25/25 had 16 CNAs for 139 residents on the day shift, required at least 17 CNAs.	S0560		
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	S1680	No residents were affected by this deficient practice. All residents have the potential to be affected by this deficient practice. Additional staff have been hired and hiring is ongoing. The facility has job postings with competitive rates and sign-on bonuses and have publicized job fairs. The facility initiated use of agency to fill vacancies. The facility is offering additional incentives to nurses to pick up vacant shifts. DON/Designee will audit weekly x 4 weeks and monthly x 2 months to ensure staffing levels are within mandated ratios. All identified concerns will be corrected immediately. The results of the audits will be reviewed	11/21/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061903	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT BARN HILL	249 HIGH STREET , NEWTON, New Jersey, 07860

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S1680	Continued from page 4 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 Complaint survey it was determined that the facility failed to provide at least minimum staffing levels for 1 of 14 days. The required staffing hours and actual staffing hours are as follows: For the 2 weeks of AAS-12 staffing from 10/12/2025 to 10/25/2025, the facility was deficient in staffing for required resident services on 1 of 14 days as follows: For the week of 10/12/25 Required Staffing Hours: 403 -10/12/25 had 344 actual staffing hours, for a difference of -59 hours.	S1680	Continued from page 4 in QAPI monthly. Completion Date: 11/21/2025	

New Jersey State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: **061903**	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **12/17/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT BARN HILL	**249 HIGH STREET , NEWTON, New Jersey, 07860**

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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 12/30/2025 in relation to the 10/29/2025 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		01/16/2026

Office of Primary Care and Health Systems Management

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