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 11/21/2025

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 A Complaint Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH). The facility was found to be in substantial compliance with 42 CFR 483 subpart B. Complaint: 2595466, 2606411, 409790, 2668838, 409784 and 409797 Survey Dates: 11/19/25 to 11/21/25 Survey Census: 129 Sample Size: 14 Supplemental Sample: 0 THE FACILITY WAS IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS RECERTIFICATION AND COMPLAINT VISIT.	F0000		12/11/2025

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 11/21/2025

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 COMPLAINT #: 2595466, 2606411, 409790, 2668838, 409784, and 409797 CENSUS: 129 SAMPLE SIZE: 14 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		12/11/2025
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 the interview and review of pertinent 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 evidenced by the following: 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	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. 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.	12/15/2025

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 11/21/2025

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 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 -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. A review of "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report" for the following weeks revealed the facility was deficient in CNA staffing for residents as follows: 1. For the week of Complaint staffing from 01/05/2025 to 01/11/2025, the facility was deficient in CNA staffing for residents on 6 of 7 day shifts as follows: -01/05/25 had 12 CNAs for 136 residents on the day shift, required at least 17 CNAs. -01/06/25 had 13 CNAs for 134 residents on the day shift, required at least 17 CNAs. -01/07/25 had 14 CNAs for 131 residents on the day shift, required at least 16 CNAs. -01/09/25 had 14 CNAs for 131 residents on the day shift, required at least 16 CNAs. -01/10/25 had 12 CNAs for 131 residents on the day shift, required at least 16 CNAs. -01/11/25 had 13 CNAs for 140 residents on the day shift, required at least 17 CNAs. 2. For the week of Complaint staffing from 05/11/2025 to 05/17/2025, the facility was deficient in CNA staffing for residents on 5 of 7 day shifts as follows:	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 11/21/2025

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 -05/11/25 had 9 CNAs for 136 residents on the day shift, required at least 17 CNAs. -05/12/25 had 12 CNAs for 134 residents on the day shift, required at least 17 CNAs. -05/15/25 had 14 CNAs for 131 residents on the day shift, required at least 16 CNAs. -05/16/25 had 11 CNAs for 131 residents on the day shift, required at least 16 CNAs. -05/17/25 had 13 CNAs for 135 residents on the day shift, required at least 17 CNAs. 3. For the week of Complaint staffing from 06/22/2025 to 06/28/2025, the facility was deficient in CNA staffing for residents on 6 of 7 day shifts, deficient in CNAs to total staff on 1 of 7 evening shifts, and deficient in total staff for residents on 1 of 7 overnight shifts as follows: -06/22/25 had 8 CNAs for 140 residents on the day shift, required at least 17 CNAs. -06/22/25 had 8 total staff for 140 residents on the overnight shift, required at least 10 total staff. -06/23/25 had 14 CNAs for 140 residents on the day shift, required at least 17 CNAs. -06/24/25 had 16 CNAs for 140 residents on the day shift, required at least 17 CNAs. -06/25/25 had 16 CNAs for 140 residents on the day shift, required at least 17 CNAs. -06/27/25 had 13 CNAs for 138 residents on the day shift, required at least 17 CNAs. -06/27/25 had 5 CNAs to 14 total staff on the evening shift, required at least 7 CNAs. -06/28/25 had 11 CNAs for 138 residents on the day shift, required at least 17 CNAs. 4. For the 3 weeks of Complaint staffing from 08/17/2025 to 09/06/2025, the facility was deficient in CNA staffing for residents on 20 of 21 day shifts,	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 11/21/2025

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 3 deficient in total staff for residents on 1 of 21 evening shifts, and deficient in CNAs to total staff on 1 of 21 evening shifts as follows: -08/17/25 had 6 CNAs for 140 residents on the day shift, required at least 17 CNAs. -08/17/25 had 13 total staff for 140 residents on the evening shift, required at least 14 total staff. -08/17/25 had 5 CNAs to 13 total staff on the evening shift, required at least 6 CNAs. -08/18/25 had 13 CNAs for 140 residents on the day shift, required at least 17 CNAs. -08/19/25 had 13 CNAs for 140 residents on the day shift, required at least 17 CNAs. -08/21/25 had 15 CNAs for 139 residents on the day shift, required at least 17 CNAs. -08/22/25 had 14 CNAs for 138 residents on the day shift, required at least 17 CNAs. -08/23/25 had 12 CNAs for 138 residents on the day shift, required at least 17 CNAs. -08/24/25 had 13 CNAs for 138 residents on the day shift, required at least 17 CNAs. -08/25/25 had 13 CNAs for 138 residents on the day shift, required at least 17 CNAs. -08/26/25 had 14 CNAs for 138 residents on the day shift, required at least 17 CNAs. -08/27/25 had 13 CNAs for 137 residents on the day shift, required at least 17 CNAs. -08/28/25 had 13 CNAs for 137 residents on the day shift, required at least 17 CNAs. -08/29/25 had 13 CNAs for 137 residents on the day shift, required at least 17 CNAs. -08/30/25 had 14 CNAs for 137 residents on the day shift, required at least 17 CNAs. -08/31/25 had 13 CNAs for 140 residents on the day shift, required at least 17 CNAs.	S0560		

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S0560	Continued from page 4 -09/01/25 had 15 CNAs for 139 residents on the day shift, required at least 17 CNAs. -09/02/25 had 11 CNAs for 139 residents on the day shift, required at least 17 CNAs. -09/03/25 had 14 CNAs for 139 residents on the day shift, required at least 17 CNAs. -09/04/25 had 10 CNAs for 139 residents on the day shift, required at least 17 CNAs. -09/05/25 had 13 CNAs for 142 residents on the day shift, required at least 18 CNAs. -09/06/25 had 14 CNAs for 138 residents on the day shift, required at least 17 CNAs. 5. For the 2 weeks of staffing prior to survey from 11/02/2025 to 11/15/2025, the facility was deficient in CNA staffing for residents on 13 of 14 day shifts as follows: -11/02/25 had 16 CNAs for 138 residents on the day shift, required at least 17 CNAs. -11/03/25 had 15 CNAs for 138 residents on the day shift, required at least 17 CNAs. -11/04/25 had 16 CNAs for 138 residents on the day shift, required at least 17 CNAs. -11/06/25 had 13 CNAs for 141 residents on the day shift, required at least 18 CNAs. -11/07/25 had 12 CNAs for 141 residents on the day shift, required at least 18 CNAs. -11/08/25 had 13 CNAs for 141 residents on the day shift, required at least 18 CNAs. -11/09/25 had 14 CNAs for 141 residents on the day shift, required at least 18 CNAs. -11/10/25 had 14 CNAs for 140 residents on the day shift, required at least 17 CNAs. -11/11/25 had 16 CNAs for 139 residents on the day shift, required at least 17 CNAs.	S0560		

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COMPLETE CARE AT BARN HILL	249 HIGH STREET , NEWTON, New Jersey, 07860

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S0560	Continued from page 5 -11/12/25 had 15 CNAs for 139 residents on the day shift, required at least 17 CNAs. -11/13/25 had 16 CNAs for 139 residents on the day shift, required at least 17 CNAs. -11/14/25 had 12 CNAs for 136 residents on the day shift, required at least 17 CNAs. -11/15/25 had 15 CNAs for 136 residents on the day shift, required at least 17 CNAs.	S0560		

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 12/16/2025

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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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 12/17/2025 in relation to the 11/21/2025 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		12/19/2025

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

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 12/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 12/17/2025 in relation to the 11/21/2025 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		12/19/2025
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: Corrected	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 and sign-on bonuses. 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: 12/19/2025	12/15/2025

Office of Primary Care and Health Systems Management

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