

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/16/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315378	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/26/2024
NAME OF PROVIDER OR SUPPLIER HOMESTEAD REHABILITATION & HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 129 MORRIS TURNPIKE NEWTON, NJ 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	
F 000	INITIAL COMMENTS Complaint NJ #00174902; NJ00174912; NJ00174921 Census: 70 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000			
F 584 SS=E	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §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. (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. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are	F 584		7/31/24	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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07/31/2024

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 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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F 584	<p>Continued From page 1 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: Complaint NJ #00174902; NJ00174912; NJ00174921</p> <p>Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to maintain a safe and comfortable room temperature levels for residents in 2 of 3 nursing units ([REDACTED] and [REDACTED] Floor). This deficient practice was identified on 06/20/24 and was evidenced by the following:</p> <p>1. On 06/20/24 at 9:51 a.m., the surveyor in the presence of the U.S. FOIA (b) (6) checked the temperatures on the Second floor and the following were obtained:</p> <p>Room [REDACTED] - room temperature of 82.4 degrees Fahrenheit; occupied; resident has a working desk fan; air conditioner (AC)/radiator working with low air coming out; resident [REDACTED].</p> <p>Room [REDACTED] - room temperature of 83.3 degrees</p>	F 584	<p>Specific Corrective Action</p> <ol style="list-style-type: none"> All residents were transferred to the [REDACTED] floor and each room on the [REDACTED] floor with residents were provided with individual portable AC units. Room temperature and common areas were maintained between 71 degrees to 81 degrees Temperatures for both [REDACTED] and [REDACTED] floor were monitored 10 am, 2 pm and 10 pm daily. Reports were submitted to the NJDOH The cooling system for the facility was fixed and was fully operational <p>Identification</p> <p>All residents have the potential to be</p>	

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F 584	<p>Continued From page 2</p> <p>Fahrenheit; occupied; resident has a working desk fan; AC/radiator working with low air coming out; water pitcher at bedside; resident [redacted]</p> <p>Room [redacted] - room temperature of 84.2 degrees Fahrenheit; occupied; resident has a [redacted] attached to an [redacted] and [redacted] working AC portable in room; resident [redacted].</p> <p>Room [redacted] - room temperature of 82.2 degrees Fahrenheit; occupied; resident has AC/radiator working with low air coming out; water pitcher at bedside; resident [redacted].</p> <p>Room [redacted] - room temperature of 86.9 degrees Fahrenheit; occupied; resident [redacted] noted in room; AC/radiator was not working; resident not in distress.</p> <p>Room [redacted] - room temperature of 84.9 degrees Fahrenheit; occupied. resident wearing [redacted] and T-shirt with covers down; has a desk fan; AC/ radiator not working; resident [redacted].</p> <p>Room [redacted] - room temperature of 83.5 degrees Fahrenheit; occupied; resident in wheelchair; AC/radiator not working; resident [redacted].</p> <p>[redacted] Floor A side end of Hallway - temperature of 83.1 degrees Fahrenheit</p> <p>[redacted] Floor B side end of Hallway - temperature of 82.8 degrees Fahrenheit</p> <p>The surveyor observed the air conditioner (AC) Units on the wall in A and B Side Hallway were not functioning and that water was leaking from Units.</p>	F 584	<p>affected by the deficient practice</p> <p>System Changes</p> <ol style="list-style-type: none"> 1. A maintenance service contract was obtained with e new service company to do service to the cooling system bi-annually 2. Maintenance staff do a preventative maintenance on the cooling system by checking the correct psi on the gauges, temperature and oil daily and record the information to be reviewed by Maintenance Director 3. Maintenance staff will do a daily room temperature checks on resident units <p>Monitoring</p> <ol style="list-style-type: none"> 1. A QAPI will be done on the cooling system by checking the correct psi on the gauges, temperature and oil by Maintenance Director to ensure that the cooling system is working monthly x 3 months and quarterly thereafter. Reports will be submitted to the Administrator and will be discussed during the quarterly meeting 2. A QAPI will be done by Maintenance Director on daily monitoring of the room temperatures on resident units monthly x 3months and quarterly thereafter. Reports will be submitted to the Administrator and will be discussed during the quarterly 	

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F 584	<p>Continued From page 3</p> <p>2. On 06/20/24 at 10:15 a.m., the surveyor in the presence of the ^{U.S. FOIA (b) (6)} checked the temperatures on the ^{NJ Exec Order} Floor and the following were obtained:</p> <p>Room ^{NJ Exec O} - room temperature of 81.7 degrees Fahrenheit; occupied; resident noted with 1 desk fan and 1 stand fan; AC/radiator working with low air coming out; resident ^{NJ Exec Order 26.4b1}.</p> <p>Room ^{NJ Exec Ord} room temperature of 82.0 degrees Fahrenheit; occupied; resident in bed with ^{NJ Exec Order 26.}; has a stand fan; resident ^{NJ Exec Ord}.</p> <p>Room ^{NJ Exec O} - room temperature of 81.9 degrees Fahrenheit; occupied; has a stand fan; AC/radiator working with low air coming out; resident ^{NJ Exec Order 26.4b1}.</p> <p>Room ^{NJ Exec Ord} room temperature of 84.0 degrees Fahrenheit; occupied; resident in bed; has a stand fan; AC/radiator not working; resident ^{NJ Exec Ord}.</p> <p>Room ^{NJ Exec Ord} room temperature of 82.4 degrees Fahrenheit; occupied; resident in bed; has a stand fan; AC/radiator not working; resident ^{NJ Exec Ord}.</p> <p>Also at this time, it was observed the AC Wall Unit on Third Floor B Side Hallway was not functioning.</p> <p>On 6/20/24 at 12:31 p.m. [afternoon], the surveyor interviewed the facility ^{U.S. FOIA (b) (6)} in the presence of the ^{U.S. FOIA (b) (6)}. The ^{U.S. FOIA (b) (6)} stated they have called the company to fix the AC units/cooling system</p>	F 584	meeting	

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F 584	Continued From page 4 yesterday [06/19/24], the company came and fixed the units. The U.S. FOIA (b) (6) further stated "Around 5 p.m., the AC was working, the pump was working and before I left yesterday at night, everything was working. This morning they called me, and the pump and AC were not working, and they have been working intermittently like on and off". The U.S. FOIA (b) (6) said they have called and followed up with the company [name] and have been working on it. NJAC 8:39 -31.6 (p)4.	F 584		

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S 000	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.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Complaint# NJ00174879 Based on facility document review on 06/20/2024 and 06/26/2024, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratio as mandated by the State of New Jersey for 19 of 21 day shifts and deficient in total staff for residents on 1 of 21 overnight shifts. 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	S 560	Specific Corrective Action 1. Continued recruitment for certified nursing assistants by placing and ad, networking, advertising in national and local sites with different incentive programs. 2. Continuously review salary for certified nursing assistants to ensure the facility salary offer is comparable with other facilities in the area 3. Contract with agency who provides permanent placements 4. Contract with agency for relief staffing	7/31/24

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S 560	<p>Continued From page 1</p> <p>established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021:</p> <p>One Certified Nurse Aide (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 certified nurse aide 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>The surveyor requested staffing for the weeks of 06/02/24 to 06/22/24.</p> <p>The facility was deficient in CNA staffing for residents on 19 of 21 day shifts, and deficient in total staff for residents on 1 of 21 overnight shifts as evidenced by the following:</p> <p>-06/02/24 had 7 CNAs for 71 residents on the day shift, required at least 9 CNAs. -06/03/24 had 8 CNAs for 71 residents on the day shift, required at least 9 CNAs. -06/04/24 had 7 CNAs for 71 residents on the day shift, required at least 9 CNAs. -06/05/24 had 8 CNAs for 71 residents on the day shift, required at least 9 CNAs. -06/06/24 had 8 CNAs for 72 residents on the day shift, required at least 9 CNAs. -06/07/24 had 7 CNAs for 72 residents on the day shift, required at least 9 CNAs. -06/08/24 had 8 CNAs for 71 residents on the day</p>	S 560	<p>5. Referral bonus program for all employees who will referred a RN/LPN,C.N.A.</p> <p>6. Sign on bonus program for RN/LPN and C.N.A.</p> <p>7. Admission Director will consult with DON and staffing coordinator for any prospective admission to ensure that there will be enough staff to cover the required staffing ratios for 3 shifts before admission will be approved</p> <p>8. Facility actively recruiting for a nursing assistant for a C.N.A. class outside the facility. Facility will pay for the class tuition.</p> <p>Identification</p> <p>All residents have the potential to be affected by the deficient practice</p> <p>Systemic changes</p> <p>1. Provide comprehensive orientation program and structured preceptorship. DON/Designee will monitor daily the progress of the newly hire and obtain feedback daily from the new employee</p> <p>2. Human Resources Coordinator will do a monthly monitoring and for the retention of a newly hired CNA/NA via monthly interviews about their experience</p> <p>3. Human Resources Coordinator will do a monthly monitoring and tracking of CNA/NA termination and resignation</p>	
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S 560	<p>Continued From page 2</p> <p>shift, required at least 9 CNAs.</p> <p>-06/09/24 had 7 CNAs for 71 residents on the day shift, required at least 9 CNAs.</p> <p>-06/10/24 had 7 CNAs for 70 residents on the day shift, required at least 9 CNAs.</p> <p>-06/11/24 had 7 CNAs for 69 residents on the day shift, required at least 9 CNAs.</p> <p>-06/12/24 had 7 CNAs for 68 residents on the day shift, required at least 8 CNAs.</p> <p>-06/13/24 had 6 CNAs for 68 residents on the day shift, required at least 8 CNAs.</p> <p>-06/15/24 had 7 CNAs for 68 residents on the day shift, required at least 8 CNAs.</p> <p>-06/15/24 had 4 total staff for 68 residents on the overnight shift, required at least 5 total staff.</p> <p>-06/16/24 had 5 CNAs for 73 residents on the day shift, required at least 9 CNAs.</p> <p>-06/17/24 had 5 CNAs for 72 residents on the day shift, required at least 9 CNAs.</p> <p>-06/18/24 had 6 CNAs for 72 residents on the day shift, required at least 9 CNAs.</p> <p>-06/19/24 had 7 CNAs for 71 residents on the day shift, required at least 9 CNAs.</p> <p>-06/20/24 had 8 CNAs for 70 residents on the day shift, required at least 9 CNAs.</p> <p>-06/22/24 had 7 CNAs for 66 residents on the day shift, required at least 8 CNAs.</p>	S 560	<p>through exit interviews</p> <p>4. The facility offers flexible per diem schedule that will accommodate the employee's needs</p> <p>5. DON will work with staffing coordinator to ensure that appropriate staffing is in place</p> <p>Monitoring</p> <p>1. Human Resources Coordinator will do a QAPI on retention of a newly hired CNA to ensure that Nursing department will have enough CNA to cover the state required staffing to meet the resident's needs monthly x 3 months and quarterly thereafter. Reports will be submitted to the administrator and will be discussed during the quarterly meeting</p> <p>2. Human resources Coordinator will do a QAPI in termination and resignation on of CNA to ensure that Nursing department will have enough staff to cover state required staffing to meet the resident's needs monthly x 3 months and quarterly thereafter. Report will be submitted to the Administrator and will be discussed during the quarterly meeting.</p>	
S 870	<p>8:39-9.4(e)(1) Mandatory Administration</p> <p>(e) The facility shall notify the Department immediately by telephone (609-633-8981, or 1-800-792-9770 after office hours), followed within 72 hours by written confirmation, of any of the following:</p>	S 870		7/31/24

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S 870	<p>Continued From page 3</p> <p>1. Interruption for three or more hours of physical plant services and/or other services essential to the health and safety of residents;</p> <p>This REQUIREMENT is not met as evidenced by: Complaint NJ #00174902; NJ00174912; NJ00174921</p> <p>Based on observation, interview, and review of pertinent documents on 06/20/24, it was determined that the facility failed to report to the New Jersey Department of Health (NJDOH) that the air condition system was not working properly to maintain the temperature range of 71-81 degrees Fahrenheit. This deficient practice was evidenced by the following:</p> <p>1. On 06/20/24 at 9:51 a.m, the surveyor in the presence of the Maintenance Person (MP) checked and obtained room temperatures and area locations in [redacted] floor.</p> <p>At this time, the surveyor observed the air conditioner (AC) Units on the wall in A and B Side Hallway in [redacted] Floor were not functioning and that water was leaking from the Units.</p> <p>2. On 06/20/24 at 10:15 a.m., the surveyor in the presence of the MP checked and obtained room temperatures in [redacted] Floor.</p> <p>Also at this time, the surveyor observed the AC Wall Unit on [redacted] Floor B Side Hallway was not functioning.</p>	S 870	<p>Specific Corrective Action</p> <p>1. All department heads and supervisors were in-serviced about physical plant services interruption and /or other services essential to the health and safety of the residents for three or more hours is reportable to New Jersey Department of Health (NJDOH) by telephone at 609 633-8981 during office hours or 1 800-792-9770 after office hours. A written report will be followed within 72 hours</p> <p>2. NJ DOH was notified about the failure of HVAC</p> <p>3. A policy and procedure for reporting a physical plant services interruption was written for staff's guidance. All staff were in-serviced</p> <p>Identification</p> <p>All residents have the potential to be affected by the deficient practice</p> <p>Systemic Changes</p>	

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S 870	<p>Continued From page 4</p> <p>In an interview of the with the MP during the tour in [redacted] and [redacted] Floor, MP stated that they have called the AC company [name] already since yesterday to fix the AC Wall Units both in A and B Side in [redacted] Floor and on B Side Hallway in [redacted] Floor.</p> <p>In an interview with the facility Administrator, in the presence of the Director of Nursing (DON), on 06/20/24 at, the Administrator stated they have called the company to fix the AC units/cooling system yesterday (06/19/24), the company came and fixed the units. The Administrator further stated "Around 5 p.m., the AC was working, the pump was working and before I left yesterday at night, everything was working. This morning they called me, and the pump and AC were not working, and they have been working intermittently like on and off". The Administrator said they have called and followed up with the company [name] and have been working on it.</p> <p>In surveyor's interview with the County Health Department (CHD) [name] 06/20/24, CHD stated "I was the one who called the NJDOH regarding the facility's air conditioning units not working. It started the day before yesterday".</p> <p>A review of the facility's Facility Reportable Event (FRE) submitted to the NJDOH as AAS-45 [LTC Reportable Event Survey], the date and time of event was noted at Jun-19-2024 at 08:00 AM. In the FRE, under the description of event: "8:00am the cooling system was observed to be not working. [Name] HVAC company was called to check on cooling system on [redacted] and [redacted] floor. Came in at 9:06am and check the units...". The office of Ombudsman was notified at 1:07 PM. The NJDOH received the FRE at 16:36 [4:36</p>	S 870	<p>1. All staff will be in-service about policy and procedure for reporting a physical plant services interruption. All staff will be in-service upon hire and annually thereafter</p> <p>2. Policy and Procedure for reporting physical plant services interruption will be part of the orientation program for all administrative and management staff new hire.</p> <p>Monitoring</p> <p>HR will do a monthly QAPI to ensure that all new hire is in-service about reporting policy and procedure a physical plant services interruption and /or other services essential to the health and safety of the residents for three or more hours; and incorporated in the orientation program for new hire monthly x 3months and quarterly thereafter. QAPI reports will be discussed Administrator and will be discussed during the quarterly meeting</p>	
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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061905	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/26/2024
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NAME OF PROVIDER OR SUPPLIER HOMESTEAD REHABILITATION & HEALTH CARE CEN	STREET ADDRESS, CITY, STATE, ZIP CODE 129 MORRIS TURNPIKE NEWTON, NJ 07860
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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) COMPLETE DATE
S 870	<p>Continued From page 5</p> <p>pm]. The FRE further indicated that the Significant Event was not called in to the NJDOH.</p> <p>The facility failed to notify the NJDOH of the HVAC interruption and that the facility cooling system was not working for more than three (3) hours.</p> <p>A review of the facility's "Rapid Response Guide Extreme/AC Failure-Heat" policy date initiated 6/19/2024 included...Maintenance Staff to assess the functioning of the air conditioning units and call the HVAC Company to repair any non-functioning HVAC units ...Administrator or designee to contact NJDOH as per regulations."</p> <p>NJAC 8:39 -31.6 (p)1,4.</p>	S 870		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315378	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 8/5/2024	Y3
NAME OF FACILITY HOMESTEAD REHABILITATION & HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 129 MORRIS TURNPIKE NEWTON, NJ 07860		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0584	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.10(i)(1)-(7)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	07/31/2024	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 6/26/2024

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061905	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/5/2024
NAME OF FACILITY HOMESTEAD REHABILITATION & HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 129 MORRIS TURNPIKE NEWTON, NJ 07860	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560	Correction	ID Prefix S0870	Correction	ID Prefix _____	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. # 8:39-9.4(e)(1)	Completed	Reg. # _____	Completed
LSC _____	07/31/2024	LSC _____	07/31/2024	LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 6/26/2024

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO