STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315456	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MYSTIC MEADOWS REHABILITATION AND NURSING CENTER	**151 NINTH AVENUE , LITTLE EGG HARBOR TW, New Jersey, 08087**

(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 #: NJ 2596071, 185199, 186598, 179569 Survey Date: 09/10/2025 Census: 96 Sample Size: 5 The NJDOH conducted a complaint survey on 9/9 & 9/10/2025. The survey was officially completed on 9/10/2025. The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.	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.

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: 656004	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/10/2025

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S0000	Initial Comments 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		
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 facility document review on 9/10/2025, it was determined that the facility failed to ensure staffing rations were met to maintain the required minimum staff to resident ratio as mandated by the State of New Jersey for 1 of 14 day shifts from 8/24/25 through 9/6/25. 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, 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	S0560	A. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice: All residents were reviewed to ensure that adequate certified nursing assistant (CNA) coverage was in place to meet care needs on all shifts. No negative outcomes or care concerns were identified for any residents on 09/06/25 when CNA staffing temporarily fell below the minimum requirement. Additional staff were brought in for subsequent shifts to ensure continued compliance and coverage. B. How the facility will identify other residents who could potentially be affected by the same deficient practice: All residents in the facility could potentially be affected if CNA staffing ratios fall below the mandated minimum levels outlined in N.J.S.A. 30:13-18. A review of staffing reports for the prior and subsequent weeks confirmed that this was an isolated occurrence, and all other shifts met or exceeded minimum staffing ratios. C. What measures will be put in place or systemic changes made to ensure that the deficient practice will not recur: The Staffing Coordinator and Director of Nursing (DON) will review the daily census and staffing ratios to	10/16/2025

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S0560	Continued from page 1 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. The surveyor requested staffing for the weeks of 8/24/25 through 9/6/25. For the 2 weeks of AAS-11 staffing, the facility was deficient in CNA staffing for residents on 1 of 14 day shifts as follows: 09/06/25 had 9 CNAs for 94 residents on the day shift, required at least 12 CNAs.	S0560	Continued from page 1 ensure that the required number of CNAs per shift are scheduled and present. A contingency staffing plan has been implemented to address unexpected callouts or absences, including the use of per diem staff, adjusted assignments, or overtime to maintain compliance. The Staffing Coordinator has been re-educated on N.J.S.A. 30:13-18 by the Administrator, which requires one CNA per eight residents on the day shift, one direct care staff member per ten residents on the evening shift, and one direct care staff member per fourteen residents on the night shift. Administrative oversight will include a weekly review of staffing compliance by the DON and Administrator, with immediate corrective action if any deficiency is identified. D. How the corrective action will be monitored to ensure the deficient practice will not recur: The DON or designee will complete a weekly staffing compliance audit for 4 consecutive weeks, then monthly thereafter, to verify that all shifts meet minimum staffing ratios. Results will be reviewed during Quality Assurance and Performance Improvement (QAPI) meetings, with trends tracked for ongoing compliance. Any identified variance will result in immediate review, documentation of corrective action, and staff retraining as needed. Ongoing compliance will be reflected in the QAPI plan and monitored by the Administrator.	

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 11/20/2025 in relation to the 09/10/2025 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care.	F0000		

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New Jersey State Department of Health

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S0000	Initial Comments There is no Deficient Practice Statement for this citation.	S0000		

Office of Primary Care and Health Systems Management

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