STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315526	(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
LIVINGSTON POST ACUTE CARE	**348 E CEDAR STREET , LIVINGSTON, New Jersey, 07039**

(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 on behalf of New Jersey Department of Health (NJDOH). The facility was found not to be in substantial compliance with 42 CFR 483 subpart B. Complaint #: NJ00179770, NJ00182625, NJ00183735, NJ00184359, NJ00184640, NJ00180945, NJ00185891, NJ00186859, NJ2581345, and NJ2596323. Survey Dates: 09/22/25-09/24/25 Survey Census: 125 Sample Size: 17 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.	F0000		11/28/2025
F0684 SS = D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is NOT MET as evidenced by: Complaint#: 437202 Based on facility policy review, record review, and staff interview, the facility failed to ensure one Resident (R) R3 out of a total of 17 residents reviewed in the sample was provided with appropriate quality of care (QOC) related to NJ Exec Order 26.4b1 medication administration.	F0684	Resident R3 received scheduled doses starting on NJ Exec Order 26.4b, extended by a few days and was able to complete NJ Exec Order 26.4b1 regimen as per US FOIA (b)(6) order. There were NJ Exec Order 26.4b1 to holding the NJ Exec Order 26.4b1 as per US FOIA (b)(6) orders. Any residents ordered IV antibiotics have the potential to be affected by the deficient practice. The nursing staff was educated /in-serviced on proper procedures when medications are not available and will be ongoing. An audit was completed of all residents with IV antibiotic orders to ensure all medications were administered as per physician order. All findings were unremarkable. Any findings will be addressed with physician as indicated. The Director of Nursing, or member of nursing management team will conduct daily audits of the	11/28/2025

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

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F0684 SS = D	Continued from page 1 This failure created the potential for the residents to experience a negative change in physical status related to medication not being provided timely. Review of the facility's policy titled, "Unavailable Medication Policy" dated adopted 06/2021 revealed, "In conjunction with the contracted pharmacy, the facility will make every effort to ensure a medication ordered for the resident is available to meet their needs; and In the event that a medication ordered for a resident is noted to be unavailable near or at the time it is to be dispensed, nursing staff shall: a. Contact the pharmacy regarding the unavailable medication. b. Attempt to obtain the medication from the facility's automated medication dispensing system or emergency kit. c. Notify the physician of the unavailable medication, explain the circumstances, report the date of expected availability, and provide the alternative medication(s) recommended by pharmacy. i. Obtain a new order and discontinue prior order, or ii. Obtain a hold order for unavailable medication. d. Notify the pharmacy, if applicable." Review of R3's "Admission Record" found in the Electronic Medical Record (EMR) under the "Profile" tab, indicated the resident was admitted to the facility on [redacted] and discharged in [redacted]. The document indicated the resident's diagnoses included NJ Exec Order 26.4b1 [redacted] Review of R3's admission "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of [redacted] and found in the EMR under the "MDS" tab, revealed a Brief Interview for Mental Status (BIMS) score of [redacted] out of 15, which indicated the resident was NJ Exec Order 26.4b1. The assessment revealed R3's Primary Medical Condition related to [redacted] admission to the facility was NJ Exec Order 26.4b1 [redacted] of NJ Exec Order 26.4b1, and NJ Exec Order 26.4b1 [redacted] and revealed the resident was receiving [redacted] medication at the time of the assessment. Review of R3's "Progress Notes" dated [redacted] and found in the EMR under the "Notes" tab, revealed R3 was admitted on that date with an admitting diagnoses of NJ Exec Order 26.4b1 [redacted] to a [redacted] on [redacted] and [redacted] of [redacted]. The note indicated R3 did not have an [redacted] in place at the time of their admission to the facility. Review of R3's "Physicians Orders" dated [redacted] and found in the EMR under the "Orders" tab,	F0684	Continued from page 1 PCC dashboard to identify any IV antibiotic orders listed as medication not available. The team will then audit to ensure proper steps were taken to obtain, administer, hold and/or substitute the medication as per physician order. This will be audited daily X 4 weeks, then weekly X 2 months. The results of the audits will be reviewed during the monthly Quality Assurance Performance Improvement Committee meeting. The Quality Assurance Performance Improvement committee will make recommendations based upon the results of the audits. The Quality Assurance Performance Improvement Committee will recommend tapering and dissolution of audits once consistent compliance has been achieved.	11/28/2025

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F0684 SS = D	Continued from page 2 revealed orders for the resident to receive [redacted] every morning for NJ Exec Order 26.4b1. The resident's physicians orders revealed the order for R3's [redacted] was discontinued and re-ordered to begin the following day on NJ Exec Order 26.4b1 [redacted] Review of R3's "Medication Administration Record (MAR)" dated [redacted] through [redacted] and found in the EMR under the "Orders" tab, revealed R3 did not receive [redacted] ordered on NJ Exec Order 26.4b1 [redacted] (a total of four doses). The Mar revealed R3 began receiving [redacted] on the evening of [redacted] Review of R3's "[redacted] Care Plan" dated [redacted] and found in the EMR under the "Care Plan" Tab, revealed "(R3) is on [redacted] for [redacted] Interventions included [redacted] for signs and symptoms of complication and provide medication and treatments as ordered. Review of R3's "Administration Progress Notes" dated [redacted] at 9:30 AM and found in the EMR under the "Notes" tab, revealed R3's [redacted] was not administered as ordered at that time and indicated the reason as "medication not on hand." There was nothing in the note to indicate R3's physician had been made aware [redacted] was not available to be administered as ordered. Review of R3's "[redacted] Consult Notes" dated [redacted] at 9:42 PM and found in the EMR under the "Notes" tab, revealed "This is a [redacted] patient with [redacted] on [redacted] and (with) [redacted] who was admitted to [redacted] on [redacted] with NJ Exec Order 26.4b1 and evaluation for [redacted] Patient was also found to have [redacted] and [redacted]) [redacted] showed an NJ Exec Order 26.4b1 with [redacted] and possible [redacted] in the [redacted]. The patient was seen by [redacted] and [redacted]. Patient was taken to the [redacted] on [redacted] for [redacted] of the NJ Exec Order 26.4b1) with NJ Exec Order 26.4b1 and on [redacted] for [redacted] of [redacted] with [redacted] came back [redacted] for NJ Exec Order 26.4b1. The patient was treated with [redacted] as per NJ Exec Order 26.4b1) and planned to continue [redacted] until [redacted]. There was nothing in the note to indicate the [redacted] was aware R3's [redacted] had not been administered on that date due it not being available	F0684		11/28/2025

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F0684 SS = D	Continued from page 3 in the facility nor did it indicate any instructions related to ensuring the [NJ Exec Order 26] was administered. Review of 3's "Progress Notes" dated [NJ Exec Order 26.4] at 11:06 PM and found in the EMR under the "Notes" tab, revealed "Patient has orders for [NJ Exec Order 26.4b], I attempted to start a [NJ Exec] twice with [NJ Exec Order 26.4b1]. Called [NJ Exec Order 26.4b] and order a [NJ Exec Order 2] technician will come place the [NJ Exec] on [NJ Exec Order 26.4] [NJ Exec Order 26.4] was made aware of the entire procedure." The document did not indicate R3's [US FOIA (b)(6)] had been notified R3's [NJ Exec Order 26] was not able to be administered. Review of R3's "Progress Notes" dated [NJ Exec Order 26] at 4:28 PM and found in the EMR under the "Notes" tab, revealed "unable to get NJ Exec Order 26.4b1 due to needing [NJ Exec Order 26.4b1] from [US FOIA (b)(6)] so [NJ E] medication was not administered during 7-3 shift; [US FOIA (b)(6)] made aware." There was nothing in the note to indicate R3's [US FOIA (b)(6)] was made aware the resident's [NJ Exec Order 26] could not be administered during that shift. Review of R3's "Progress Notes" dated [NJ Exec Order 26] at 10:23 PM and found in the EMR under the "Notes" tab, revealed [NJ Exec Order 26.4b1]) yet to come to place [NJ Exec Order] to patient, started [NJ Exec Order 26.4]). Awaiting from pharmacy to deliver [NJ Exec Order] " There was nothing in the note to indicate R3's [US FOIA (b)(6)] was made aware the resident's [NJ Exec Order 26] could not be administered at that time. Review of R3's "Progress Notes" dated [NJ Exec Order 26.4] and [NJ Exec Order 26.4] and found in the EMR under the "Notes" tab revealed nothing to indicate why R3 did not receive ordered [NJ Exec Order 26.4b1] or to indicate the resident's [US FOIA (b)(6)] was made aware the [NJ Exec Order 26.4b] could not be administered on those dates. Review of R3's [US FOIA (b)(6)] Progress Notes" dated [NJ Exec Order 26] at 3:03 PM, at 10:23 PM, at [NJ Exec Order 26.4] at 12:44 PM, and [NJ Exec Order 26] at 4:50 PM (all found in the EMR under the "Notes" tab), revealed nothing to indicate the provider was aware R3 did not receive [NJ Ex] [NJ Exec Order 26.4b1] on [NJ Exec Order 26] through [NJ Exec Order 26] evening shift/that any doses of the resident's [NJ Exec Order 26.4b] were missed or what the plan was to address the issues leading to R3 missing [NJ Ex] [NJ Exec Order 26] doses four days in a row immediately after admission to the facility. Review of R3's [US FOIA (b)(6)] Progress Notes" dated [NJ Exec Order 26.4] at 10:34 AM and	F0684		11/28/2025

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F0684 SS = D	Continued from page 4 found in the EMR under the "Notes" tab, revealed "(R3) was initially treated with [redacted] and [redacted] ....and plan was for [redacted] of [redacted] until [redacted]. (R3) was transferred to (facility) on [redacted]; [redacted] consultation requested for [redacted] management;" and "Continue [redacted] until [redacted] extended by a few days as (R3) missed several doses as medication not delivered from Pharmacy. Okay to continue ([redacted] There was nothing in the note to indicate the provider had been made aware R3 did not receive four doses of [redacted] until [redacted] (eight days after the resident's first missed dose of [redacted] The survey investigation team attempted to reach R3/R3's family member (FM)1 on 09/22/25 at 3:00 PM for interview but was not able to conduct an interview with R3 or FM1 prior to survey exit on 09/24/25. During an interview with the [redacted] on 09/24/25 at 1:35 PM, she confirmed R3's physicians should have been aware of the facility's failure to administer R3's [redacted] between [redacted] and the resident's record was expected to reflect the [redacted] was aware of the missed medication doses along with attempts to address the situation. She stated the ID provider was expected to have been informed R3 did not receive four doses of [redacted] prior to [redacted] and this was also expected to be reflected in the resident's record. The [redacted] indicated she thought R3's provider was aware of not receiving ordered [redacted] each day between [redacted] because new orders were put in R3's record on several of the dates to indicate a new start date for the [redacted] The [redacted] confirmed the primary reason R3 had been admitted to the facility was for the administration of [redacted] to treat [redacted] During an interview with the [redacted] on 09/24/25 at 2:37 PM, he confirmed he was aware R3's [redacted] administration was delayed by several days and stated the physicians were expected to be aware of missed medication doses and resident records were expected to reflect this. The survey team attempted to reach R3's [redacted] for interview prior to survey exit on 09/24/25, however, during an interview conducted with the [redacted] on 09/24/25 at 3:08 PM, she indicated the resident's [redacted] was not available for interview on that date.	F0684		11/28/2025

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F0684 SS = D	Continued from page 5 N.J.A.C. 8:39-27.1(a)	F0684		11/28/2025

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S0000	Initial Comments Complaint #'s: NJ00179770, NJ00182625, NJ00183735, NJ00184359, NJ00184640, NJ00180945, NJ00185891, NJ00186859, NJ2581345, and NJ2596323. Survey Dates: 09/22/25-09/24/25 CENSUS: 125 SAMPLE SIZE: 17 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		11/28/2025
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 review of pertinent facility documentation on 9/24/2025, it was determined that the facility failed to ensure staffing ratios were met for 19 weeks of day shifts reviewed. This deficient practice had the potential to affect all residents. The 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:	S0560	S560 How corrective action will be accomplished for those residents found to have been affected by the deficient practice: No residents were identified as being affected by this deficient practice. How the facility will identify other residents having the potential to be affected by the same deficient practice: All residents have the potential to be affected. Staffing Coordinator will meet with DON and Administrator Monday through Friday in person and then on the weekends PRN, to review staffing schedules for one week in advance daily to identify any potential shortfall in scheduled certified nursing assistants and call certified nurse aides and licensed nurses in staffing pool to fill vacant shifts.	11/28/2025

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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 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: 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. For the 19 weeks of AAS-11 staffing, the facility was deficient as follows: 1. For the week of Complaint staffing from 11/10/24 to 11/16/2024, the facility was deficient in CNA staffing for residents on 1 of 7 day shifts as follows: -11/10/24 had 15 CNAs for 131 residents on the day shift, required at least 16 CNAs. 2. For the week of Complaint staffing from 12/01/2024 to 12/07/2024, the facility was deficient in CNA staffing for residents on 1 of 7 day shifts as follows: -12/01/24 had 15 CNAs for 125 residents on the day shift, required at least 16 CNAs. 3. For the week of Complaint staffing from 01/19/2025 to 01/25/2025, the facility was deficient in CNA staffing for residents on 1 of 7 day shifts as follows: -01/25/25 had 14 CNAs for 132 residents on the day shift, required at least 16 CNAs. 4. For the 4 weeks of Complaint staffing from 02/02/2025 to 03/01/2025, the facility was deficient in CNA staffing for residents on 9 of 28 day shifts as follows: -02/02/25 had 14 CNAs for 127 residents on the day shift, required at least 16 CNAs. -02/04/25 had 15 CNAs for 126 residents on the day	S0560	Continued from page 1 The facility has implemented a multifaceted approach for recruitment and retention of employees, which includes increased utilization of PRN/Per diem staff (Staff hired without any set hours, usually staff who have another job and pickup extra shifts when the need arises), Multimedia advertisements, Pick-up shift bonuses, Text message campaigns. Flyers placed around the buildings and on social media. The facility continues to utilize a recruitment company to do paid campaigns with Indeed, and other social media platforms to recruit nursing staff. Daily update emails and weekly meetings help to identify trends in hiring and review all new hires and where candidates stand in the hiring process. Targeted advertising in place to attract licensed nurses and aides. What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur: Facility will take the following measures: Advertise open positions. Offer sign-on bonuses for newly hired certified nurse aides. Offer bonuses for existing staff who refer newly hired Referral bonus in place for any staff who refer a friend who gets hired, bonus amounts range from $500-$1000. Sign on bonuses in place to attract aides and nurses in the amount of $2500 for aides to $5,000 for nurses and more for nurse management. Call outs are being monitored closely as every day the correct staff are scheduled but there are call outs resulting in lower staffing ratios. Staff with significant call outs are being progressively disciplined. Employees who exceed their allotted callouts for the time period are held accountable	11/28/2025

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S0560	Continued from page 2 shift, required at least 16 CNAs. -02/05/25 had 15 CNAs for 126 residents on the day shift, required at least 16 CNAs. -02/06/25 had 14 CNAs for 126 residents on the day shift, required at least 16 CNAs. -02/09/25 had 15 CNAs for 129 residents on the day shift, required at least 16 CNAs. -02/16/25 had 14 CNAs for 122 residents on the day shift, required at least 15 CNAs. -02/19/25 had 14 CNAs for 119 residents on the day shift, required at least 15 CNAs. -02/24/25 had 13 CNAs for 112 residents on the day shift, required at least 14 CNAs. -02/28/25 had 13 CNAs for 110 residents on the day shift, required at least 14 CNAs. 5. For the 2 weeks of Complaint staffing from 03/09/2025 to 03/22/2025, the facility was deficient in CNA staffing for residents on 6 of 14 day shifts as follows: -03/10/25 had 14 CNAs for 120 residents on the day shift, required at least 15 CNAs. -03/11/25 had 14 CNAs for 120 residents on the day shift, required at least 15 CNAs. -03/19/25 had 14 CNAs for 124 residents on the day shift, required at least 15 CNAs. -03/20/25 had 14 CNAs for 124 residents on the day shift, required at least 15 CNAs. -03/21/25 had 14 CNAs for 124 residents on the day shift, required at least 15 CNAs. -03/22/25 had 15 CNAs for 125 residents on the day shift, required at least 16 CNAs. 6. For the 2 weeks of Complaint staffing from 05/18/2025 to 05/31/2025, the facility was deficient in CNA staffing for residents on 2 of 14 day shifts as	S0560	Continued from page 2 with progressive discipline. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur: The Administrator / Designee will complete an audit of staffing and resident care needs / preferences 5 times per week for 2 weeks, then 3 times per week for 2 weeks. Additional audit frequency will be determined based on audit findings. Audit results will be submitted monthly to the Quality Assurance Performance Improvement Committee for further review and recommendations as needed.	11/28/2025

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LIVINGSTON POST ACUTE CARE	**348 E CEDAR STREET , LIVINGSTON, New Jersey, 07039**

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S0560	Continued from page 3 follows: -05/18/25 had 14 CNAs for 124 residents on the day shift, required at least 15 CNAs. -05/23/25 had 13 CNAs for 116 residents on the day shift, required at least 14 CNAs. 7. For the 6 weeks of Complaint staffing from 07/13/2025 to 08/23/2025, the facility was deficient in CNA staffing for residents on 11 of 42 day shifts as follows: -07/16/25 had 14 CNAs for 119 residents on the day shift, required at least 15 CNAs. -07/22/25 had 14 CNAs for 117 residents on the day shift, required at least 15 CNAs. -08/01/25 had 15 CNAs for 128 residents on the day shift, required at least 16 CNAs. -08/08/25 had 15 CNAs for 130 residents on the day shift, required at least 16 CNAs. -08/09/25 had 16 CNAs for 133 residents on the day shift, required at least 17 CNAs. -08/10/25 had 16 CNAs for 133 residents on the day shift, required at least 17 CNAs. -08/11/25 had 16 CNAs for 133 residents on the day shift, required at least 17 CNAs. -08/16/25 had 15 CNAs for 129 residents on the day shift, required at least 16 CNAs. -08/17/25 had 14 CNAs for 129 residents on the day shift, required at least 16 CNAs. -08/18/25 had 15 CNAs for 129 residents on the day shift, required at least 16 CNAs. -08/21/25 had 15 CNAs for 127 residents on the day shift, required at least 16 CNAs. 8. For the 2 weeks of Complaint staffing from	S0560		11/28/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NH07001	(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
LIVINGSTON POST ACUTE CARE	**348 E CEDAR STREET , LIVINGSTON, New Jersey, 07039**

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S0560	Continued from page 4 09/07/2025 to 09/20/2025, the facility was deficient in CNA staffing on 2 of 14 day shifts as follows: -09/07/25 had 15 CNAs for 127 residents on the day shift, required at least 16 CNAs. -09/08/25 had 15 CNAs for 126 residents on the day shift, required at least 16 CNAs.	S0560		11/28/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315526	(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
LIVINGSTON POST ACUTE CARE	**348 E CEDAR STREET , LIVINGSTON, New Jersey, 07039**

(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 An offsite/desk review of the facility's Plan of Correction was conducted on 12/17/2025 in relation to the 09/24/2025 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	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

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NH07001	(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
LIVINGSTON POST ACUTE CARE	**348 E CEDAR STREET , LIVINGSTON, New Jersey, 07039**

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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 09/24/2025 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		

Office of Primary Care and Health Systems Management

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