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 11/24/2025

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 Complaint #: 2657324 Census: 128 Sample Size: 4 The NJDOH conducted a Complaint survey on 11/24/2025. The facility is in substantial compliance with the requirements of 42 CFR PART 483, SUBPART B, for Long Term Care Facilities based on this Complaint Visit.	F0000		12/09/2025

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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: NH07001	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/24/2025

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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: Complaint #: 2657324 Based on interviews and review of facility documents on 11/24/2025, it was determined that the facility failed to ensure staffing ratios were met for 1 of 14-day shifts reviewed. This deficient practice had the potential to affect all residents. Findings include: 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 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 2 weeks of staffing prior to complaint survey from 11/09/2025 to 11/22/2025, the facility was deficient in CNA staffing for residents on 1 of 14-day	S0560	How corrective action will be accomplished for those residents found to have been affected by the deficient practice: No residents were identified by this 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. 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: 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. Employee engagement is led by management team/department heads to facilitate staff engagement and reduce employee turnover. 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.	12/10/2025

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S0560	Continued from page 1 shifts as follows: On 11/20/25 had 15 CNAs for 127 residents on the day shift, required at least 16 CNAs.	S0560	Continued from page 1 Bonuses are being paid to staff who pick up extra shifts and do not call but during that pay period. Call outs are being monitored closely as most days 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 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.	

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 01/12/2026

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 01/12/26 in relation to the 12/04/25 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		01/14/2026

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: NH07001	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/12/2026

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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 01/12/2026 in relation to the 11/24/2025 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		01/12/2026
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: An offsite/desk review of the facility's Plan of Correction was conducted on 01/12/2026 in relation to the 11/24/2025 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.	S0560	Deficiency Tag: S560 Deficient Practice: the facility failed to maintain the required minimum direct care staff-to-shift ratios as mandated by the state of New Jersey for 2 of 14 day shifts reviewed. Who has the potential to be affected by this deficient practice? All residents have the potential to be affected. Address how the corrective action will be accomplished for those residents found to have been potentially affected by this deficient practice? Staffing Coordinator will meet with DON and Administrator Monday through Friday in person and then communicate on the weekends, as needed, to review staffing schedules and identify any potential shortfall in scheduled certified nursing assistants and call certified nurse aides and licensed nurses in staffing pool to fill vacant shifts. How the facility will identify other residents who may have been affected by the same deficient practice? The facility will monitor nurse aide staffing through the following methods;	12/10/2025

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S0560		S0560	Continued from page 1 Daily review of staffing by the Director of Nursing or designee Weekly Audits of staffing schedules by the Director of Staffing or designees Reviewing staffing data during Quality Assurance Performance Improvement Committee meeting by the Director of Nursing or designee The Administrator or designee will review the minutes from resident council to identify any issues that may relate to staffing What measures will be put into place or systemic changes made to ensure the deficient practice will not recur? Facility will take the following measures to ensure that staffing for nurses' aides is 1:8 on Day, 1:10 on evening, and 1:14 on overnight. The facility has implemented a multifaceted approach for recruitment and retention of employees, which includes increased utilization of Per diem staff, Multimedia advertisements, Pick-up shift bonuses, and Text message campaigns. 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. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur: The Administrator or 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.	

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S0560		S0560	Continued from page 2 Date of Compliance: January 14, 2026	