STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315039	A. Building B. Wing	12/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Roosevelt Care Center	118 Parsonage Road Edison, NJ 08837

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation, interview, record review, document review, and policy review, the facility failed to ensure water was at a comfortable temperature in the shower rooms on the fourth floor for two (Resident (R)161 and R15) of three residents reviewed for a comfortable/homelike environment out of a total sample of 30 residents. Bathing in water that is not warm enough can have serious negative effects, particularly for those with underlying health conditions and can decrease their quality of life.Findings include:Review of Resident Council Minutes, dated 11/20/25, provided by the facility revealed under the Maintenance section Residents on the 4th floor stated, The green hallway and shower room is cold. This was adjusted.Review of Resident Council Minutes, dated 11/20/25, provided by the facility revealed under the Maintenance section Resident on N2 [second floor] and N4 [fourth floor] ask if the water can be warmer. Residents were educated that as per State Regulations, hot water boilers can only be set between 95 and 110 degrees.1. Review of R161's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) date of 11/17/25, located in the MDS tab of the electronic medical record (EMR), revealed an admission date of 08/01/25, a Brief Interview for Mental Status (BIMS) score of 13 out of 15 indicated R161 was cognitively intact, required substantial/maximal assistance for bathing, and had diagnoses of primary osteoarthritis, right shoulder, primary osteoarthritis, left shoulder, and lymphedema, not elsewhere classified.Review of R161's comprehensive MDS with an ARD date of 08/20/25, located in the MDS tab of the EMR, revealed it was very important for R161 to choose between a tub bath, shower, bed bath, or sponge bath.Review of R161's Care Plan, located in the EMR under the Care Plan tab revealed nothing about activities of daily living for bathing or showering.Review of R161's Shower/Bathing documentation from 11/18/25 to 12/16/25, located in the EMR under the Task tab revealed R161 received bed baths except on 12/01/25 when he/she received a shower. On 12/15/25 at 11:40 AM, R161 was sitting in his/her room in a wheelchair, dressed and groomed. R161 expressed frustration about the shower water always being too cold and therefore, he/she had resorted to bed baths. R161 stated he/she had reported the cold water to the caregivers for more than a month with no resolution. R161 stated the cold-water problem was brought up again in resident council last month. 2. Review of R15's quarterly Minimum Data Set (MDS) with an ARD date of 10/31/25, located in the MDS tab of the EMR, revealed an admission date of 12/01/22, a BIMS score of 11 out of 15 indicated R15's cognition was moderately impaired, was dependent for bathing, and had diagnoses of cancer, fusion of spine, lumbar and cervical region, and Waldenstrom macroglobulinemia not have achieved remission.Review of R15's comprehensive MDS with an ARD date of 08/08/25, located in the MDS tab of the EMR, revealed it was somewhat important for R15 to choose between a tub bath, shower, bed bath, or sponge bath.Review of R15's Care Plan, located in the EMR under the Care Plan tab revealed nothing about activities of daily living for bathing or showering.Review of R15's Shower/Bathing documentation from 11/19/25 to 12/16/25, located in the EMR under the Task tab revealed R15 received only bed baths.On 12/16/25 at 8:33 AM, R15 was in bed awake wearing a hospital gown and groomed. R15 was asked about his/her care in the facility. R15 stated satisfaction with his/her care except he/she took bed baths because the shower water was too cold.During an interview on (continued on next page)

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.

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

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	12/17/25 at 8:27 AM, Licensed Practical Nurse (LPN)2 was asked if any residents had complained of the water temperature being too cold in the shower on the fourth floor. LPN2 stated sometimes, and yesterday, [12/16/25], maintenance fixed it. During an interview on 12/17/25 at 8:44 AM, the Director of Maintenance (DOM) was asked about the water temperature in the shower rooms on the fourth floor. DOM stated the water temperatures were checked every morning randomly at resident sinks but not in the shower rooms in the stalls. DOM then measured the hot water in the left shower stall in the shower room on the fourth floor on the yellow hall. The hot water measured 92.5 degrees Fahrenheit (F). DOM stated the shower heads insert air which lowers the temperature which would explain why the temperatures are different from the resident sinks. The Administrator was present and stated the facility had a new boiler installed two years ago due to the age of the building but not due to a mechanical problem. DOM went on to say, It's difficult to adjust the temperature because the building is multi-level. DOM stated the temperature of the water for the State requirement was 100 to 110 degrees F.During an interview on 12/17/25 at 2:00 PM, Certified Nurse Aide (CNA)1 was asked if the water in the shower rooms was ever too cold when he/she gave residents a shower. CNA stated, At times, but he/she reports it to the nurse, and they get maintenance to fix it.During a follow up interview on 12/18/25 at 2:30 PM, the DOM stated a plumber was onsite to replace a spring in the mixing valve but not because it malfunctioned. Maintenance stated the spring was replaced to make the system more efficient. Review of the facility policy titled Safe Water Temperature, dated 01/01/25, provided by the facility, revealed, 2. Staff will report abnormal findings, such as complaints of water too cold or hot, burns or redness, or any problems with water temperature (ex. water is painful to touch or causes redness) to the supervisor and/or maintenance staff. 3. Water temperature for bathing and handwashing will be set to a temperature of no more than 120 degrees F. NJAC 8:39-4.1(a)NJAC 8:39-5.1(a)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on observation, interview, record review, and policy review, the facility failed to implement an appropriate intervention to keep feet and legs elevated for a resident in a geriatric chair for one (Resident (R)106) out of a total sample of 30 residents. This failure had the potential for severe complications due to reduced circulation.Findings include:Review of R106's comprehensive Minimum Data Set (MDS) with an Assessment Reference Date (ARD) date of 06/24/25, located in the MDS tab of the electronic medical record (EMR), revealed an admission date of 10/31/25, a Brief Interview for Mental Status (BIMS) score of two out of 15 indicated R106's cognition was severely impaired, was dependent on staff for mobility, and had diagnoses of cancer, diabetes mellitus with neuropathy, and pressure ulcer.Review of R106's care plan, revised 12/07/25, located in the EMR under the Care Plan, tab revealed R106 has skin impairment and has potential for further skin breakdown r/t [related to]impaired mobility . Left Lateral Malleolus-Arterial Ulcer, Left bunion-Blanchable redness. Interventions included Encourage me to off my load heels [sic], The care plan did not address supporting the feet and legs when in the geriatric chair.Review of R106's Multi-Wound Chart Details, dated 12/10/25, located in the EMR under the Miscellaneous tab, revealed the wound location was the Left lateral malleolus and documented as an Arterial Ulcer.On 12/17/25 at 9:04 AM and at 11:36 AM, R106 was observed in his/her room asleep in a geriatric chair (large, padded medical recliner with wheels) that was slightly leaned back. R106 was dressed and groomed wearing socks as his/her heels rested on two short cardboard boxes and foam squares. On 12/17/25 at 12:22 PM, R106 was observed in his/her room in the same position in the geriatric chair slightly leaned back with his/her heels resting on two cardboard boxes and foam squares. R106 was being fed by his/her Family Member (FM)1 lunch. FM1 confirmed that R106 had a wound on his/her left outer ankle. On 12/17/25 at 1:53 PM, R106 was observed in the same geriatric chair slightly leaning back with his/her feet unsupported, dangling from the chair. FM1 was at R106's side in the dining room on the fourth floor listening to an activity. On 12/17/25 at 3:02 PM, R106 was in his/her room in the same position in the geriatric chair slightly leaning back with his/her feet unsupported, dangling from the chair. During an interview on 12/17/25 at 3:03 PM, Clinical Coordinator (CC) was asked to observe R106 in his/her room in the geriatric chair. Upon entering, the CC was asked about R106 being in the geriatric chair for six hours, from 9:00 am to 3:00 PM with his/her feet positioned downward without support or supported by the cardboard boxes and foam. The CC was asked if R106's feet should be supported or have a device that would help to keep R106's feet from dangling when in his/her geriatric chair. The CC then moved the cardboard boxes and foam around to demonstrate the use. During an interview on 12/18/25 at 11:45 AM, Medical Doctor (MD)1 was asked if R106 being in the same position yesterday, 12/17/25 from 9:00 AM to 3:00 PM, while in the geriatric chair slightly leaning back with R106's feet dangling/unsupported was advantageous for R106's ankle wound healing. MD1 stated whatever the staff were doing was appropriate until deemed otherwise. MD1 was asked if she/her was aware family made a foot stool out of cardboard boxes and foam in R106's room for him/her to rest his/her heels on. MD1 stated, No, but FM1 is very attentive and if R106 was uncomfortable they would report it. MD1 stated R106 had edema in his/her left lower extremity due to prednisone and poor circulation. During an interview on 12/18/25 at 2:11 PM, Director of Nursing (DON) was asked about R106 being in the geriatric chair three times weekly and if she was aware of the two cardboard boxes and foam FM1 had brought for a foot stool to support R106's feet. DON stated she wasn't aware until today, 12/18/25. Review of the facility policy titled Pressure Injury Prevention Guidelines, dated 06/01/25, provided by the facility revealed g. When in chair, provide adequate seat tilt to prevent sliding forward. Ensure the feet are properly supported. NJAC 8:39-27.1(a)