STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315214	A. Building B. Wing	08/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aristacare at Cedar Oaks	1311 Durham Avenue South Plainfield, NJ 07080

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few Note: The nursing home is disputing this citation.	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315214	A. Building B. Wing	08/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aristacare at Cedar Oaks	1311 Durham Avenue South Plainfield, NJ 07080

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few Note: The nursing home is disputing this citation.	COMPLAINT #: NJ00183422, NJ00186468 Based on observation, interviews, medical record review, and review of other pertinent facility documentation on 08/22/25, it was determined that the facility failed to immediately implement their abuse policy to ensure residents were protected from abuse by not removing the accused staff from resident care pending full investigation of an abuse allegation. This deficient practice was identified for 1 of 3 residents reviewed for abuse (Resident #1) and had the potential to affect all residents. According to Facility Reportable Event (FRE), at approximately 6:00 AM on 05/03/2025 Resident #6 (the roommate of Resident #1) reported to Registered Nurse #1 (RN #1) that Resident #1 moaned in pain while a Certified Nursing Assistant (CNA) was providing morning care (turning and repositioning) for the resident. The FRE included that RN #1 assessed the resident and reported the incident to the Nursing Supervisor. No further action was taken to investigate Resident #6's report as an abuse allegation. On 05/05/2025, the Unit Manager (UM) #1 and the Director of Nursing (DON) interviewed Resident #1 about a CNA being rough during care and performed a skin assessment. The resident denied being hurt at that time. No further action was taken to investigate the concern as possible abuse. On 05/13/2025, Resident #6 again reported to facility staff that on 05/02/2025 or 05/03/2025 a CNA caused Resident #1 pain while turning and positioning the resident. On 05/13/2025, an investigation which included conducting staff and resident interviews, obtaining staff statements, and suspension of the accused CNA was conducted. The facility's failure to implement their abuse policy by initiating an investigation and removing the accused CNA from resident care when staff were first alerted to the concern on 05/03/2025 allowed the alleged abuser to continue to have access to residents on 05/05/2025, 05/06/2025, 05/07/2025, 05/08/2025, and 05/10/2025. This resulted in an Immediate Jeopardy (IJ) situation. The IJ began on 5/03/2025 after Resident #6 alerted RN #1 of their concern that Resident #1 was mishandled by a CNA. The facility Administration was notified of the IJ on 08/22/2025 at 6:05 PM. The facility submitted an acceptable Removal Plan (RP) on 08/25/2025 at 4:07 P.M., indicating the actions the facility will take to prevent serious harm from occurring or reoccurring. The facility implemented a corrective action plan to remediate the deficient practice including: the 11-7 nursing supervisor's employment was terminated, all staff were immediately in-serviced on the facility abuse policy with a focus on implementation procedures and resident safety, the administrative team which consisted the DON, Administrator and Medical Director reviewed the facility abuse prevention policy and no change to policy required. All current residents or their designee were interviewed to ensure that they felt safe, and assessments were done on all non-verbal residents. Started 10 weekly staff interviews on the facility abuse policy and 10 weekly resident interviews about resident safety. Resident and staff interviews will be reviewed weekly with the Administrator for 3 months and will be reported monthly to the Quality Assurance Performance Committee. Implementation of the RP was verified during the continuation of the on-site survey on 08/25/2025 and determined that IJ was removed as of 08/23/2025. The evidence was as follows: This deficient practice was identified for 1 of 3 residents (Resident #1) reviewed for abuse and was evidenced by the following:The facility policy document titled Abuse dated April 9, 2024, was reviewed. Under POLICY, page 2 of the policy revealed, It is the policy that each resident will be free from Abuse. [.] Additionally, residents will be protected from abuse, neglect, and harm while they are residing at the facility. [.] The facility will strive to educate staff and other applicable individuals in techniques to protect all parties. Under C. PREVENTION page 5 of the facility policy revealed, It is the policy of this facility to prevent abuse by providing residents, families and staff information and education on how and to whom to report concerns, incidents and grievances without fear of reprisal or retribution. This section of the facility policy further revealed, The facility leadership will assess the needs of the residents in the facility to be able to identify concerns in order to prevent potential abuse. Under E. INVESTIGATION, page 7 of the facility policy revealed, It is the policy of this facility that reports of abuse' (mistreatment, neglect, or abuse, including injuries of unknown source, exploitation, and misappropriation of property) are promptly and thoroughly investigated. This section of the policy further revealed under PROCEDURE: a. Investigation of abuse: When an incident of abuse is reported, the Administrator or designee will investigate the incident with the assistance of appropriate personnel. The investigation may include: [.] iv. Involved staff and witness statements of events [.] ix. Interview of other residents who were cared for by the accused (if applicable). Under F. PROTECTION, page 9 of the facility policy revealed, It is the policy of this facility that the resident(s) will be protected from the alleged offender(s). This section of the facility document revealed