

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315378	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2025
NAME OF PROVIDER OR SUPPLIER Homestead Rehabilitation & Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 129 Morris Turnpike Newton, NJ 07860	

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. (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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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>NJ Complaint#: NJ0018771Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to report to the New Jersey Department of Health (NJDOH) an allegation of staff-to-resident abuse between Certified Nursing Assistant (CNA #1) and Resident #29 that occurred on 2/2/25 and a Licensed Practical Nurse (LPN#1) that appeared intoxicated when reporting to work on 7/2/25. This deficient practice was identified for 1 of 2 reported complaints reviewed.On 6/26/25 the NJDOH received an anonymous complaint from an employee of Homestead Rehabilitation and Health care Center. The employee claimed there was an issue with quality of care specifically citing, an allegation of staff to resident abuse from a CNA (name detached) which had resulted in injury as well as a nurse being intoxicated when reporting to work.On 7/17/25 at 10:04 AM, the surveyor reviewed the employee files for CNA#1 and LPN#1. A review of CNA#1's employee file revealed a Facility Reported Incident dated 5/23/25 at 3:00 PM revealed a staff member reported to the Licensed Nursing Home Administrator (LNHA) that they felt CNA#1 was inappropriately touching a resident, the staff member further stated that they did not witness anything but wanted to report it. CNA#1 was suspended pending the investigation. The investigation included statements from staff and residents who all worked with or received care from CNA#1. None of the statements accused CNA#1 of abuse. CNA#1 returned to work on 5/27/25. Further review of CNA#1's employee file revealed an employee disciplinary action sheet, marked as Final Warning dated 2/4/25. An employee statement provided by CNA#2 dated 2/2/25 at 1:00 PM, revealed CNA#1 was upset about not being able to take their break because they had to provide feeding assistance to Resident #29. Upon entering Resident #29's room, CNA#1 slammed their door. CNA#2 further stated upon seeing the resident's door slam, they entered the room and saw CNA#1 was visibly upset. CNA#1 was observed cutting the residents food and pushed the food towards Resident #29 in an aggressive manner. CNA#2 told CNA#1 to go on break, and they would provide feeding assistance to the resident. CNA#1 left the room without incident. A review of CNA#1 statement on 2/2/25 at 1:07 PM, revealed they were feeding Resident #29, when CNA#2 barged into the room and stated they would take over assisting Resident #29 and accused CNA#1 of abuse. No further information paperwork regarding the issue was provided.A review of LPN#1 employee file revealed an employee disciplinary action form marked as; Final Warning dated 7/3/25. The specifics of the incident portion of the form revealed, Name redacted (LPN#1) showed up to scheduled 11-7 shift on 7/2 smelling of alcohol as well as appearing intoxicated. The employee statement portion of the form revealed, employee admitted to taking some shots prior to coming to work and admitted to knowing it was wrong. The corrective action to be taken portion of the form indicated: 1. Name redacted (LPN#1) is on family medical leave act (FMLA). 2. With clearance will return in a supervised setting on 7am-3pm shift. 3. Reported to Board of Nursing (BON) and Department of Health (DOH). On 7/17/25 at 10:43 AM, the surveyor interviewed the DON, who stated a Facility Reported Incident (FRI) for CNA#1 was completed on 5/23/25. The DON further stated that CNA #1 was suspended pending the investigation, was cleared of any allegation, and returned to work. The DON stated there had not been an FRI reported for the 2/2/25 allegation of abuse and was unable to provide reasoning why an FRI was not reported. The DON stated with regarding to LPN#1, on 7/2/25 the DON observed LPN#1 clock into work, appeared intoxicated and was sent home immediately. DON also stated they had reported LPN#1 to nursing boards and DOH.A review of a facility policy title, Abuse Prohibition, with an updated date of 4/4/25. Under the process section of the policy revealed, 7. Immediately upon receiving information concerning a report of suspected or alleged abuse, mistreatment, or neglect, the Administrator or designee will perform the following. 7.1 Report allegation involving abuse (physical, verbal, sexual, mental) not later than 2 hours after allegation is made. 7.2 Report allegation to appropriate state and local authority(s) involving neglect, exploitation or mistreatment, suspected criminal activity, and misappropriation of patient property not later than two hours after allegation is made.7.4 Notify local law enforcement, licensing boards and registries and other agencies as required.On 7/17/25 at 1:00 PM, the DON provided the surveyor with an FRI dated 7/17/15 at 12:45 PM. DON stated that they called in the FRI to the NJDOH after surveyor inquiry. The DON was unable to provide evidence of LPN#1 actions being called into the DOH. The DON further stated that LPN#1 alleged violations should be reported to the DOH in a timely manner and abuse allegations should have been reported within 2 hours. On 7/21/2025 at 12:40 PM, the surveyor met with the LNHA and DON and the LNHA stated they believed the allegation of abuse by CNA#1 was more of a personal issue between CNA#1 and CNA#2 and felt an FRI</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Complaint #: NJ184361 Based on interview and review of pertinent facility documents, it was determined that the facility failed to ensure care plan interventions were implemented for a resident's skin integrity. This deficient practice was identified for 1 of 2 residents reviewed for abuse (Resident #67), and was evidenced by the following: The surveyor reviewed the closed medical record for Resident #67. A review of the Resident Face Sheet (an admission summary) reflected that the resident was admitted to the facility with diagnoses which included but were not limited to: unspecified dementia, heart failure, need for assistance with personal care, and major depressive disorder. A review of the comprehensive Minimum Data Set (MDS), an assessment tool dated 2/11/25, reflected that the resident had a Brief Interview for Mental Status (BIMS) score of 4 out of 15, which indicated a severely impaired cognition. A further review revealed that the resident needed partial assistance from another person to complete activities of daily living (ADLs). A review of the individualized comprehensive care plan (ICCP) included a focus area dated effective 2/7/25, for at risk for skin breakdown related to impaired circulation, decreased mobility, and poor intake. Interventions included: to keep skin clean and dry; inspect skin daily and monitor for any reddened areas or skin breakdown; notify physician as needed for skin breakdown; turn and reposition every two hours while in bed or chair; and monitor for changes in circulation. A review of the Facility Reportable Event (FRE) dated 3/10/25, included that Resident #67's Representative (RR) informed the Social Worker (SW) that they had numerous complaints about the resident's skin when they left the facility including skin irritations. On 7/22/25 at 1:00 PM, the surveyor reviewed the resident's ICCP with the Director of Nursing (DON), and asked how the facility ensured the resident's intervention for inspection of skin daily was completed. The DON stated that she would have to get back to the surveyor. On 7/24/25 at 10:12 AM, the surveyor interviewed the DON, who stated that the resident's inspect skin daily was an automated intervention in the facility's electronic medical record system, and the resident should not have had that intervention. The surveyor asked then if everyone should have that intervention then, the DON stated that the nurse misread it when she implemented the intervention in the ICCP. The DON stated it should have just been a visual look when the aide was providing care. and The DON stated that care plans were done by the MDS Coordinator and updated by her as needed. The DON confirmed that staff were expected to implement all interventions in the resident's ICCP. On 7/24/25 at 10:49 AM, the surveyor interviewed the MDS Coordinator, who confirmed that she took part in the ICCP process. The MDS Coordinator stated that care plans were done annually and updated as needed. The MDS Coordinator stated that interventions were selected from a library in the facility's electronic medical record system, and that she could add additional interventions as needed. When asked about Resident #67's ICCP intervention for inspecting skin daily, the MDS Coordinator stated that she thought it meant for the Certified Nursing Aide (CNA) to inspect during care. The MDS Coordinator stated that she found out that she could link the intervention to the CNA instructions to do. The MDS Coordinator acknowledged that staff are expected to implement all ICCP interventions and if they were unaware of what an intervention meant, staff should have asked for clarification. A review of the facility provided Interdisciplinary Care Plans policy dated revised 3/17/14, included 2. Interventions: a. all interventions must be clear, concise and measurable. b. Interventions must address how each problem will be resolved . NJAC 27.1(a)</p>		

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>Based on interview, record review, and review of facility documents, it was determined that the facility failed to evaluate the performance of all Certified Nursing Assistants (CNA) on an annual basis. This deficient practice was identified for 5 of 5 CNA's whose personnel records were reviewed and was evidenced by the following: On 7/24/25 at 10:17 AM, the surveyor reviewed the personnel files for 5 CNAs:1. CNA#1, with a date of hire of 8/17/22, no recent employee evaluation was completed.2. CNA#2, with a hire date of 8/23/23, no recent employee evaluation was completed.3. CNA#3, with a hire date of 7/2/24, no recent employee evaluation was completed.4. CNA#4, with a hire date of 10/1/24, no recent employee evaluation was completed.5. CNA#5, with a hire date of 7/22/23, no recent employee evaluation completedOn 7/24/25 at 10:17 AM, the surveyor interviewed the Director of Nursing (DON), who stated that the facility does not have competencies for the CNAs. The DON stated that she had a stack of folders on her desk but was unable to provide the five employee evaluations or competencies. On 7/24/25 at 11:30 AM, the surveyor interviewed the Licensed Nursing Home Administrator (LNHA) and the DON, who stated that no policy could be provided, and no further pertinent information was provided. NJAC 8:39-43.17 (b)</p>		

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>Based on interview, and review of facility documentation, it was determined that the facility failed to ensure that Certified Nurse Assistant (CNA) received at least 12 hours of mandatory in-service training for 5 of 5 CNA's education reviewed, (CNA#1, CNA#2, CNA#3, CNA#4, and CNA#5). This deficient practice was evidenced by the following: On 7/24/25 at 10:17 AM, the surveyor requested the personnel education files for 5 CNA's. 1. CNA#1, with a date of hire of 8/17/22 no record of education was provided. 2. CNA#2, with a hire date of 8/23/23 no record of education was provided. 3. CNA#3, with a hire date of 7/2/24 no record of education was provided. 4. CNA#4, with a hire date of 10/1/24 no record of education was provided. 5. CNA#5, with a hire date of 7/22/23 no record of education was provided. On 7/21/25 at 12:20 PM, the survey requested CNA education from the Director of Nursing (DON). On 7/24/25 at 10:17 AM, the surveyor interviewed the DON, who stated that she could not provide any staff education including the CNA's 12-hour mandatory education. She stated that the program used for staff education was changed to a different system and was not able to retrieve the education of the staff, and copies were not saved in the employee files. At this time, the surveyor requested the policy for mandatory staff education. On 7/24/25 at 11:30 AM during a meeting with the survey team, the Licensed Nursing Home Administrator (LNHA) and DON stated the facility could not provide policies and provided no further pertinent information. N.J.A.C. 8:39-43.17(b)</p>		