STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315378	A. Building B. Wing	05/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Homestead Rehabilitation & Health Care Center	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 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Administer the facility in a manner that enables it to use its resources effectively and efficiently. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Complaint #:3008822 and 3013216 Based on observations, interviews, and review of pertinent facility documents, it was determined that the facility failed to ensure their Licensed Nursing Home Administrator (LNHA) a.) maintained the facility in a safe operable condition including maintaining and testing their fire sprinkler system; b.) ensured the administrator, as well as all staff, implemented facility policies and procedures including conducting a fire watch accurately; c.) and ensured all local and state officials were notified that the facility's fire sprinkler system was in-operable since [DATE]. An interview with the LNHA on [DATE] at 4:38 PM, revealed that the facility's fire sprinkler system was in-operable and he was only made aware of it on [DATE]. When asked, the LNHA stated that he called the New Jersey Department of Health's (NJDOH) hotline on [DATE] and [DATE], to report the in-operable system, but there was no record of the calls. An interview with the facility's Maintenance Director (MD) on [DATE] at 7:53 PM, revealed that the facility had failed the pressure test for their fire sprinkler system for the past two quarterly fire protection equipment inspections. The MD stated the facility's fire sprinkler system had been partially operable and was currently in-operable for the past 3-5 months and he had initiated a fire watch for the building. The MD stated that the facility was also not conducting their weekly fire pump's run tests since the pump was in-operable. An interview with the Fire Marshal (FM) on [DATE] at 8:40 PM, revealed that he was made aware on [DATE], that the facility's fire system was in-operable as of [DATE], and the facility should have immediately notified the local fire department and remedied the situation. The FM confirmed that since [DATE], if there had been a fire at the facility, there would have been no fire protection. The FM stated the facility should have been conducting a fire watch at a minimum of every thirty minutes with a designated staff member going into each room. Observation of the fire watch on [DATE], revealed it took twelve minutes for the Licensed Practical Nurse (LPN #1) assigned to conduct fire watch, to inspect the four floors of the building and she did not go in every room. An interview with the Director of Nursing (DON) on [DATE] at 10:26 PM, revealed that she assigned the two fourth-floor nurses to conduct fire watch every two hours. During separate interviews with both the DON and LNHA, they confirmed that the LNHA was ultimately responsible for the building and ensuring all facility policies and procedures were implemented. The facility's failure to ensure their fire sprinkler protection system was operable in the event of a fire placed all residents, staff, and visitors in the building at risk in the event of fire. This posed the likelihood for serious harm, injury, impairment, or death and resulted in an Immediate Jeopardy (IJ) situation. The IJ began on [DATE], when the facility's Fire Suppression Vendor identified the facility's automated fire sprinkler protection system was in-operable. The DON was notified of the IJ on [DATE] at 11:59 PM. The facility submitted an acceptable Removal Plan (RP) on [DATE] at 12:22 PM. The survey team verified the implementation of the RP during the continuation of the on-site survey on [DATE]. The evidence was as follows:A review of the facility's Job Description for the Classification Title: Nursing Home Administrator dated 02/02, included general summary: administers, directs, and coordinates all activities of a nursing home facility to carry out its objectives as to the care of sick and/or disable citizens; furthers scientific knowledge and participates in the promotion of community health. Job (continued on next page)

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

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