STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315531	A. Building B. Wing	03/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windmere	151 Graham Avenue North Haledon, NJ 07508

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 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Encode each resident?s assessment data and transmit these data to the State within 7 days of assessment. Based on interview and record review, it was determined that the facility failed to complete and transmit Minimum Data Sets (MDS) in accordance with federal guidelines. This deficient practice was identified for 17 of 17 residents reviewed for resident assessment (Resident #1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 14, 16, 19, 20, and 21). This deficient practice was evidenced by the following:On 2/25/26 at 1:06 PM, the surveyor reviewed the MDS submissions for Resident #1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 14, 16, 19, 20, 21. The MDS's were completed yet they were not submitted/transmitted to CMS as required. The facility had submitted the MDS' exclusively as state-only assessments and did not the MDS's. As a result, the Residents are not showing up for the provider.At 1:40 PM, the surveyor interviewed the Administrator and Director of Nursing (DON), who stated that they were not aware that the MDS's were being submitted incorrectly and after surveyor inquiry, the DON stated that she now realized that the MDS's were not submitted correctly. NJAC 8:39-11.2

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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Windmere	151 Graham Avenue North Haledon, NJ 07508

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, record review and policy review, it was determined that the facility failed to sanitize and air dry steam table pans in a manner to prevent microbial growth. This deficient practice was evidenced by the following:On 2/26/26 at 10:32 AM, in the presence of the Executive Sous Chef (ESC) and the Senior Director of Dining and Nutrition Services (DNS), the surveyor observed the following:On a shelf, in the area of the dishwashing area, near the 3 compartment sink, the surveyor observed 4 deep full sheet sized steam table pans, stacked with water between them, 5 deep half sized steam table pans stacked with water between them, and 2 shallow full size steam table pans stacked with water between them. The ESC stated that these pans should have been air dried prior to stacking them as to prevent wet nesting. On 2/26/26 at 12:40 PM, the surveyor discussed above concerns with the Administrator.On 2/26/26 at 2:05 PM, the Administrator stated that the facility had no policy in place for wet nesting of dishware. No further information was provided.NJAC 8:39-17.2(g)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windmere	151 Graham Avenue North Haledon, NJ 07508

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 0836 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and review of pertinent facility documents it was determined that the facility failed to notify CMS (Centers for Medicare & Medicaid Services) and receive authorization for a change in facility name in accordance with 42 CFR (Code of Federal Regulations) 424.516. This deficient practice was evidenced by the following:According to 42 CFR 424.516 Additional provider and supplier requirements for enrolling and maintaining active enrollment status in the Medicare Program:(a) Certifying compliance. CMS enrolls and maintains an active enrollment status for a provider or supplier when that provider or supplier certifies that it meets, and continues to meet, and CMS verifies that it meets, and continues to meet, all of the following requirements:(1) Compliance with title XVIII of the Act and applicable Medicare regulations.(2) Compliance with Federal and State licensure, certification, and regulatory requirements, as required, based on the type of services or supplies the provider or supplier type will furnish and bill Medicare.(3) Not employing or contracting with individuals or entities that meet either of the following conditions:(i) Excluded from participation in any Federal health care programs, for the provision of items and services covered under the programs, in violation of section 1128 A(a)(6) of the Act.(ii) Debarred by the General Services Administration (GSA) from any other Executive Branch procurement or nonprocurement programs or activities, in accordance with the Federal Acquisition and Streamlining Act of 1994, and with the HHS Common Rule at 45 CFR part 76 (d) Reporting requirements for physicians, nonphysician practitioners, and physician and nonphysician practitioner organizations. Physicians, nonphysician practitioners, and physician and nonphysician practitioner organizations must report the following reportable events to their Medicare contractor within the specified timeframes:(1) Within 30 days -(i) A change of ownership;(ii) Any adverse legal action; or(iii) A change in practice location.(2) All other changes in enrollment must be reported within 90 days.On 2/25/26 at 8:44 AM, upon arriving to the facility, the surveyor observed that the facility signage outside the facility had the name Windmere, A Christian Health Community as the facility name and not [NAME] Christian Home.On 2/25/26 at 10:40 AM, during entrance conference with the Administrator and Director of Nursing (DON), the surveyor received the Administrator's and DON's business cards which had Windmere, Christian Health printed on the cards.On 2/25/26 at 12:10 PM, the surveyor spoke with the Aministraor, who stated that the facility was in the process of changing the name from [NAME] Christian Home to Windmere and he provided the surveyor with an application for long term care facility license for changing the facility's name. The Administrator stated that the facility did not do the application for name change with CMS yet. The Administrator confirmed that the facility name change had already occurred for the facility, with the name changed to Windmere outside on the sign, on the internet, and within the facility with signage throughout the facility. The facility policies also revealed that the facility name was Windmere.NJAC 8:39-5.1 (a)