

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/23/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315124	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/24/2025
NAME OF PROVIDER OR SUPPLIER BELLE CARE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 439 BELLEVUE AVENUE TRENTON, NJ 08618		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS COMPLAINT #: NJ178109, NJ181841, NJ182273 CENSUS: 104 SAMPLE SIZE: 11 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000			
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all	F 609		6/16/25	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

06/02/2025

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.

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F 609	<p>Continued From page 1</p> <p>investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Complaint # NJ178109</p> <p>Based on interviews, medical record review, and review of other pertinent facility documentation on 4/21/25 and 4/24/25, it was determined that the facility failed to submit the facility's investigation to the New Jersey Department of Health (NJDOH) in a timely manner for a NJ Ex Order 26.4(b)(1) incident that occurred. The facility also failed to follow its policy titled "Abuse Policy."</p> <p>The deficient practice was evidenced by the following:</p> <p>1. According to the Admission Record (AR), Resident # 2 was admitted to the facility in NJ Ex Order with diagnoses which included but were not limited to: NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b) and NJ Ex Order 26.4.</p> <p>According to the quarterly Minimum Data Set (MDS), an assessment tool dated NJ Ex Order 26.4(b)(1), Resident #2 had a Brief Interview for Mental Status (BIMS) score of NJ out of 15 which indicated the resident's NJ Exec Order 26.4(b) was NJ Ex Order 26.4(b).</p> <p>2. According to the Admission Record (AR), Resident # 8 was admitted to the facility in NJ Ex Order 26.4(b)(1) with diagnoses which included but were not limited to: NJ Ex Order 26.4(b)(1),</p>	F 609	<p>Plan of Correction</p> <p>Root Cause: Upon review of the F609 tag the facility noted the root cause of this issue to be because the facility failed to submit the electronic notification of a reportable event to the DOH within 24 hours of the time of the event.</p> <p>F609</p> <p>Corrective Action</p> <p>On 4/25/2025 The Administrator coordinated with the Director of Nursing and Regional Clinical Service Director a review of all reportable events to date to ensure timely submission of all reportable events.</p> <p>On 4/25/2025 The Regional Clinical Services Director conducted an in-service with the Administrator and Director of Nursing on the facility policy and procedure for the submission with emphasis on facility procedure for timely reporting of all reportable events via DOH electronic reporting site within 2 hours of any allegation of abuse or serious body in jury and within 24hrs of any allegation not involving injury or abuse incident.</p> <p>Identification of Others</p> <p>An assessment of the risk this deficient practice could have on residents at this facility was completed by the Administrator, Director of Nursing and it</p>		

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F 609	<p>Continued From page 2</p> <p>NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1)</p> <p>According to the quarterly MDS, an assessment tool dated NJ Ex Order 26.4(b)(1), Resident #8 had a BIMS score of NJ Ex Order 26.4(b)(1) out of 15 which indicated the resident's NJ Ex Order 26.4(b)(1) was NJ Ex Order 26.4(b)(1).</p> <p>According to the Facility Reportable Event (FRE), a NJDOH document used by healthcare facilities to report incidents, with a date of NJ Ex Order 26.4(b)(1) and an event date of NJ Ex Order 26.4(b)(1) revealed that it was reported to facility administration that Resident #8 NJ Ex Order 26.4(b)(1) Resident #2 NJ Ex Order 26.4(b)(1) exiting the elevator. Both residents were NJ Ex Order 26.4(b)(1), and body assessments were conducted.</p> <p>On 4/21/25 at 3:41P.M., the surveyor interviewed the U.S. FOIA (b) (6) in the presence of the U.S. FOIA (b) (6) and the U.S. FOIA (b) (6). The U.S. FOIA (b) (6) confirmed that the FRE was not sent to the NJDOH until 10/04/24. The U.S. FOIA (b) (6) further stated the FRE was not sent in until October 4th because "during this time we were deep in our DPOC" (Directed Plan of Correction).</p> <p>On 4/24/25 at 2:13P.M., the surveyor interviewed the U.S. FOIA (b) (6) in the presence of the U.S. FOIA (b) (6) and the U.S. FOIA (b) (6) who stated she submitted the investigation and conclusion for the incident electronically to the DOH and would provide a copy of the email to the surveyor.</p> <p>The facility did not provide the surveyor with documentation that the facility's investigation was submitted electronically to the NJDOH.</p>	F 609	<p>was found that all residents are at risk of this practice.</p> <p>Systemic Change The Facility Administrator and Director of Nursing initiated education for the all staff within the facility on the facility policy for the reporting of any alleged violations. The Administrator/Designee will review all facility reportable events to ensure timely reporting of all reportable events via DOH electronic reporting site within 2 hours of any allegation of abuse or serious body in jury and within 24hrs of any allegation not involving injury or abuse incident and maintain a Weekly for 1 month and then monthly for the next 3 months.</p> <p>Quality Assurance The Administrator will submit the findings from the monthly reportable events audit the QA/QAPI committee if further actions are deemed necessary the team will address. The QA/QAPI committee will meet monthly for the next 3 months an review all findings to assess whether further action is necessary.</p>		

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F 609	Continued From page 3 A review of the facilities undated policy titled "Abuse Policy" revealed under "External Reporting", "A follow up investigation will be submitted to the State Agency within five (5) working days. When making a report, the following information should be reported: The facility must include the following investigative components: Have evidence that all alleged violations are thoroughly investigated."	F 609			
F 755 SS=E	NJAC 8.39-9.4 Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(f). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.	F 755		6/16/25	

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F 755	<p>Continued From page 4</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Complaint #: NJ182273</p> <p>Based on observation, interview, review of the medical records, and pertinent facility documents on 4/21/25 and 4/24/25, it was determined that the facility's nursing staff failed to: a.) sign on the electronic Medication Administration Record (eMAR) that the medications were administered according to the physician's orders, and b.) administer medication according to the physician's order. The facility also failed to follow their policy titled "Medication Administration. This deficient practice was identified for 4 of 5 residents (Resident #2, Resident #3, Resident #4, Resident #5) reviewed for medication administration.</p> <p>This deficient practice was evidenced by the following:</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and</p>	F 755	<p>F755 – Pharmacy Srvcs/Procedures/Pharmacist/Records Element 1: Corrective Actions Based on observation, interview, and review of the facility documents it was identified for residents #2, # 3, #4, and #5 that the facility failed to accurately document medication administration On 4/22/25 , the Director of Nursing initiated re-education to the nursing staff on the Policy and Procedure Medication Administration. On 4/23/25, the facility initiated an audit to monitor for the administration of medication in accordance with physician orders. Element 2: Identification of at-Risk Areas All residents have the potential to be affected by the same practice. Element 3: Systemic Change The Assistant Director of Nursing (ADON) re-in-serviced the nursing staff on the Policy and Procedure for Medication Administration. The Director of Nursing/designee will audit and monitor 3 resident's charts to check for compliance with Medication Administration policy and procedure weekly times four (4), then and after the</p>		

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F 755	<p>Continued From page 5</p> <p>restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p> <p>On 4/21/25 at 8:56 A.M., the surveyor observed the US FOIA (b)(6) during medication administration. While the US FOIA (b)(6) prepared the medication for Resident #2, the surveyor observed the US FOIA (b)(6) remove a bingo card from the medication cart. The surveyor reviewed the medication information on the bingo card which revealed NJ Ex Order 26.4(b)(1) and two stickers on it. One sticker stated, NJ Exec Order 26.4(b)(1) and the other sticker stated NJ Ex Order 26.4(b)(1) on it. The surveyor turned the bingo card over and observed the packaging seal for each medication slot stated NJ Ex Order 26.4(b)(1). The US FOIA (b)(6) reviewed the bingo card against the order in the eMAR. The surveyor reviewed the order on the eMAR which stated NJ Ex Order 26.4(b)(1). Give 1 tablet orally one time a day for NJ Ex Order 26.4(b)(1). The LPN placed the NJ Exec Order 26.4(b)(1) from the bingo card into the medication cup. The US FOIA (b)(6) went into Resident #7's room and identified the resident. As the US FOIA (b)(6) was about to administer the medication, the surveyor asked her what was the NJ Ex Order 26.4(b)(1) dose that she had placed in the medication cup. The US FOIA (b)(6) showed the surveyor the same bingo card that contained NJ Ex Order 26.4(b)(1) and stated "Both doses match. Bingo card is NJ Ex Order 26.4(b)(1) and it matches order on the computer."</p> <p>On 4/21/25 at 9:03 A.M., the surveyor interviewed the second floor U.S. FOIA (b)(6) who confirmed that the dose in the bingo card was NJ Ex Order 26.4(b)(1). The U.S. FOIA (b)(6) looked at Resident #2's electronic medical record (EMR) in the presence of the surveyor and stated "The order should be NJ Ex Order 26.4(b)(1)." The U.S. FOIA (b)(6) further indicated she</p>	F 755	<p>4-weeks and competency is established, the facility will continue auditing 3 charts monthly for one (1) quarter, to monitor for compliance and report to QA.</p> <p>Element 4: Monitoring/ Quality Assurance</p> <p>On 4/22/2025, the facility initiated a QAPI – Performance Improvement Project identifying any non-compliance with Medication Administration. The facility's goal is to ensure that all protocols are followed.</p>		

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F 755	<p>Continued From page 6</p> <p>would call the doctor to verify the [redacted] dose.</p> <p>At 4/21/25 at 9:08 A.M., the [redacted] informed the [redacted] in the presence of the surveyor that she had received new orders from the [redacted] U.S. FOIA (b) (6), to administer [redacted] NJ Ex Order 26.4(b)(1) by mouth one time a day. The [redacted] entered the order for [redacted] in the EMR in the presence of the surveyor and the [redacted]. The [redacted] proceeded into Resident #7's room and administered the medication in the cup. After administering the medication to Resident #2, the [redacted] went into the electronic MAR and signed out the order that stated "NJ Ex Order 26.4(b)(1). Give 1 tablet orally one time a day for [redacted] NJ Ex Order 26.4(b)(1))." The surveyor asked the [redacted] why she documented that she administered [redacted] NJ Ex Order 26.4(b)(1) when she only gave the resident [redacted]. The [redacted] stated "I signed for [redacted]. How come you had to pick me to watch do meds, there are other people here. I am getting confused now."</p> <p>1. According to the Admission Record (AR), Resident #2 was admitted to the facility in [redacted] NJ Ex Order 26.4(b) with diagnoses which included but were not limited to [redacted] NJ Ex Order 26.4(b)(1) [redacted] NJ Ex Order 26.4(b) and [redacted] NJ Ex Order 26.4</p> <p>According to the Quarterly Minimum Data Set (MDS), an assessment tool dated [redacted] NJ Ex Order 26.4(b) Resident #2 had a Brief Interview for Mental Status (BIMS) score of [redacted] out of 15, which indicated the resident's [redacted] NJ Ex Order 26.4(b) was [redacted] NJ Ex Order 26.4(b)</p> <p>A review of Resident #2's "order Summary Report" (OSR), with active orders as of [redacted] NJ Ex Order 26.4(b) included but was not limited to the following Physician's Orders (Pos):</p>	F 755			

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F 755	<p>Continued From page 7</p> <p>NJ Ex Order 26.4(b)(1). Give one tablet orally one time a day for NJ Ex Order 26.4(b)(1).</p> <p>NJ Ex Order 26.4(b)(1). Give NJ Ex Order 26.4(b)(1) by mouth one time a day for NJ Ex Order 26.4(b)(1).</p> <p>NJ Ex Order 26.4(b)(1). Give one tablet orally one time a day for NJ Ex Order 26.4(b)(1).</p> <p>A review of Resident #2's NJ Ex Order 26.4(b)(1) MAR revealed the LPN's initials for the PO (by mouth) NJ Ex Order 26.4(b)(1) on NJ Ex Order 26.4(b)(1) at 9:00AM. The MAR indicated that for PO (by mouth) NJ Ex Order 26.4(b)(1) a start date of NJ Ex Order 26.4(b)(1). The MAR further revealed a blank space for PO (by mouth) NJ Ex Order 26.4(b)(1) on NJ Ex Order 26.4(b)(1) at 6:00 A.M.</p> <p>The NJ Ex Order 26.4(b)(1) Progress Notes (PNs) did not reveal documentation that NJ Ex Order 26.4(b)(1) was administered on NJ Ex Order 26.4(b)(1) at 6:00 A.M.</p> <p>On 4/21/2025 at 3:40 P.M., the surveyor interviewed the U.S. FOIA (b) (6) in the presence of the U.S. FOIA (b) (6) and the U.S. FOIA (b) (6). The U.S. FOIA (b) (6) stated "The nurse would not give the NJ Ex Order 26.4(b)(1) because one tablet is NJ Ex Order 26.4(b)(1), and that tablet is half a tab." The U.S. FOIA (b) (6) further indicated "You can only order NJ Ex Order 26.4(b)(1) under NJ Ex Order 26.4(b)(1), but it is NJ Ex Order 26.4(b)(1) they would receive." The surveyor asked the U.S. FOIA (b) (6) for further clarification. The U.S. FOIA (b) (6) stated, "The resident is never getting NJ Ex Order 26.4(b)(1) because it only comes from the pharmacy as NJ Ex Order 26.4(b)(1)." The surveyor asked the U.S. FOIA (b) (6) what NJ Ex Order 26.4(b)(1) dose the resident should have received based on the order in the resident's MAR. The U.S. FOIA (b) (6) replied, "Should be getting NJ Ex Order 26.4(b)(1)."</p>	F 755			

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F 755	<p>Continued From page 8</p> <p>2. According to the AR, Resident #3 was admitted to the facility in [redacted] with diagnoses which included but were not limited to [redacted], [redacted], and [redacted].</p> <p>According to the Admission MDS, an assessment tool dated [redacted], Resident #3 had a BIMS score of [redacted] out of 15, which indicated the resident's [redacted].</p> <p>A review of Resident #3's OSR, with active orders as of [redacted], revealed a PO (by mouth) dated [redacted] for [redacted]. The PO (by mouth) instructed to administer one tablet by mouth one time a day for [redacted].</p> <p>A review of Resident #3's [redacted] MAR revealed the [redacted] PO for [redacted] and to administer one tablet by mouth one time a day for [redacted].</p> <p>The [redacted] MAR did not reveal a signature from the nurse that [redacted] was administered on [redacted] at 6:00 A.M.</p> <p>The [redacted] Progress Notes (PNs) did not reveal documentation that [redacted] was administered on [redacted] at 6:00 A.M.</p> <p>3. According to the AR, Resident #4 was admitted to the facility in [redacted] with diagnoses which included but were not limited to [redacted], [redacted], and [redacted].</p>	F 755			

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F 755	<p>Continued From page 9</p> <p>According to the Annual MDS, an assessment tool dated [redacted], Resident #4 had a BIMS score of [redacted] out of 15, which indicated the resident's [redacted] was NJ Ex Order 26.4(b)(1).</p> <p>A review of Resident #4's OSR, with active orders as of [redacted], revealed a PO (by mouth) dated [redacted] for NJ Ex Order 26.4(b)(1). The PO instructed to administer one capsule orally one time a day for [redacted].</p> <p>A review of Resident #4's [redacted] MAR revealed [redacted] PO (by mouth) for [redacted] and to administer one capsule orally one time a day for [redacted].</p> <p>The [redacted] MAR did not reveal a signature from the nurse that [redacted] was administered on [redacted] at 6:00 A.M.</p> <p>The [redacted] Progress Notes (PNs) did not reveal documentation that [redacted] was administered on [redacted] at 6:00 A.M.</p> <p>4. According to the AR, Resident #5 was admitted to the facility in [redacted] with diagnoses which included but were not limited to [redacted], [redacted], and [redacted].</p> <p>According to the Quarterly MDS, an assessment tool dated [redacted], Resident #5 had a BIMS score of [redacted] out of 15, which indicated the resident's [redacted] was [redacted].</p> <p>A review of Resident #5's OSR, with active orders as of [redacted], revealed a PO (by mouth) dated [redacted] for NJ Ex Order 26.4(b)(1).</p>	F 755		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/23/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315124	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/24/2025
NAME OF PROVIDER OR SUPPLIER BELLE CARE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 439 BELLEVUE AVENUE TRENTON, NJ 08618		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 755	<p>Continued From page 10</p> <p>The PO (by mouth) instructed to administer 2 capsules by mouth in the morning for [redacted] NJ Ex Order 26.4(b)(1)</p> <p>A review of Resident #5's [redacted] NJ Ex Order 26.4(b)(1) MAR revealed [redacted] NJ Ex Order 26.4(b)(1) PO (by mouth) for [redacted] NJ Ex Order 26.4(b)(1) and to administer 2 capsules by mouth in the morning for [redacted] NJ Ex Order 26.4(b)(1)</p> <p>The [redacted] NJ Ex Order 26.4(b)(1) MAR did not reveal a signature from the nurse that [redacted] NJ Ex Order 26.4(b)(1) 2 capsules was administered on [redacted] NJ Ex Order 26.4(b)(1) at 6:00 A.M.</p> <p>The [redacted] NJ Ex Order 26.4(b)(1) Progress Notes (PNs) did not reveal documentation that [redacted] NJ Ex Order 26.4(b)(1) 2 capsules was administered on [redacted] NJ Ex Order 26.4(b)(1) at 6:00 A.M.</p> <p>On 4/21/2025 at 10:45 A.M., the surveyor interviewed the [redacted] U.S. FOIA (b) (6) who stated that once medication had been administered it was signed out on the MAR. The [redacted] U.S. FOIA (b) (6) further indicated "All meds have to be signed out after you give them."</p> <p>On 4/24/25 at 2:14 P.M., the surveyor interviewed the [redacted] U.S. FOIA (b) (6) in the presence of the [redacted] U.S. FOIA (b) (6) And [redacted] U.S. FOIA (b) (6). The [redacted] U.S. FOIA (b) (6) stated the expectation was that the nurse signs out the medications on the MAR after administering them. The [redacted] U.S. FOIA (b) (6) stated this was important to ensure credit is given for administering the medication and ensure it was given as ordered. The [redacted] U.S. FOIA (b) (6) indicated that if a medication is not signed on the MAR, it would indicate either an omission or refusal. The [redacted] U.S. FOIA (b) (6) further stated the nurse should indicate a refusal on the MAR, if the resident refused. The [redacted] U.S. FOIA (b) (6) confirmed blank spaces on MAR for Resident #2,</p>	F 755			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315124	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/24/2025
NAME OF PROVIDER OR SUPPLIER BELLE CARE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 439 BELLEVUE AVENUE TRENTON, NJ 08618		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 755	Continued From page 11 Resident #3, Resident #4 and Resident #5. The [REDACTED] stated "Yes, the nurse should have signed out the MAR after administering meds." A review of the facility's policy titled "Medication Administration" with a last reviewed date of 09/2024 revealed under "Procedure", "11. Verify the pharmacy prescription label on the drug and the manufacturer's identification system matches the MAR. 13. Verify the correct medication, expiration date, dose, dosage form, route, and time again by comparing to MAR before administering. 17. Document the following as applicable: Administration of medication on MAR as soon as medications are given." NJAC 8:39-11.2 (b)	F 755			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061101	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/24/2025
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NAME OF PROVIDER OR SUPPLIER BELLE CARE NURSING AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 439 BELLEVUE AVENUE TRENTON, NJ 08618
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S 000	Initial Comments The facility was not in compliance with the standards in the New Jersey Administrative code, 8:39, standards for licensure of Long-Term Care Facilities. The facility must submit a Plan of Correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the provisions of the New Jersey Administrative Code, Title 8, chapter 43E, enforcement of licensure regulations.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Complaint #: NJ178109, NJ181841, NJ182273 Based on review of facility documents on 04/24/2025, it was determined that the facility failed to ensure staffing ratios were met for 12 of 14-day shifts reviewed. This deficient practice had the potential to affect all residents. Findings include: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey	S 560	Plan of Correction Root Cause: Upon review of the S560 tag the facility noted the root cause of this issue to be because the facility failed to ensure that all call outs were covered. S560 Immediate Corrective Action The Facility cannot retroactively respond to this deficient practice. On 4/25/2025 The Administrator, Human Resource Director/ Staffing Coordinator, and Director of Nursing conducted a root cause Analysis based on the findings in the alleged deficient to ensure that the facility provides sufficient nursing staff to	6/16/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

06/02/25

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061101	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/24/2025
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NAME OF PROVIDER OR SUPPLIER BELLE CARE NURSING AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 439 BELLEVUE AVENUE TRENTON, NJ 08618
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S 560	<p>Continued From page 1</p> <p>Governor signed into law P.L. 2020 c 112, codified as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.</p> <p>For the 2 weeks of staffing prior to complaint survey from 04/06/2025 to 04/19/2025, the facility was deficient in CNA staffing for residents on 12 of 14-day shifts as follows:</p> <p>On 04/06/25 the facility had 6 CNAs for 100 residents on the day shift, required at least 12 CNAs.</p> <p>On 04/08/25 the facility had 10 CNAs for 98 residents on the day shift, required at least 12 CNAs.</p> <p>On 04/09/25 the facility had 10 CNAs for 98 residents on the day shift, required at least 12 CNAs.</p> <p>On 04/11/25 the facility had 12 CNAs for 101 residents on the day shift, required at least 13 CNAs.</p> <p>On 04/12/25 the facility had 10 CNAs for 101</p>	S 560	<p>promote the highest practical wellbeing of each resident.</p> <p>On4/25/2025 The Administrator / Designee conduct in-services and education with the staffing coordinator and nurse management team on the facilities policy and procedure for sufficient nurse staffing with specific emphasis on the facilities protocol for emergency staffing. Identification of Others</p> <p>An assessment of the risk this deficient practice could have on residents at this facility was completed by the administrator, Director of Nursing, and Staffing Coordinator, HR Manager and it was found that all residents were impacted by this deficient practice.</p> <p>III. Systemic Change</p> <p>The Facility Director of Nursing, Administrator, HR Manager initiated the following employee recruitment programs for the clinical department :</p> <p>Rates increased</p> <p>iv. Offer our staff bonuses</p> <p>vi. Job Fair</p> <p>vii. Posting new ads around town and via social media</p> <p>viii. Staff Testimonial videos for recruitment</p> <p>ix. Referral bonuses for our staff</p> <p>x. Referral bonuses relationship with local C N A school to provide additional staffing support.</p> <p>xi. Sign on bonus</p> <p>IV. The Human Resources Director /designee will report the findings to the administrator</p> <p>V. Quality Assurance.</p> <p>The Human Resources Director /designee will aggregate findings from these rounds</p>	
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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061101	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/24/2025
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NAME OF PROVIDER OR SUPPLIER BELLE CARE NURSING AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 439 BELLEVUE AVENUE TRENTON, NJ 08618
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 560	<p>Continued From page 2</p> <p>residents on the day shift, required at least 13 CNAs.</p> <p>On 04/13/25 the facility had 7 CNAs for 101 residents on the day shift, required at least 13 CNAs.</p> <p>On 04/14/25 the facility had 11 CNAs for 101 residents on the day shift, required at least 13 CNAs.</p> <p>On 04/15/25 the facility had 10 CNAs for 103 residents on the day shift, required at least 13 CNAs.</p> <p>On 04/16/25 the facility had 12 CNAs for 103 residents on the day shift, required at least 13 CNAs.</p> <p>On 04/17/25 the facility had 11 CNAs for 103 residents on the day shift, required at least 13 CNAs.</p> <p>On 04/18/25 the facility had 11 CNAs for 103 residents on the day shift, required at least 13 CNAs.</p> <p>On 04/19/25 the facility had 7 CNAs for 103 residents on the day shift, required at least 13 CNAs.</p>	S 560	<p>Weekly for 1 month and then monthly for 3 month. The Human Resources Director /designee will provide a report of his/her findings to the QA committee for action as appropriate.</p> <p>The QA/QAPI committee will meet monthly for the next 3 months an review all findings to assess whether further action is necessary</p>	
S1680	<p>8:39-25.2(b)(1)&(2) Mandatory Nurse Staffing</p> <p>(b) The facility shall provide nursing services by registered professional nurses, licensed practical nurses, and nurse aides (the hours of the director of nursing are not included in this computation, except for the direct care hours of the director of nursing in facilities where the director of nursing</p>	S1680		6/16/25

New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER BELLE CARE NURSING AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 439 BELLEVUE AVENUE TRENTON, NJ 08618
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S1680	<p>Continued From page 3</p> <p>provides more than the minimum hours required at N.J.A.C. 8:39-25.1(a) on the basis of:</p> <p>1. Total number of residents multiplied by 2.5 hours/day; plus</p> <p>2. Total number of residents receiving each service listed below, multiplied by the corresponding number of hours per day:</p> <p style="padding-left: 40px;">Wound care 0.75 hour/day</p> <p style="padding-left: 40px;">Nasogastric tube feedings and/or gastrostomy 1.00 hour/day</p> <p style="padding-left: 40px;">Oxygen therapy 0.75 hour/day</p> <p style="padding-left: 40px;">Tracheostomy 1.25 hours/day</p> <p style="padding-left: 40px;">Intravenous therapy 1.50 hours/day</p> <p style="padding-left: 40px;">Use of respirator 1.25 hours/day</p> <p style="padding-left: 40px;">Head trauma stimulation/advanced neuromuscular/orthopedic care 1.50 hours/day</p>	S1680		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061101	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/24/2025
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NAME OF PROVIDER OR SUPPLIER BELLE CARE NURSING AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 439 BELLEVUE AVENUE TRENTON, NJ 08618
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S1680	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ181841, NJ178109, NJ182273</p> <p>Based on review of the Nurse Staffing Reports for the weeks of 04/06/25 and 04/19/25, it was determined that the facility failed to provide at least minimum staffing levels for 3 of 14 days. The required staffing hours and actual staffing hours are as follows:</p> <p>For the week of 04/06/25 Required Staffing Hours: 273.25</p> <p>On 04/06/25, the facility had 256 actual staffing hours, for a difference of -17.25 hours.</p> <p>For the week of 04/13/25 Required Staffing Hours: 278.25</p> <p>On 04/13/25, the facility had 264 actual staffing hours, for a difference of -14.75 hours.</p>	S1680	<p>Plan of Correction Root Cause: Upon review of the S1680 tag the facility noted the root cause of this issue to be because the facility failed to ensure that it was staffed at least minimum staffing ratio based on its acuties. S1680 Immediate Corrective Action The Facility cannot retroactively respond to this deficient practice. On 4/25/2025 The Administrator, Human Resource Director/ Staffing Coordinator, and Director of Nursing conducted a root cause Analysis based on the findings in the alleged deficient to ensure that the facility provides sufficient nurse staffing based on the total number of residents multiplied by 2.5 + the facilities current acuties</p>	

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061101	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/24/2025
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NAME OF PROVIDER OR SUPPLIER BELLE CARE NURSING AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 439 BELLEVUE AVENUE TRENTON, NJ 08618
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S1680	Continued From page 5 On 04/19/25, the facility had 272 actual staffing hours, for a difference of -6.75 hours.	S1680	<p>On 4/25/2025 The Administrator coordinated with the Director of Nursing and Human Service Director a review of the facility policy and procedure for ensuring adequate nursing service ratios that meet the facility acuity needs.</p> <p>On 4/25/2025 The Administrator conducted an in-service with the Human Resources and Director of Nursing on the facility policy and procedure for ensuring adequate nursing service ratios that meet the facility acuity needs.</p> <p>Identification of Others An assessment of the risk this deficient practice could have on residents at this facility was completed by the administrator, Director of Nursing, and Staffing Coordinator, HR Manager and it was found that all residents were impacted by this deficient practice.</p> <p>Systemic Change The Facility Director of Nursing, Administrator, HR Manager initiated the following employee recruitment programs for the clinical department:</p> <ul style="list-style-type: none"> . Rates increased Offering our staff bonuses Job Fair Posting new ads around town and via social media Staff Testimonial videos for recruitment Referral bonuses for our staff Referring to bonuses relationship with local C N A school to provide additional staffing support. Sign on bonus <p>The Facility Human Resource Director will conduct a daily review of staffing schedules based on facility census and</p>	
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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061101	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/24/2025
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NAME OF PROVIDER OR SUPPLIER BELLE CARE NURSING AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 439 BELLEVUE AVENUE TRENTON, NJ 08618
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S1680	Continued From page 6	S1680	<p>acuties to ensure adequate staffing and report findings to the administrator .</p> <p>V. Quality Assurance .</p> <p>The Human Resource Director/designee will aggregate findings from these rounds daily for 1 month and then monthly for 3 months and review the findings with the administrator and submit to QA/QAPI committee for review.</p> <p>The QA/QAPI committee will meet monthly for the next 3-months an review all findings to assess whether further action is necessary.</p>	

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315124	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 6/16/2025	Y3
NAME OF FACILITY BELLE CARE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 439 BELLEVUE AVENUE TRENTON, NJ 08618		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0609	Correction	ID Prefix F0755	Correction	ID Prefix	Correction
Reg. # 483.12(b)(5)(i)(A)(B)(c)(1)(4)	Completed	Reg. # 483.45(a)(b)(1)-(3)	Completed	Reg. #	Completed
LSC	06/16/2025	LSC	06/16/2025	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 4/24/2025		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061101	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 6/16/2025
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NAME OF FACILITY BELLE CARE NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 439 BELLEVUE AVENUE TRENTON, NJ 08618
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This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560	Correction	ID Prefix S1680	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. # 8:39-25.2(b)(1)&(2)	Completed	Reg. #	Completed
LSC	06/16/2025	LSC	06/16/2025	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 4/24/2025		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		